

Hip Systems Coding Reference Guide

| Physician | |
|---------------------|---|
| CPT® Code | CPT Description |
| Arthroplasty | |
| 27120 | Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type) |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft |
| Revision | |
| 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft |
| 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft |
| 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft |

| Hospital Inpatient: ICD-10-PCS Procedure Code and Description | | | |
|--|--|--|---|
| Replacement | | | |
| Ø Medical and Surgical S Lower Joints R Replacement | | | |
| Body Part | Approach | Device | Qualifier |
| 9 Hip Joint, Right B Hip Joint, Left | Ø Open | 1 Synthetic Substitute, Metal 2 Synthetic Substitute, Metal on Polyethylene 3 Synthetic Substitute, Ceramic 4 Synthetic Substitute, Ceramic on Polyethylene 6 Synthetic Substitute, Oxidized Zirconium on Polyethylene J Synthetic Substitute | 9 Cemented A Uncemented Z No Qualifier |
| A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left | Ø Open | Ø Synthetic Substitute, Polyethylene 1 Synthetic Substitute, Metal 3 Synthetic Substitute, Ceramic J Synthetic Substitute | 9 Cemented A Uncemented Z No Qualifier |
| R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left | Ø Open | 1 Synthetic Substitute, Metal 3 Synthetic Substitute, Ceramic J Synthetic Substitute | 9 Cemented A Uncemented Z No Qualifier |
| Revision (Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin) | | | |
| Ø Medical and Surgical S Lower Joints W Revision | | | |
| 9 Hip Joint, Right B Hip Joint, Left | Ø Open 3 Percutaneous 4 Percutaneous Endoscopic | 8 Spacer 9 Liner B Resurfacing Device J Synthetic Substitute | Z No Qualifier |
| A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left | Ø Open 3 Percutaneous 4 Percutaneous Endoscopic | J Synthetic Substitute | Z No Qualifier |

| Hospital Inpatient: ICD-10-PCS Procedure Code and Description (cont.) | | | |
|---|--|---|-----------------------|
| Removal (For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above) | | | |
| Ø Medical and Surgical S Lower Joints P Removal | | | |
| Body Part | Approach | Device | Qualifier |
| 9 Hip Joint, Right B Hip Joint, Left | Ø Open 3 Percutaneous 4 Percutaneous Endoscopic | 8 Spacer 9 Liner B Resurfacing Device J Synthetic Substitute | Z No Qualifier |
| A Hip Joint, Acetabular Surface, Right E Hip Joint, Acetabular Surface, Left R Hip Joint, Femoral Surface, Right S Hip Joint, Femoral Surface, Left | Ø Open 3 Percutaneous 4 Percutaneous Endoscopic | J Synthetic Substitute | Z No Qualifier |

| Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)* | |
|---|--|
| MS-DRG | Description |
| 461 462 | Bilateral or multiple major joint procs of lower extremity with MCC Bilateral or multiple major joint procs of lower extremity without MCC |
| 466 467 468 | Revision of hip or knee replacement with MCC Revision of hip or knee replacement with CC Revision of hip or knee replacement without CC/MCC |
| 469 470 | Major joint replacement or reattachment of lower extremity with MCC or Total Ankle Replacement Major joint replacement or reattachment of lower extremity without MCC |

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

* Other MS-DRGs may apply.

| Hospital Outpatient and Ambulatory Surgery Center (ASC) | | | | |
|---|---|-----------------------|-----------------------------------|-----------------------|
| CPT Code | CPT Description | OPPS Status Indicator | Ambulatory Payment Classification | ASC Payment Indicator |
| 27120 | Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type) | C | -- | NA |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | C | -- | NA |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | C | -- | NA |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | C | -- | NA |
| 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | C | -- | NA |
| 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | C | -- | NA |
| 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft | C | -- | NA |

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: C – Inpatient Procedure. Not paid under OPPS.

Payment Indicator: NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

| HCPCS (Healthcare Common Procedure Coding System) | |
|---|----------------------------|
| Code | Description |
| C1776 | Joint device (implantable) |

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website at zimmerbiomet.com/reimbursement

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