

# Hip Systems Coding Reference Guide

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

| Hospital Inpatient: ICD-10-PCS Procedure Code and Description  |  |  |   |
|--|--|--|---|
| Replacement  |  |  |   |
| <b>Ø</b> Medical and Surgical<br><b>S</b> Lower Joints<br><b>R</b> Replacement   |  |  |   |
| Body Part  | Approach   | Device   | Qualifier   |
| <b>9</b> Hip Joint, Right<br><b>B</b> Hip Joint, Left  | <b>Ø</b> Open  | <b>1</b> Synthetic Substitute, Metal<br><b>2</b> Synthetic Substitute, Metal on Polyethylene<br><b>3</b> Synthetic Substitute, Ceramic<br><b>4</b> Synthetic Substitute, Ceramic on Polyethylene<br><b>6</b> Synthetic Substitute, Oxidized Zirconium on Polyethylene<br><b>J</b> Synthetic Substitute | <b>9</b> Cemented<br><b>A</b> Uncemented<br><b>Z</b> No Qualifier |
| <b>A</b> Hip Joint, Acetabular Surface, Right<br><b>E</b> Hip Joint, Acetabular Surface, Left  | <b>Ø</b> Open  | <b>Ø</b> Synthetic Substitute, Polyethylene<br><b>1</b> Synthetic Substitute, Metal<br><b>3</b> Synthetic Substitute, Ceramic<br><b>J</b> Synthetic Substitute   | <b>9</b> Cemented<br><b>A</b> Uncemented<br><b>Z</b> No Qualifier |
| <b>R</b> Hip Joint, Femoral Surface, Right<br><b>S</b> Hip Joint, Femoral Surface, Left  | <b>Ø</b> Open  | <b>1</b> Synthetic Substitute, Metal<br><b>3</b> Synthetic Substitute, Ceramic<br><b>J</b> Synthetic Substitute  | <b>9</b> Cemented<br><b>A</b> Uncemented<br><b>Z</b> No Qualifier |
| <b>Revision</b> (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) |  |  |   |
| <b>Ø</b> Medical and Surgical<br><b>S</b> Lower Joints<br><b>W</b> Revision  |  |  |   |
| <b>9</b> Hip Joint, Right<br><b>B</b> Hip Joint, Left  | <b>Ø</b> Open<br><b>3</b> Percutaneous<br><b>4</b> Percutaneous Endoscopic | <b>8</b> Spacer<br><b>9</b> Liner<br><b>B</b> Resurfacing Device<br><b>J</b> Synthetic Substitute  | <b>Z</b> No Qualifier   |
| <b>A</b> Hip Joint, Acetabular Surface, Right<br><b>E</b> Hip Joint, Acetabular Surface, Left<br><b>R</b> Hip Joint, Femoral Surface, Right<br><b>S</b> Hip Joint, Femoral Surface, Left               | <b>Ø</b> Open<br><b>3</b> Percutaneous<br><b>4</b> Percutaneous Endoscopic | <b>J</b> Synthetic Substitute  | <b>Z</b> No Qualifier   |

| <b>Hospital Inpatient: ICD-10-PCS Procedure Code and Description (cont.)</b>  |  |   |                       |
|---|--|---|-----------------------|
| <b>Removal</b> (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) |  |   |                       |
| <b>Ø</b> Medical and Surgical<br><b>S</b> Lower Joints<br><b>P</b> Removal  |  |   |                       |
| Body Part   | Approach   | Device  | Qualifier             |
| <b>9</b> Hip Joint, Right<br><b>B</b> Hip Joint, Left   | <b>Ø</b> Open<br><b>3</b> Percutaneous<br><b>4</b> Percutaneous Endoscopic | <b>8</b> Spacer<br><b>9</b> Liner<br><b>B</b> Resurfacing Device<br><b>J</b> Synthetic Substitute | <b>Z</b> No Qualifier |
| <b>A</b> Hip Joint, Acetabular Surface, Right<br><b>E</b> Hip Joint, Acetabular Surface, Left<br><b>R</b> Hip Joint, Femoral Surface, Right<br><b>S</b> Hip Joint, Femoral Surface, Left            | <b>Ø</b> Open<br><b>3</b> Percutaneous<br><b>4</b> Percutaneous Endoscopic | <b>J</b> Synthetic Substitute   | <b>Z</b> No Qualifier |

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

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

| <b>HCPCS (Healthcare Common Procedure Coding System)</b> |                            |
|--|----------------------------|
| Code   | Description                |
| <b>C1776</b>   | 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](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement website at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement)**

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