



# Hip Arthroplasty Surgical Procedures

2007 Coding Reference Guide for Physicians and Hospitals

Valid January 1, 2007 - September 30, 2007



This coding reference guide is intended to illustrate the common CPT®\* and ICD-9 CM procedure codes, DRGs and add-on codes for hip arthroplasty surgical procedures in the inpatient hospital setting. CPT® is a trademark of the American Medical Association (AMA).



## Common PHYSICIAN Billing Codes for Hip Arthroplasty Surgical Procedures

| CPT Code | Code Description  | Total RVUs |
|----------|---|------------|
| 27090    | Removal of hip prosthesis; (separate procedure)   | 21.97      |
| 27091    | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer        | 41.77      |
| 27125    | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)  | 29.41      |
| 27130    | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | 38.08      |
| 27132    | Conversion or previous hip surgery to total hip arthroplasty, with or without autograft or allograft                                  | 44.67      |
| 27134    | Revision of total hip arthroplasty; both components, with or without autograft or allograft   | 52.16      |
| 27137    | Revision total hip arthroplasty, acetabular component only, with or without autograft or allograft                                    | 39.65      |
| 27138    | Revision total hip arthroplasty, femoral component only, with or without autograft or allograft                                       | 41.27      |

**Computer-Assisted Surgery (CAS) Coding Reference:** *Currently not reimbursable by Medicare for physician surgical procedures. CPT Category III add-on billing codes for tracking computer-assisted surgery cases only:*

| CPT Add-On Code | Code Description  | Total RVUs |
|-----------------|---|------------|
| 0054T           | Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, with image-guidance based on fluoroscopic images | 00.00      |
| 0055T           | Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, with image-guidance based on CT or MRI images    | 00.00      |
| 0056T           | Computer-assisted musculoskeletal surgical navigational orthopaedic procedure, imageless  | 00.00      |

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## Common CPT Code Modifiers

Below are common CPT code modifiers that may be applicable to hip surgical procedures. Reference should be made to the Current Procedural Terminology (CPT) 2007 Professional Edition (Appendix A) for complete modifier definitions, and for applicability with specific CPT procedure codes.

- 22 Unusual Procedural Services:** When the service(s) provided is greater than that usually required for the listed procedure. A report may also be appropriate.
- 50 Bilateral Procedure:** Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative sessions should be identified by adding modifier 50 to the appropriate procedure code.
- 51 Multiple Procedures:** When multiple procedures, other than Evaluation and Management Services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Modifier 51 should not be appended to designated CPT “add-on” codes.
- 52 Reduced Services:** Under certain circumstances a service or procedure is partially reduced or eliminated at the physician’s discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, indicating that the service is reduced.
- 53 Discontinued Procedure:** Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure due to extenuating circumstances that threaten the well being of the patient.
- 54 Surgical Care Only:** When one physician performs a surgical procedure and another provides pre-operative and/or post-operative management.
- 58 Staged or Related Procedure or Service by the Same Physician During a Post-operative Period:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This modifier is not used to report the treatment of a problem that requires a return to the operating room.
- 62 Two Surgeons:** When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associate add-on code(s) for that procedure.
- 66 Surgical Team:** Highly complex procedures requiring concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment.
- 76 Repeat Procedure by Same Physician:** The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service.
- 77 Repeat Procedure by Another Physician:** The physician may need to indicate that a procedure or service performed by another physician had to be repeated.
- 80 Assistant Surgeon:** Surgical assistant services.
- 81 Minimum Assistant Surgeon:** Minimum surgical assistant services.
- 82 Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82.
- 99 Multiple Modifiers:** Under certain circumstances, two or more modifiers may be necessary to completely delineate a service.

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## Common INPATIENT HOSPITAL Billing Codes for Hip Arthroplasty Surgical Procedures

| ICD-9-CM Procedure Codes | Code Description   | Possible Medicare DRG Grouper Assignment  |
|--------------------------|--|---|
| 00.70                    | Revision of hip replacement, both acetabular and femoral components    | <b>471</b> — Bilateral or Multiple Major Joint Procedures of Lower Extremity<br><br><b>544</b> — Major Joint Replacement or Reattachment of Lower Extremity<br><br><b>545</b> — Revision of Hip or Knee Replacement |
| 00.71                    | Revision of hip replacement, acetabular component                      |   |
| 00.72                    | Revision of hip replacement, femoral component                         |   |
| 00.73                    | Revision of hip replacement, acetabular liner and/or femoral head only |   |
| 00.85                    | Resurfacing hip, total, acetabulum and femoral head                    |   |
| 00.86                    | Resurfacing hip, partial, femoral head                                 |   |
| 00.87                    | Resurfacing hip, partial, acetabulum                                   |   |
| 80.05                    | Arthrotomy for removal of prosthesis of hip                            |   |
| 81.51                    | Total hip replacement  |   |
| 81.52                    | Partial hip replacement  |   |
| 81.53                    | Revision of hip replacement  |   |
| 84.56                    | Insertion of (cement) spacer   |   |
| 84.57                    | Removal of (cement) spacer   |   |
| 00.74                    | Hip replacement bearing surface, metal on polyethylene                 |   |
| 00.75                    | Hip replacement bearing surface, metal on metal                        |   |
| 00.76                    | Hip replacement bearing surface, ceramic on ceramic                    |   |
| 00.77                    | Hip replacement bearing surface, ceramic on polyethylene               |   |

**Computer-Assisted Surgery (CAS) Coding Reference:** *Currently not reimbursable by Medicare for inpatient hospital surgical procedures. ICD-9 CM add-on tracking codes are available for use by hospitals to track inpatient cases of computer-assisted surgery utilizing different imaging technologies.*

| ICD-9 CM Add-On Tracking Codes | Code Description                                 |
|--------------------------------|--|
| 00.31                          | Computer assisted surgery with CT/CTA            |
| 00.32                          | Computer assisted surgery with MR/MRA            |
| 00.33                          | Computer assisted surgery with fluoroscopy       |
| 00.34                          | Imageless computer assisted surgery              |
| 00.35                          | Computer assisted surgery with multiple datasets |
| 00.39                          | Other computer assisted surgery                  |

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### Data Sources

ICD-9-CM Official Guidelines For Coding and Reporting, U.S. Department of Health and Human Services, Nov. 15, 2006

42 CFR Parts 405, 410, et al.; Medicare Program; Revisions to Payment Policies, Five-Year Review of Work Relative Value Units, Changes to the Practice Expense Methodology Under the Physician Fee Schedule, and Other Changes to Payment Under Part B; etc.; Final Rule, December 1, 2006

42 CFR Parts 409, 410, 412, et al.; Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; etc.; Final Rule, Aug. 18, 2006

42 CFR Parts 410, 416 et al., Medicare Program; Revisions to Hospital Outpatient Prospective Payment System and Calendar Year 2007 Payment Rates; CY 2007 Update to the Ambulatory Surgical Center Covered Procedures List; etc.; Final Rule, November 24, 2006

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