



OPTUM FORUM 2019
FORWARD



ESSENTIALS

Coding Hip Revision Surgery with ICD-10-PCS

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Hip Joint Revision Surgery

Today's Topics

What defines a hip “revision”?

How often are hip prosthesis revisions performed?

Physician terminology

Revision in CPT vs PCS, ICD-10-PCS Definitions and References

Review Hip Joint Components

Clinical conditions that lead to Revisions

Hip Prosthesis Procedure Scenario's

Associated Procedures

Reimbursement

What is “Hip Revision” Surgery?

For orthopedic surgeons, the term “revision” is used to describe operations performed to address joint prosthesis devices that have failed, become displaced or to address infection.



Coders need to Interpret physician documentation into ICD-10-PCS codes based on the objectives of the procedure, coding guidelines and Coding Clinic references

Hip Revision frequency per AJRR Joint Registry Data



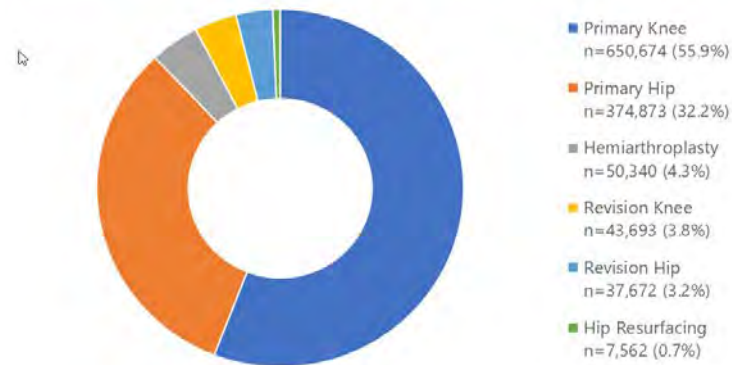
Comparison of Hip Revision Surgery

Hip Revisions comprise 3.2% of all types of hip and knee prosthesis procedures.

American Joint Replacement Registry (AJRR) chart as published in the 2018 Annual Report, data on hip and knee arthroplasty from 2012 – 2017

Ref: <http://www.ajrr.net/>

Figure 7: Distribution of Procedures (N=1,164,814)

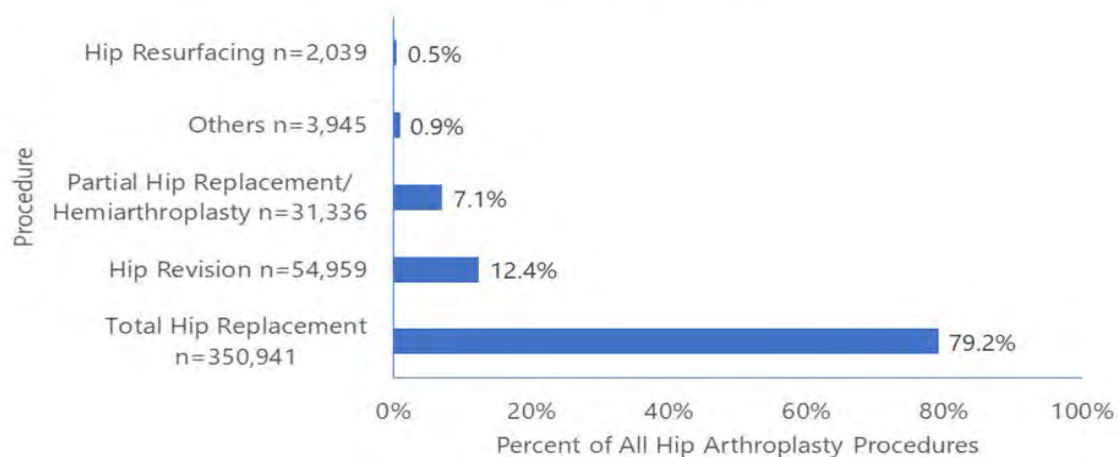


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Hip Joint Prosthesis Procedures

Figure 13: Procedure Codes for All Hip Procedures 2012-2017 (N=443,219)



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Physician Terminology

Common Terminology in Hip Prosthesis Revision Documentation

Hip Revision Arthroplasty

Conversion Hemiarthroplasty to Total Hip Replacement

Reduction Hip Prosthesis

Revision Total Hip Replacement

Hip Arthrotomy – with presence of artificial hip joint

Removal/explantation hip prosthesis/implant (acetabulum, femoral, liner)

- Followed by insertion of:
 - Spacer, liner, acetabular and/or femoral component

Review of documentation of the diagnosis and identifying what procedures were performed on a prior hip prosthesis.

Revision in CPT versus ICD-10-PCS



Does not equal the same meaning

CPT

27132 Conversion of previous hip surgery to total hip arthroplasty

27134 Revision of total hip arthroplasty; both components

27137 Revision of total hip arthroplasty; acetabular component only

27138 Revision of total hip arthroplasty; femoral component only

27091 Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate w/or w/o spacer

ICD-10-PCS

TABULAR

Code: Add Code

← → Crosswalk

G Section	0 Medical and Surgical	3rd character: Revision Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device
G Body System	S Lower Joints	Explanation: Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin
G Operation	W Revision	
G Body Part	9 Hip Joint, Right	
G Approach		
G Device		
Qualifier	Z No Qualifier	

Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left	0 Open	0 Drainage Device 3 Infusion Device 4 Internal Fixation Device 5 External Fixation Device 7 Autologous Tissue Substitute 8 Spacer 9 Liner B Resurfacing Device J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
9 Hip Joint, Right B Hip Joint, Left	3 Percutaneous 4 Percutaneous Endoscopic X External	0 Drainage Device 3 Infusion Device 4 Internal Fixation Device 5 External Fixation Device 7 Autologous Tissue Substitute 8 Spacer J Synthetic Substitute	Z No Qualifier

CPT coding of revision: Includes a combination of steps normally performed together. Removal, re-insertion of components and often bone grafts.

ICD-10-PCS coding of revision: Procedure performed without taking out a joint component.

ICD-10-PCS Root Operation Revision



Definition and Examples

Revision Definition

Definition: Correcting, to the extent possible a malfunctioning or displaced device or the position of a displaced device.

Explanation: Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin.

Examples: Adjustment of position of pacemaker lead, recementing of hip prosthesis

Hip Prosthesis Revision Examples

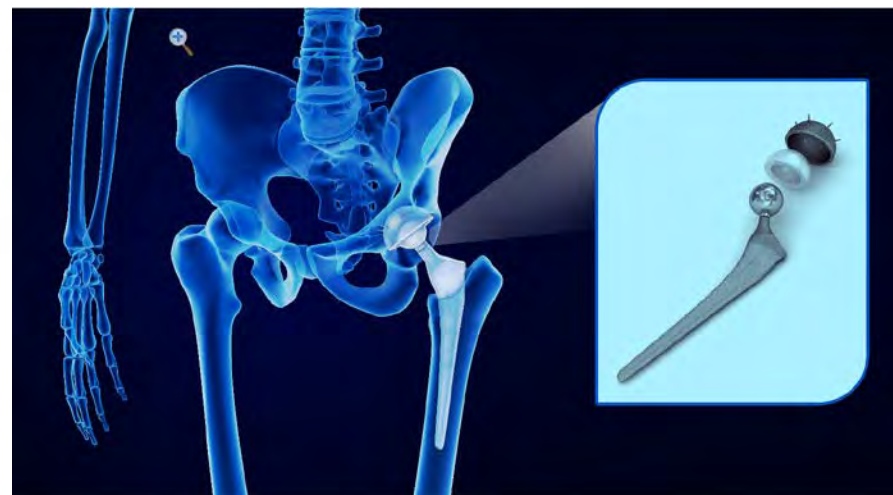
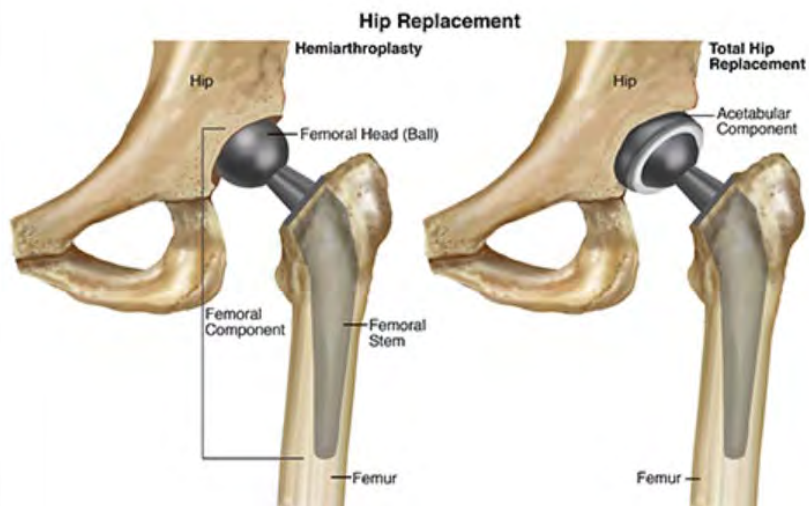
- Reduction of dislocated hip joint prosthesis without removal
- Re-cementing a loose joint prosthesis
- Adjustment of prosthesis due to Peri-prosthesis fracture

PCS Coding Guideline A11 – It is the coder’s responsibility to determine what the documentation in the medical record equates to in the PCS definitions.

Hip Replacement Components

Partial Hip – Usually for hip fractures. Could be in 1, 2, or 3 pieces. Femoral head and stem

Total Hip: The acetabular portion includes a cup (liner), femoral head and femoral stem



www.moveforwardpt.com

Hip Replacement Components

What was previously implanted?

Acetabular Component

- Bowl shaped device that replaces the socket. Usually made of metal but occasionally made of ceramic or a combination of plastic and metal.

Acetabular liner

- Fits into the acetabular (socket). Protects the surfaces from frictional forces allowing the femoral head to glide easier. Usually made of plastic.

Femoral Head

- The femoral head (ball). There are many shapes and sizes. These are made of metal, ceramic, plastic, or a combination of materials

Femoral Stem

- The femoral stem attaches to the ball and supports the hip joint. It is built from titanium, titanium cobalt, stainless steel, cobalt-chromium alloys, or a titanium and cobalt mixed metal. Made to various lengths inserted into the femoral canal with cement, or cementless (press fit) type.



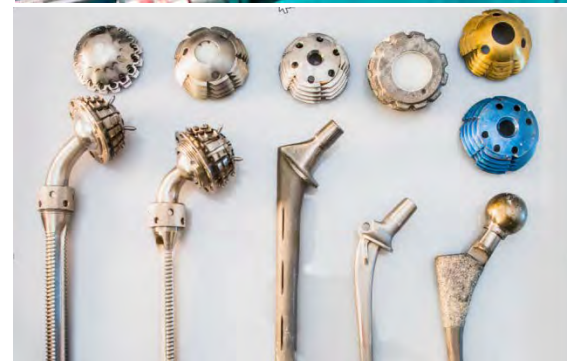
Hip Joint Components - Cemented vs. Uncemented

Character 7 Qualifier

A cemented joint replacement uses epoxy cement to attach the joint to the bone. An uncemented joint prosthesis contains holes on its surface or it textured that allows the growth of the patient's natural bone to hold the device in place.

The qualifier value of Z- No Qualifier is for use when documentation is insufficient to determine whether the synthetic joint prosthesis is cemented or uncemented.

Coding Clinic, 3rd Q, 2016 - Use of Cemented Versus Uncemented Qualifier for Joint Replacement, pg 35.
Coding Guideline A11 "It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions.



ICD-10-PCS Coding References

Procedures on Devices

B6.1c Device General Guideline – Procedures performed on a device only and not on a body part are specified in the root operation Change, Irrigation, Removal and Revision, and are coded to the procedure performed.

Group of Procedures that Always Involve Devices:

Root Operation Removal: Taking out or off a device from a body part

Root Operation Replacement: Putting in or on biological or synthetic material that physically take the place and/or function of all or a portion of a body part.

Root Operation Revision: Correcting to the extent possible, a portion of a malfunctioning device or the position of a displaced device.

Coding Clinic, 4th Qtr, 2016, pg 110 – Removal and Revision of Hip and Knee Devices

When the components of a replaced joint are removed and new components (i.e., femoral head, femoral stem, acetabular component, liner) are inserted, codes are assigned for the placement of new components and for the removal of the old components

Revision table Example

0S[P,R,W] body parts choices for hip in lower joint tables

G Section	0 Medical and Surgical	3rd character: Revision Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device
G Body System	S Lower Joints	
G Operation	W Revision	Explanation: Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin
G Body Part		
G Approach	0 Open	
G Device		
Qualifier		

Body Part	Approach	Device Substitute	Qualifier
9 Hip Joint, Right B Hip Joint, Left	0 Open	0 Drainage Device 3 Infusion Device 4 Internal Fixation Device 5 External Fixation Device 7 Autologous Tissue Substitute 8 Spacer 9 Liner B Resurfacing Device J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
9 Hip Joint, Right B Hip Joint, Left	3 Percutaneous 4 Percutaneous Endoscopic X External	0 Drainage Device 3 Infusion Device 4 Internal Fixation Device 5 External Fixation Device 7 Autologous Tissue Substitute 8 Spacer J Synthetic Substitute K Nonautologous Tissue 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 T Knee Joint, Femoral Surface, Right U Knee Joint, Femoral Surface, Left V Knee Joint, Tibial Surface, Right W Knee Joint, Tibial Surface, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	J Synthetic Substitute	Z No Qualifier

Hip Joint body part and device characters

Body part character selection: P-Removal; R-Replacement; W-Revision

OSP[A,E,R,S]J
OSR[A,E,R,S]J
OSW[A,E,R,S]J

Lower Joint Tables 4th character

The term Hip Joint, Acetabular Surface [A,E] or Hip Joint, Femoral Surface [R,S] simply refers to that part of the hip joint. The procedure only involves one, or the other part of the joint, not both. J-Synthetic device is only option for device value

OSP[9,B]

Lower Joint Tables 4th character

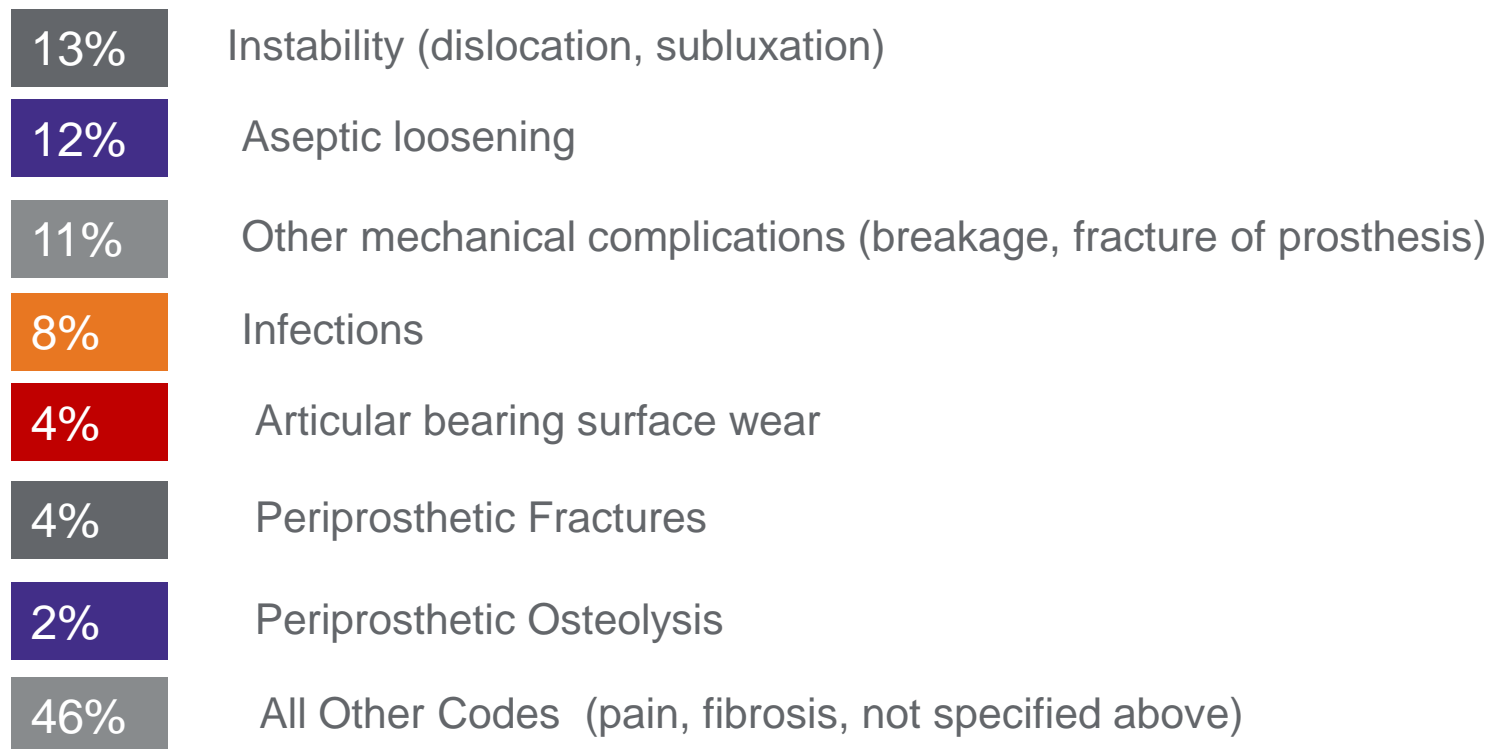
The term Hip Joint [9,B] refers to a procedure that involves both parts of the joint or as a whole.

Devices applicable to [9,B] Hip Joint for P-Removal; W-Revision

- 8 – Spacer
- 9 – Liner
- E – Articulating Spacer
- J – Synthetic Substitute (Total Hip Prosthesis)

Clinical conditions that lead to revision surgery

Average life expectancy of prosthesis is 15 – 20 years.



Ref: <http://ajrr.net/>

Variations of Hip Revision Surgery

Typical Scenarios

- Reduction of Hip Prosthesis Dislocation. Moving the prosthetic head back into the socket.
- Replacement total hip prosthesis: Both acetabular and femoral components are removed and replaced.
- Replacement of part of the original prosthesis: Removal of a component followed by re-insertion
 - Acetabular cup (includes liner)
 - Femoral head/stem
 - Femoral head and liner
 - Liner alone
- Staged procedures for joint infections. 1st stage removes the joint components and places an antibiotic spacer. The spacer is left until the infection clears. 2nd stage the spacer is removed and a new implant component is inserted.
- Periprosthetic Fractures. Reduction of displaced bone surrounding the prosthesis
- Conversion Hemiarthroplasty to Total Hip Replacement

Scenario's – Dislocation Hip Prosthesis

Reduction, Closed of Left Internal Hip Prosthesis

Indication: Patient with total hip arthroplasty presents to hospital after dislocating left hip.

Procedure: The patient was taken to the operating room, placed under general anesthesia, and laid supine on the operating table. Under fluoroscopy, in-line traction was applied to the left leg until the femoral head was perched on the acetabular liner. **With internal rotation and pressure over the trochanter, the femoral head was reduced.**

PCS Code

0SWBXJZ Revision of synthetic substitute in left hip, external approach

Rationale: The hip prosthesis was displaced. Although reduction is moving the joint back into normal anatomical position, the hip prosthesis is a device. It was not removed, but moved back into position.

Approach is external through traction

Hip Prosthesis Dislocation



Dislocation after Total Hip Replacement Surgery



Scenario – Replacement Hip Prosthesis



Left total hip arthroplasty, acetabular component

Diagnosis: Failed left total hip arthroplasty secondary to osteolysis and polyethylene wear.

The hip was dislocated posteriorly and the head was removed. The stem was noted to have excessive anteversion. The acetabulum was exposed and there was noted to be significant polyethylene wear. The explant was then used to remove acetabular component. There was noted to be some osteolysis posteriorly involving the ischium. This required placement of a larger shell. We ultimately reamed up to a size 57 and impacted a 58 mm shell. The shell was positioned about 40° of abduction. Care was taken not to put too much anteversion on the shell based upon the excessive anteversion on the femoral side. The shell was then stabilized with multiple screws all of which had good purchase. We then trialed and were happy with a +4 liner. This was impacted.

On the femoral side we used a +5 femoral head. With this we had good stability and adequate restoration of her leg lengths. The definitive head was placed after the taper was cleaned and impacted. The hip was reduced and then the rotators repaired. A deep drain was then placed.

PCS Code

0SPB0JZ Removal synthetic substitute left hip joint, open
0SRB0JZ Replacement left hip joint, synthetic substitute, open

Rationale: The operative report states “acetabular component”, but documentation states both the femoral and acetabular were removed and replaced.

B-left hip joint applies since both components were addressed.

J-Synthetic substitute for replacement device as default since bearing surface not documented

Z-7th character applies since it not documented if cemented or uncemented.

The liner is included in the acetabular component and not coded separately.

Scenario - Replacement One Component



Coding Clinic, 4th Qtr, 2016, pg 110 – Removal and Revision of Hip and Knee Devices. When the components of a replaced joint are removed and new components (i.e., femoral head, femoral stem, acetabular component, liner) are inserted, codes are assigned for the placement of new components and for the removal of the old components.

Revision of Hip Replacement

The patient is a 70-year-old female, who had previously undergone a right total hip arthroplasty (THA) 15 years ago. The acetabular component has loosened and become painful. The patient was admitted for revision of the hip replacement. The surgeon removed and replaced the right acetabular component only using a ceramic-on-ceramic bearing surface. How should this be coded?

0SPA0JZ – Removal synthetic substitute, rt hip joint, acetabular surface, open

0SRA03Z – Replacement of rt hip joint, acetabular surface w/ceramic synthetic substitute, open

Body Part Selection

G Section	0 Medical and Surgical	Code Description:	Removal of synthetic substitute from right hip joint, acetabular surface, open approach
G Body System	S Lower Joints		
G Operation	P Removal		
G Body Part	A Hip Joint, Acetabular Surface, Right		
G Approach	0 Open		
G Device	J Synthetic Substitute		
Qualifier	Z No Qualifier		

Body Part	Approach	Device	Qualifier
9 Hip Joint, Right	0 Open	0 Drainage Device	Z No Qualifier
B Hip Joint, Left		3 Infusion Device	
		4 Internal Fixation Device	
		5 External Fixation Device	
		7 Autologous Tissue Substitute	
		8 Spacer	
		9 Liner	
		B Resurfacing Device	
		E Articulating Spacer	
		J Synthetic Substitute	
		K Nonautologous Tissue Substitute	
A Hip Joint, Acetabular Surface, Right	0 Open	J Synthetic Substitute	Z No Qualifier
E Hip Joint, Acetabular Surface, Left	3 Percutaneous		
R Hip Joint, Femoral Surface, Right	4 Percutaneous Endoscopic		
S Hip Joint, Femoral Surface, Left			
T Knee Joint, Femoral Surface, Right			
U Knee Joint, Femoral Surface, Left			
V Knee Joint, Tibial Surface, Right			
W Knee Joint, Tibial Surface, Left			

Rationale: Code remove of acetabular component followed by root operation for the new component, In this case the objective is to replace the acetabulum. Since the acetabular surface is the most specific body part to describe procedure, select [A, or E] instead of [9, or B].

Scenario – Replacement Two Components



2nd Qtr, 2015 - Revision Femoral Head and Acetabular Liner

Revision of Femoral Head and Acetabular Liner

The patient was admitted for revision of right hip arthroplasty. **The right ceramic head and acetabular liner were replaced** due to excessive wear.

Answer: When the components of a replaced joint are removed and new components (i.e. femoral head, acetabular surface, femoral surface, and liner) are inserted, codes are assigned for the placement of new components and for the removal of the old components. The root operation “replacement” is defined a putting in or on biological or synthetic materials that physically takes the place and/or function of all or a portion of a body part. Conversely, a revision should be reported when the objective of the procedure is to correct the position or function of a previously placed device, without taking or putting in a whole new device in its place.

Answer:

A code for Supplement is assigned for placement of the new liner. The liner is placed to physically reinforce the replaced joint; it is not functioning as a replacement body part.

0SRR03Z – Replacement right hip joint, femoral surface with Z-no qualifier

0SUA09Z – Insert new Liner right Acetabular

0SPR0JZ – Removal right femoral ceramic head

0SP909Z – Removal liner right hip joint

In the answer above “Z” was assigned instead of “A-uncemented” in the replacement code as published in the 2015 coding clinic article.

Coding Clinic, 3rd Qtr, 2016, pg 35 – Uncemented vs. Cemented - states to use Z-No qualifier if it cannot be determined from documentation.

* Older Coding Clinic advice may be superseded by new advice or regulatory updates.

Scenario - Conversion of previous hip surgery to left total hip arthroplasty



Failed Hardware Left Hip Fracture

Left Hip was exposed over the greater trochanter. Dissection carried down to fascia over trochanter. **Gamma set screw and nail were removed.** Femoral head mobilized and hip easily dislocated. The femoral neck osteotomy was completed and head removed. **After wide acetabular exposure, reaming was started in preparation of the cup. Cup was inserted with excellent press fit followed by polyethylene liner.** The medullary cavity of femur was entered and canal reamed in preparation for femoral stem. After trial reduction with appropriate **ceramic femoral head and stem**, final impaction was performed. All tissue layers were repaired, wound irrigated and dressings placed.

PCS Codes

0SPB04Z - Removal Internal Fixation Device, Left Hip, Open

0SRB04Z - Replacement Left Hip Joint, Ceramic on Polyethylene, open

Rationale: Gamma nail is a internal fixation device

* - The qualifier value of Z- No Qualifier is for use when documentation is insufficient to determine whether the synthetic joint prosthesis is cemented or uncemented.

Utilize device Manufacturer information in the record to identify type of bearing surface if not documented in the operative report. **Press Fit** may indicate uncemented.

Scenario - Periprosthetic Right Hip Fracture



Operation

Revision total hip with **open reduction and internal fixation of the fracture** using the Zimmer 13 x 8 inch full porous coated stem.

FINDINGS: A loose prosthesis with the **Vancouver B classification** confirmed.

Indications

Irene is an 87-year-old woman who suffered a fall yesterday on her right total hip arthroplasty. She came to the Emergency Department with the confirmation of a closed periprosthetic fracture.

Description

The patient was brought to the operating room. After identifying the patient and the operative site with the appropriate timeout, the patient was given a spinal anesthetic. She is positioned in the left lateral decubitus position. Using the previous incision extending this distal wards, the thigh is incised and carried down to the iliotibial band which was opened in line with the incision. Direct posterior lateral approach to the proximal femur down to the fracture site and the hip is dislocated and the **stem is readily removed**. The femoral head is saved to be used in the later point of this case. **Cerclage wires are then placed around the oblique fracture and checked once the provisional broach has been placed with AP x-rays on the radiographs**. Once this has been satisfactory, the femur is prepared for the 13 x 200 mm stem by using the gold reamers up to a size 13.5. The stem is inserted once the **cerclage wires had been tightened** and then the previous femoral head was put back on the trunnion, and the hip is reduced. **The reduction x-rays show that the fracture is well fixed and the stem fixes the fracture well with the distal portion being at least 8 cortices**. The hip being reduced, then is irrigated with saline solution and closed in the standard fashion with the gluteus tendon being reattached to the lateral femur. The iliotibial band approximated with #1 Vicryl suture, subcu tissues in layers with #1 and 2-0 Vicryl suture, and skin is approximated with skin staples. A sterile dressing is then applied. The patient tolerated the procedure well and is transferred to the Recovery Room stable.

Scenario - Periprosthetic Right Hip Fracture

Operative Report

Removed femoral stem and head. Femoral head later replaced on new stem.

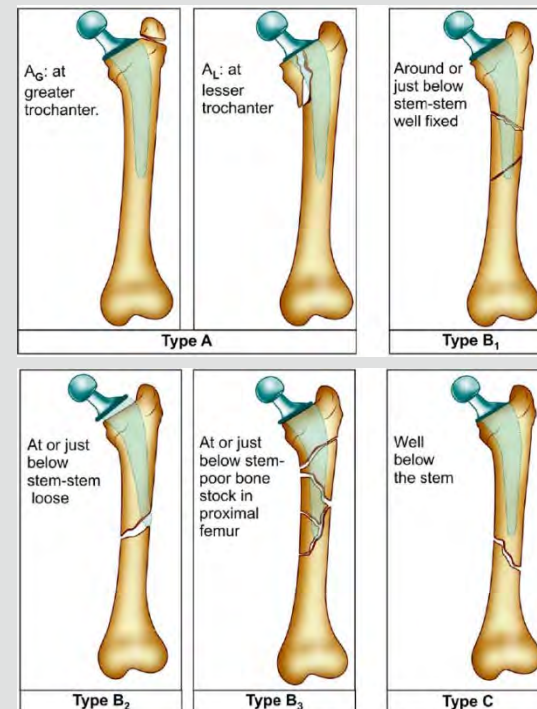
ORIF of femoral shaft based on Vancouver B2 Periprosthetic fracture with cerclage wires. The wires are wrapped around the femur to keep bones into position.

0SPR0JZ – Removal synthetic substitute, right hip joint, open

0SRR0JZ – Replace rt hip joint, femoral surface, open

0QS804Z – Reposition rt. Femoral shaft w/infernal fixation device. Open

Vancouver Classification Periprostheses Fractures



<http://orthopaedicsurgery.uci.edu/pdf/TotalHip.pdf>

Rationale: Removal of femoral stem/head component, Replace femoral component with same head and new stem. Vancouver Type B2 is of the femoral shaft which meets a separate objective of reposition.

Hip Prosthesis Infection Procedures

Hip joint infections may occur in the wound or around the artificial joint. They can occur right away after implantation or years after. An infection elsewhere in your body can travel to the joint replacement.

Surgical treatment if the infection is caught early can involve surgical washout of the joint and debridement of all contaminated soft tissue. The implant is cleaned and liners or spacers replaced. This is followed by IV treatment with antibiotics for a prolonged period.

Late infections usually require a staged procedure.

- 1st stage includes washout of the implant, joint and soft tissues debridement and placement of an antibiotic spacer. The spacer maintains normal joint space and alignment. The antibiotics within the spacer flow into the joint and surrounds tissues and over time help eliminate the infection.
- 2nd Stage is removal of the antibiotic spacer, repeat washout of the joint and implant new hip components.

Single Staged Procedures are also sometimes performed where all components are removed, soft tissues debrided and irrigated and new prosthesis re-implanted at the same encounter.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525520/>

<https://orthoinfo.aaos.org/en/diseases--conditions/joint-replacement-infection/>

Spacers

Antibiotic embedded devices are used to fill the joint gap while treating a joint infection. Antibiotics leach out into infected tissue over time treating the infection.

Spacer Coding: Static spacers are coded to root operation Insertion. Articulating spacer insertion is coded to Replacement. Assign static spacer when documentation does not specify the type. Coding Clinic 4th Q, 2018 – Articulating spacer for Hip and Knee Joint, pg 43.

Static Spacer: Typically made of bone cement with powdered antibiotics. Not designed for joint movement. Usually made in the operating room but can be molded also. Removed during a 2nd stage procedure when a new prosthesis is inserted.

Articulating Spacer: Articulating spacers also keep open the space between bones, but are designed to allow joint movement. They vary from fully manual spacers made in preformed molds to modular spacers, which include plastic and metal surfaces. They are more like an implant.



<https://www.exac.com/spacers/>

Scenario – Hip Joint Infection

Status post right total hip replacement with infected right hip

1st Stage procedure

A patient developed an infection after a primary right total hip replacement and was admitted to the hospital for surgical treatment. At surgery, the right prosthesis was removed. An antibiotic impregnated methylmethacrylate cement spacer prepared and was inserted to fill the acetabulum. The patient was discharged on day 5 and placed on IV antibiotics for six weeks.

0SP90JZ Removal synthetic substitute right hip joint, open

0SH908Z Insertion spacer right hip, open

2nd Stage Procedure

Because the infection had resolved, the patient was readmitted at six weeks for removal of the antibiotic spacer and revision of the right total hip replacement with insertion of a new total hip ceramic on polyethylene, cemented prosthesis. The patient was discharged on day 4 and placed on intravenous (IV) antibiotics for six weeks.

0SP908Z Removal Spacer right hip joint, open

0SR9049 Replacement right hip joint with ceramic on poly, cemented, open

Associated Procedures with Hip Joint Revisions



May be performed with Hip Joint Revisions

Bone Grafting	Biopsies	Debridement	Drainage of Infection	Spacer Liner Proc.
Fill Defects from bone loss	Joint Biopsy	Excision of necrotic tissue	Drainage of infected fluid	Insertion or removal of: Static Spacer
Supplement	Muscle Biopsy	Bone	Joint Space	Articulating Spacer
Replacement	Fascia Biopsy	Muscle		Liner removal Liner inserted (supplement)
		Joint Space		

Reimbursement

TIPS: The following will affect DRG assignment

Laterality mismatches for the removal code and the replacement or supplement code.

Confirm approach for prosthesis dislocation therapy. External approach is classified as non-operating room procedure.

Confirm type of spacer inserted as articulating spacer or static. Replacement with articulating spacer increases DRG

Using 3-percutaneous approach for removal of J-Synthetic Substitute, or 8-Spacer

Listed in order of increasing weight.

MS-DRG 628 – 630 Other Endocrine, Nutritional and Metabolic Procedures (with Diagnosis from MDC 10)

0SR[A,E,R,S]0** Replacement of acetabular or femoral surface

0SW[9,B,A,E,R,S][0,3,4]JZ Revision of Synthetic substitute

MS-DRG 480 – 482 Hip and Femur Procedures Except Major Joint.

0SW[9,B]0[8,9]Z Revision of Spacer/Liner Hip Joint

0SW[9,B][3,4]8Z Revision of Spacer

Reimbursement

MS-DRG 463 – 465 Wound Debridement and Skin graft Except Hand for Musculoskeletal System and Connective Tissue Disorders (with Diagnosis from MDC 8)

Removal codes below without replacement/supplement codes.

Removal codes below with insertion static spacer

0SP[9,B]09Z Removal Liner Hip Joint, Open

0SP[9,B,A,E,R,S][0,3,4]JZ Removal of Synthetic Device Hip Joint/Acetabular Surface/Femoral Surface

MS-DRG 466 – 468 Revision of Hip or Knee Replacement

Single Code

0SP[A,E,R,S][0,4]JZ Removal of Synthetic Device Acetabular Surface/Femoral Surface

0SW[9,B,A,E,R,S][0,3,4]JZ Revision of Synthetic Device Hip Joint/Acetabular Surface/Femoral Surface

Combination codes of:

0SP[9,B,A,E,R,S][0,4]JZ Removal of Synthetic Device Hip Joint/Acetabular Surface/Femoral Surface

And 0SR[9,B]0[1,2,3,4,6,J][9,A,Z] Replacement of Hip Joint with Joint Prosthesis

0SP[9,B,A,E,R,S][0,4]JZ Removal of Synthetic Device Hip Joint/Acetabular Surface/Femoral Surface

And 0SR[A,E]0[0,1,3,J][9,A,Z] Replacement of Acetabular Surface with Joint Prosthesis

0SP[9,B,A,E,R,S][0,4]JZ Removal of Synthetic Device Hip Joint/Acetabular Surface/Femoral Surface

And 0SR[R,S]0[1,3,J][9,A,Z] Replacement of Femoral Surface with Joint Prosthesis

0SP[9,B]0[8,9,E]Z Removal of Spacer/Liner/Articulating Spacer Hip Joint. Open Approach

And 0SR[9,B]0[1,2,3,4,6,J][9,A,Z] Replacement of Hip Joint with Joint Prosthesis

Reimbursement

0SP[9,B]0[8,9,E]Z Removal of Spacer/Liner/Articulating Spacer Hip Joint, Open Approach
And 0SR[A,E]0[0,1,3,J][9,A,Z] Replacement of Acetabular Surface with Joint Prosthesis

0SP[9,B]0[8,9,E]Z Removal of Spacer/Liner/Articulating Spacer Hip Joint, Open Approach
And 0SR[R,S]0[1,3,J][9,A,Z] Replacement of Femoral Surface with Joint Prosthesis

0SP[9,B]48Z Removal of Spacer Hip Joint, Percutaneous Endoscopic
And 0SR[9,B]0[1,2,3,4,6,J][9,A,Z] Replacement of Hip Joint with Joint Prosthesis

0SP[9,B]48Z Removal of Spacer Hip Joint, Percutaneous Endoscopic
And 0SR[A,E]0[0,1,3,J][9,A,Z] Replacement of Acetabular Surface with Joint Prosthesis

0SP[9,B]48Z Removal of Spacer Hip Joint, Percutaneous Endoscopic
And 0SR[R,S]0[1,3,J][9,A,Z] Replacement of Femoral Surface with Joint Prosthesis

0SP[9,B]0[8,E]Z Removal of Spacer/Articulating Spacer Hip Joint, Open Approach
And 0SU[9,B,A,E,R,S]09Z Supplement Hip Joint/Acetabular Surface/Femoral Surface with Liner

0SP[9,B]09Z Removal of Liner Hip Joint
And 0SU[9,B,A,E,R,S]09Z Supplement Hip Joint/Acetabular Surface/Femoral Surface with Liner

Questions?

References

Internet

<http://www.ajrr.net/>

<http://www.moveforwardpt.com>

<http://orthopaedicsurgery.uci.edu/pdf/TotalHip.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525520/>

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2019 ICD-10-PCS Coding Guidelines

2019 ICD-10-PCS Root Operation Definitions

AHA Coding Clinics

4th Q, 2018 - Articulating spacer for Hip and Knee Joint

4th Q, 2016 - Removal and Revision of Hip and Knee Devices

3rd Q, 2016 - Use of Cemented Versus Uncemented

2nd Q, 2015 - Revision Femoral Head and Acetabular Liner

CMS Coordination and Maintenance Minutes, Sept 23, 2014

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