PHYSICIAN & FACILITY CODING & BILLING GUIDE

HIP ARTHROPLASTY

2019 Medicare National Average Payments

Physician Reimbursement

CPT[1] Code	CPT Code	RVUs[A]	2019 Payment
	Arthroplasty		
27120	Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)	37.33	$1,345
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	31.76	$1,145
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	32.71	$1,179
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	39.09	$1,409
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	48.33	$1,742
	Revision		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	55.28	$1,992
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	42.48	$1,531
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	44.14	$1,591
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	34.49	$1,243
	Removal		
27090	Removal of hip prosthesis; (separate procedure)	23.94	$863
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	46.07	$1,660

CPT/HCPCS Modifier Options	
Modifier[B]	**Description**
-22	Increased Procedural Service
-50	Bilateral Procedure
-51	Multiple Procedures
-58	Staged or Related Procedure or Service by Same Physician
-59	Distinct Procedural Service
-XE	Separate Encounter
-XS	Separate Structure
-XP	Separate Practitioner
-XU	Unusual Non-Overlapping Service

[A] Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU.

[B] The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payors.

Hospital Outpatient & Ambulatory Surgical Center (ASC) Facility Reimbursement

CPT Code	Description	OPPS Status Indicator	APC	ASC Payment Indicator
	Arthroplasty			
27120	Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)	C	-	C5
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	C	-	C5
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	C	-	C5
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	C	-	C5
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	C	-	C5
	Revision			
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	C	-	C5
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	C	-	C5
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	C	-	C5
	Removal			
27090	Removal of hip prosthesis; (separate procedure)	C	-	C5
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	C	-	C5

APC – Ambulatory Payment Classification
OPPS – Outpatient Prospective Payment System
Status Indicator: C- Inpatient procedure. Not paid under OPPS
Payment Indicator: C5 – Surgical procedures that are excluded from payment in the ASC

HCPCS Level II Coding Options	
HCPCS Code[2]	**HCPCS Code Description**
C1776	Joint device (implantable)

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed under Medicare OPPS

Inpatient Reimbursement

ICD-10-PCS Hospital Procedure Code			
Replacement (putting in or on biological or synthetic material that physically takes the place and/or function of all or part of a body part)			
0 Medical and Surgical S Lower Joints R Replacement			
Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left	0 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 **E** Articulating Spacer **J** Synthetic Substitute	**9** Cemented **A** Uncemented **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	0 Open	**0** Synthetic Substitute, Polyethylene **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 **E** Articulating Spacer **J** Synthetic Substitute	**Z** No Qualifier

ICD-10-PCS Hospital Procedure Code			
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
Removal *(Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)*			
0 Medical and Surgical S Lower Joints P Removal			
Body Part	Approach	Device	Qualifier
9 Hip Joint, Right B Hip Joint, Left	0 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	0 Open 3 Percutaneous 4 Percutaneous, Endoscopic	J Synthetic Substitute	Z No Qualifier

MS-DRG	MS-DRG Description	2019[3] Payment
461	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity with MCC	$27,368
462	Bilateral Or Multiple Major Joint Procedures Of Lower Extremity without MCC	$19,502
466	Revision Of Hip Or Knee Replacement with MCC	$31,219
467	Revision Of Hip Or Knee Replacement with CC	$21,188
468	Revision Of Hip Or Knee Replacement without CC/MCC	$17.043
469	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity with MCC Or Total Ankle Re-placement	$19,380
470	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity without MCC	$12,149
480	Hip And Femur Procedures Except Major Joint with MCC	$18,502
481	Hip And Femur Procedures Except Major Joint with CC	$12,591
482	Hip And Femur Procedures Except Major Joint without CC/MCC	$10,163

References

[1] CPT 2019 Professional Edition, 2018 American Medical Association (AMA); CPT is a trademark of the AMA

[2] 2019 HCPCS, www.cms.gov

[3] 2019 MS-DRG relative weight multiplied by 2019 rate per IPPS Final Rule, as calculated by MCRA, payment rates will vary by facility. Calculation includes labor related, non-labor related and capital payment rates.