DOCUMENTATION REQUIREMENTS IN CODING HIP SURGERY

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DISCLAIMER

This presentation is for education purposes only. The information presented is not intended to be legal advice. The information presented was current at the time presented and when applicable, based upon guidelines published by the AMA, CMS, and NCCI.

Objective

- Anatomy
- Terminology
- Hip arthroscopy, FAI
- Arthroplasties
- Fractures

Hip Joint

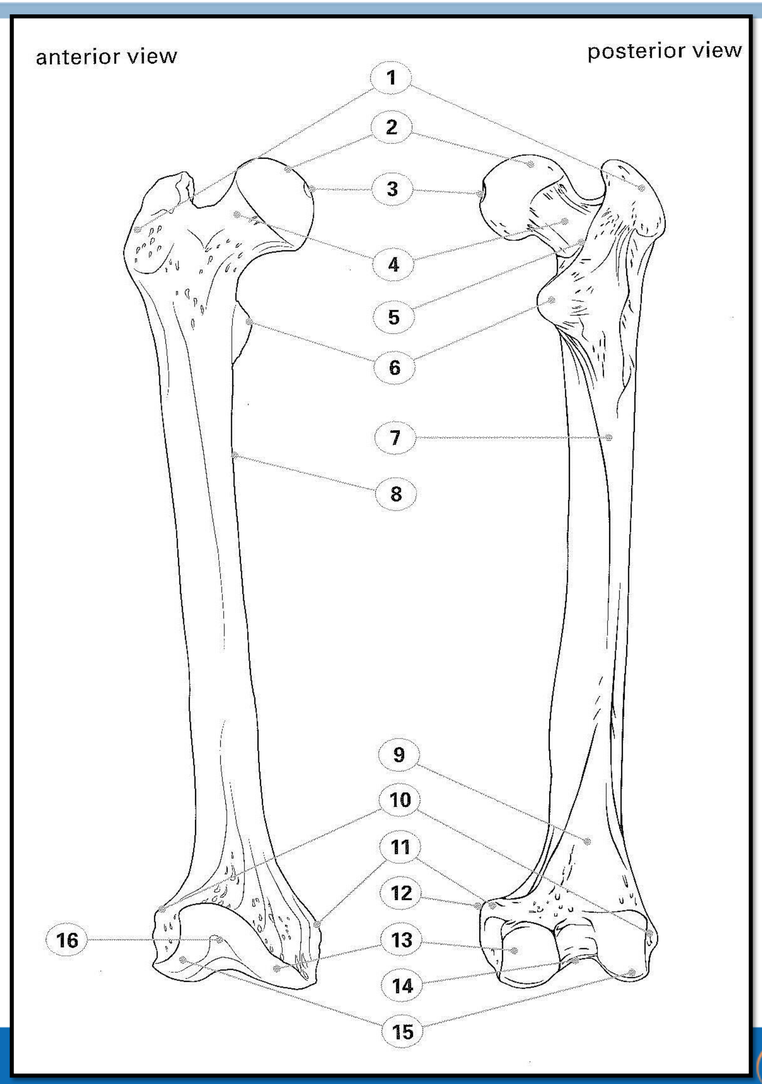
- Ball and socket joint
  - Ball (femoral head)-and-socket (acetabulum)
  - Slightly less mobile than shoulder joint
    - Allows for abduction/adduction, flexion/extension, rotation, circumduction
  - Designed for stability and support
  - More than ½ of head of femur is held within the acetabulum
  - Like shoulder has fibrocartilaginous “lip” that deepens the socket= acetabular labrum
- Synovial joint
- Coxal or Innomonate Bone=pelvic side of hip

Anatomy

- Acetabulum-cup shaped depression of the pelvis
- Femoral head-rounded, ball shaped upper end of the femur
- Femoral neck-narrow angled area joining the femoral head to the shaft; approximately 2” in length
- Greater and lesser trochanters-boney projections on the femur distal to the femoral neck
  - Greater trochanter, larger on lateral aspect of femur
  - Lesser trochanter, smaller, lower on medial side of femur

FEMUR

1. Greater Trochanter
2. Femoral Head
3. Fovea Capitis
4. Femoral Neck
5. Intertrochanteric ridge
6. Lesser trochanter
7. Linea aspera
8. Diaphysis=shaft



Muscular Anatomy

- 5 major muscle groups
  - Extensors-gluteus maximus, hamstrings
  - Lateral rotators-Obturator internus and externus, gemellus superior and inferior, quadratus femoris and piriformis
  - ADductors-pectineus, adductor brevis, longus and magnus
  - Flexors-iliopsoas, rectus femoris, tensor fascia lata and Sartorius
  - Abductor-gluteus medius and minimus
    - Produce flexion, extension, rotation, abduction and adduction
- Many produce more than one type of motion

Gluteus Maximus

- Origin: Posterior gluteal line of ilium, dorsal surface sacrum and coccyx & sacrotuberous ligament
- Insertion: Gluteal tuberosity femur and iliotibial tract
- Action: Extension of femur at hip; lateral rotation of extended hip
- Innervation: Inferior gluteal nerve (L5, S1,2)
- Used mostly for power (going up stairs, climbing, running, rising from seated position)
- Moves the femur against the pelvis or the pelvis against the femur
- Greek for rump

Gluteus Medius

- Origin: Iliac crest, external surface of ilium between anterior & posterior gluteal lines
- Insertion: Greater trochanter of femur
- Action: Abduction; medial rotation of femur @ hip; steadies the pelvis on the leg when the opposite leg is raised off the ground
- Innervation: Superior gluteal nerve (L4,5,S1)
- Broad thick fan shaped muscle; w/gluteus minimus chief abductor of the hip and medial rotator

Psoas Major

- Origin: Transverse process of all 5 lumbar vertebrae & sides of T12-L5 & their intervertebral discs
- Insertion: Lesser troch
- Action: With iliacus flexes femur @ hip; independently laterally flexes trunk
- Innervation: L2,3
- *With the Iliacus referred to as Iliopsoas*
- Strongest hip flexor

Iliacus

- Origin: Inner surface of wing of ilium
- Insertion: Lesser troch
- Action: With Psoas flexes femur at hip joint
- Innervation: Femoral nerve (L2,3,4)
- Fan shaped

Hamstring-Biceps Femoris

- Origin: Long head(2)- ischial tuberosity; Short head(1)- linea aspera
- Insertion: Head of fibula lateral side
- Action: Long head-extension of hip; Both heads-flexion of knee, lateral rotation of flexed knee
- Innervation: Long head-sciatic nerve tibial division (L5, S1,2); Short head-sciatic nerve peroneal division (L5, S1,2)
- Long head is one of 3 making up hamstrings which cross both the hip and knee joints
- Short head does not cross two joints

HAMSTRING-SEMITENDINOSUS

- Origin: Ischial tuberosity
- Insertion: Anterior proximal tibial shaft
- Action: Flexes leg @ knee, when knee flexed medially rotates tibia; thigh extensor @ hip joint; when hip & knee both flexed, extends trunk
- Innervation: Sciatic nerve tibial division L5, S1,2
- Has a long tendon of insertion @ knee

Hamstring-Semimembranosus

- Origin: Ischial tuberosity
- Insertion: Posterior medial tibial condyle
- Action: Flexes leg @ knee, rotates flexed leg medially; extends thigh @ hip; with hip & knee flexed extends trunk
- Innervation: Sciatic nerve tibial division L5, S1,2
- *Note Biceps femoris inserts laterally @ knee; semitendinosus & semimembranosus insert medially*

Tensor Fasciae Latae

- Origin: Anterior iliac crest & ASIS
- Insertion: Into iliotibial tract which inserts on lateral condyle of femur
- Action: flexes, abducts & medially rotates thigh @ hip; w/ gluteus maximus stabilizes hip joint; stabilizes extended knee
- Innervation: Superior gluteal nerve L4,5
- Braces the knee when walking
- *Also known as the Iliotibial Band (ITB)*

Sartorius

- Origin: ASIS
- Insertion: Upper medial tibial shaft
- Action: Flexor, abductor & lateral rotator of thigh @ hip joint; flexor of leg @ knee joint; helps balance pelvis; not powerful
- Innervation: Femoral nerve L2,3
- Longest muscle in the body
- Most superficial thigh muscle. Forms the lateral border of the femoral triangle
- Latin for tailor
- Crosses hip and knee joint

Rectus Femoris

- Origin: Two heads; anterior inferior iliac spine and ilium superior to acetabulum
- Insertion: Combines to insert into quadriceps tendon which inserts into base of patella & tibial tuberosity via patellar ligament
- Action: Action on knee is through patellar ligament; extends leg @ knee joint; helps iliopsoas flex thigh @ hip
- Innervation: Femoral nerve L2,3,4
- Only muscle of quadriceps group that crosses both the hip and knee joint

Pectineus

- Origin: Pectin of anterior pubic bone
- Insertion: Between lesser troch & lines aspera
- Action: Flexes femur @ hip; assists adduction femur @ hip
- Innervation: Femoral nerve L2,3,4
- Only adductor innervated by femoral nerve
- Uppermost of medial thigh muscles

Adductor Longus

- Origin: Body of pubis beneath pubic tubercle
- Insertion: Linea aspera
- Action: Adducts thigh, flex & medially rotate thigh
- Innervation: Obturator L3,4
- Most anterior of the three adductors

Hip Arthroscopy

Loose bodies

- 29861 – “Arthroscopy, hip, surgical; with removal of loose body or foreign body”
- Does the operative note support that there are ‘loose bodies’ if not then don’t report
- Report with 29914-29916 but payers are requesting medical notes to support

Hip Arthroscopy

Synovectomy

- Code 29863 states “Arthroscopy, hip, surgical; with synovectomy”
- When performing FAI procedures codes 29862 and 29863 are bundled per CPT guidelines
- “Do not report 29914, 29915, 29916 in conjunction with 29862, 29863.” – CPT states
- Bundled with majority of codes

Hip Arthroscopy

Debridement

Code 29862 - Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum

Chapter 4 of the NCCI guidelines

> "*4. With the exception of the knee joint, arthroscopic debridement should not be reported separately with a surgical arthroscopy procedure when performed on the same joint at the same patient encounter. For knee joint arthroscopic debridement see the following paragraph."*

FAI

- =too much friction in the hip joint
- Two Forms-Cam, Pincer
  - Cam comes from the Dutch word meaning “cog”
    - Femoral head and neck relationship is aspherical or not perfectly round
    - Prominence on femoral neck resulting in contact with the acetabular rim with hip flexion

FAI

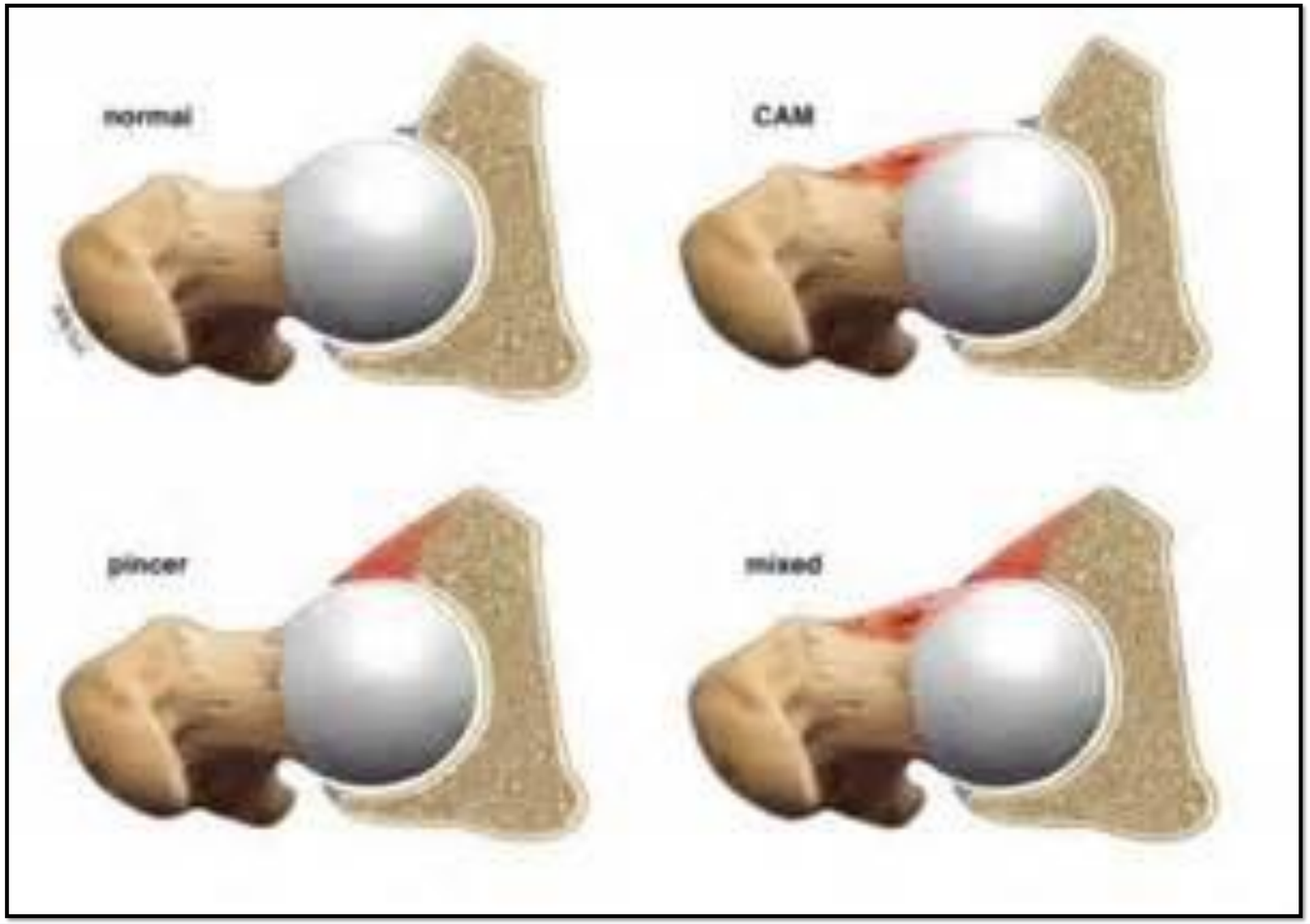
- Two Forms-Cam, Pincer
  - Pincer comes from the French word meaning “to pinch”
    - Acetabulum has too much coverage of the ball or femoral head.
    - Typically exists along the front-top rim (acetabulum) results in the labral cartilage being “pinched” between the rim of the socket and the anterior femoral head-neck junction.
    - Typically secondary to “retroversion”, a turning back of the socket, “profunda”, a socket that is too deep, or "protrusio", a situation where the femoral head extends into the pelvis.
  - Most of the time, the Cam and Pincer forms exist together- i.e., "mixed impingement"

FAI

“FAI is a condition in which the femoral head and acetabulum (the ball and socket) do not fit perfectly, causing friction during hipmovements and resulting in damage within the hip joint. The damage can occur to the articular cartilage (the smooth white surface of the ball or socket) or the labral cartilage (the soft tissue that surrounds the socket).”

CPT Assistant September 2011

FAI



FAI

- 29914-Arthoscopy, hip, surgical; with femorplasty
  - Plasty = repair or restoration of a part or function
  - Treats the femoral side i.e. cam lesions
- 29915-Arthroscopy, hip, surgical; with acetabuloplasty
  - Treats the acetabular side i.e. pincer lesions
- 29916-Arthroscopy, hip, surgical; with labral repair
- Specific guidelines in CPT builds in bundling edits
  - “Do not report 29916 for labral repair secondary to acetabuloplasty or in conjunction with 29862, 29863.” = can’t report 29915 and 29916
  - “Do not report 29914, 29915 in conjunction with 29862, 29863.”
  - No CCI edit needed

Labrum

- Similar to labrum in shoulder
  - Cartilage that lines the rim of the acetabulum
  - Provides cushion
  - Provides stability and keeps femoral head in socket
  - Tears occur along the outer rim
- Two types
  - Primary/type 1-detachment from acetabular rim
    - Commonly caused by cam impingement
  - Type 2-intrasubstance tear
    - Typically caused by crushing of labrum against neck of femur due to pincer lesion

Labrum

- 29916=labral repair= 29807 in the shoulder or 29882 in the knee
- 29862=debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or *resection* of labrum=29877 and/or 29879 and/or 29881

Payor Concerns

- Imperative to check payor policies and contracts before scheduling
- Many incorporate labral procedures into FAI policies
- Some define time frames requiring at least 6 months of failed conservative treatment after a DEFINITIVE diagnosis confirmed by imaging prior to any procedure being performed
  - Pay attention to dates of imaging with definitive diagnosis
  - Clearly document prior treatment
    - If treated elsewhere, important to note that in the documentation as well as the type of treatment that had been performed;

Payor Concerns

- Age requirements
  - 15 years or older
  - Skeletally mature
- Imaging studies
  - Cam impingement – alpha angle greater than 50 degrees
  - Pincer impingement-acetabular retroversion or coxa profundal
  - Pistol grip deformity-nonspherical femoral head shape
- Measurements
  - Positive impingement sign documented by sudden pain with 90 degree hip flexion with adduction and external rotation
  - No advanced OA (Tonnis grade 2 or 3) or severe cartilage damage (Outerbridge grade III or IV)

Tonnis Classification

- Based upon documented radiographic changes
- Three grades
  - Grade 0: no signs of osteoarthritis
  - Grade 1: Increased sclerosis of femoral head or acetabulum
    - Slight joint space narrowing or slight slipping of joint margin
    - No or slight loss of head sphericity
  - Grade 2: Small cysts in femoral head or acetabulum,
    - Moderate joint space narrowing
    - Moderate loss of head sphericity
  - Grade 3: Large cysts
    - Severe joint space narrowing or obliteration of joint space
    - Severe deformity of the head, avascular necrosis

Outerbridge

- Grade 0: Normal
- Grade I: Cartilage with softening and swelling
- Grade II: Partial-thickness defect with fissures on the surface that do not reach subchondral bone or exceed 1.5 cm in diameter
- Grade III: Fissuring to the level of subchondral bone in an area with a diameter more than 1.5 cm
- Grade IV: Exposed subchondral bone head

FAI ICD-10-CM

- Coding Clinics
  - M25.85-other specified acquired deformities of thigh
- Payors
  - M24.15- articular cartilage disorder
  - M24.55- recurrent dislocation
  - M25.15- fistula hip
  - M25.65-stiffness hip

Arthroplasty

- Arthro=joint +
- -plasty=repair or restoration of a part or function
- Combined simply means surgical repair of a joint in order to relieve pain, restore function, restore motion
- Generally done for arthritis, joint ankylosis
- ≠ always mean prosthetic placement
- Can involve partial removal of bone (osteophytes) to complete excision of bone(s) or joint surfaces
- Listed under Repair, Revision and/or Reconstruction subsection

Arthroplasty-Types

- Resection
- Without prosthetic replacement
- With partial prosthetic replacement
- With full prosthetic replacement
- Conversion
- Revision

Arthroplasty-Types

Resection

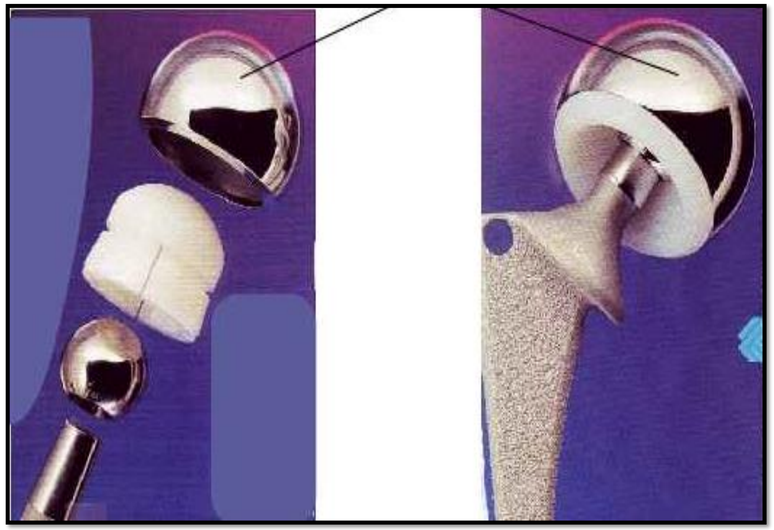
- Excision of a portion of the joint surface
  - Femoral head 27122
  - Girdlestone

Arthroplasty

- Without mention of joint prosthesis
  - If no indication of placement of a joint prosthesis in op report look for CPT codes stating (arthro)plasty without notation of implant
    - 27120 acetabuloplasty (eg. Whitman, Colonna, Haygroves, or cup type
  - If no option look for ostectomy codes, excision bone cyst/benign tumors since arthroplasty is a resurfacing procedure of an arthritic/diseased joint
    - 2012 CPT Assistant exostosis considered benign bone tumors; exostosis ≠ osteophyte

Arthroplasty Partial

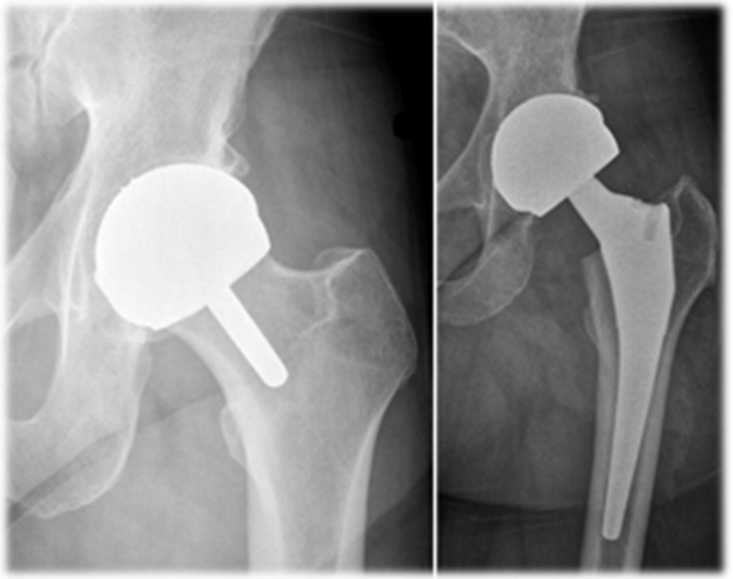
- Hemiathroplasty
  - 27125 *Hemiarthroplasty, hip, partial (eg femoral stem prosthesis, bipolar arthroplasty)*
    - Monopolar or bipolar
    - Monopolar has fixed ball attached to the stem (Austin-Moore)
    - Bipolar has a double ball allowing for rotation of the ball on the stem
- If for treatment of femoral fracture do not use 27125 instead 27236 *open treatment femoral fracture proximal end, neck, internal fixation or prosthetic replacement*



Bipolar

Arthroplasty-Partial

- Resurfacing
  - Cap like covering is placed over the end of the joint surface
  - May or may not involve both joint surfaces
  - Ball and socket joints only
  - Hip per AAOS and AMA variant of a total hip
    - 27125 if no acetabular component
    - 27130 if femoral cap and acetabular liner
    - S2118 acetabular and femoral components
    - Some healthplans still say unlisted 27299



Arthroplasty-Partial

- What is included?
  - Synovectomy, joint debridement
  - Removal loose body
  - Tenotomy iliopsoas
  - Acetabular reaming
  - Excision of acetabular osteophytes
  - Manipulation hip
  - Trochanteric osteotomy and attachment
  - Capsular release, repair, and/or reconstruction
  - Insertion of femoral components with or without methylmethacrylate

Hip Resurfacing

CPT Assistant December 2011

Question: *What is the appropriate code to report hip resurfacing?*

Answer: This procedure is a variant of a total hip arthroplasty represented by code 27130, *Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthro-plasty), with or without autograft or allograft,* in which both the acetabulum and femoral head are replaced. The surface replacement removes less bone from the femur than a routine total hip arthroplasty. Occasionally, fashioning the femoral head may involve more physician work, but the procedure is not that much different than the usual total hip replacement. Modifier 22, Increased Procedural Services, may be appended to code 27130 should the surface replacement involves more work.

Hip Resurfacing

AAOS Bulletin October 2005

“The correct reporting of this procedure can depend on the actual documentation and supporting information. Even though there is no reaming of the femoral canal, the femoral head is milled prior to capping it with a metal hemisphere. Since this is technically similar to a partial hip replacement, this procedure can support a hemiarthroplasty CPT code. There should be clear documentation of the work involved on the femoral head and the improvement in the patient’s condition to support the medical necessity. Surgeons should double check with their private carriers regarding contracted policies for coverage of FHR procedures.”

Hip Resurfacing

AAOS Bulletin May 2007

Total hip resurfacing vs. total hip replacement
"Total hip resurfacing is similar to a total hip replacement and is correctly classified as a total hip arthroplasty. The femoral head is reshaped and resurfaced or "capped" with a metal or ceramic mushroom-like implant. This cap may or may not include a stem and is usually cemented in place. The acetabulum is prepared as it would be in a traditional total hip replacement and the socket is "press fitted" (no screws are used) into the acetabulum. Most hip surgeons believe that this procedure preserves more bone than a traditional hip replacement surgery, especially on the femoral side—an advantage in case of a future revision surgery.

As a variation of a total hip replacement, resurfacing conserves both the femoral neck and part of the femoral head. Only the worn out or arthritic surfaces of the hip joint are replaced.

CPT code 27130 describes an "Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft." This code accurately describes both total hip arthroplasty and total hip resurfacing procedures. It does not specify the amount of acetabular bone or proximal femoral bone replaced by prosthetic components or the type of bearing surface(s) used in the procedures."

Total Hip Arthroplasty

- Primary 27130 *Arthroplasty , acetabular and proximal femoral <u>prosthetic</u> replacement (total hip arthroplasty)* ***with or without autograft or allograft***
  - Replacement of native joint surface with artificial surface
  - No prosthesis in place
  - Can be used for TOTAL joint replacement for hip fractures

Total Hip Arthoplasty

Included in procedure

- No additional compensation for minimally invasive technique
- No additional compensation for anterior approach or two incision approach for the hip
- Capsulotomy, synovectomy, contracture release, lateral release, joint debridement, removal of loose bodies
- Reattachment of the greater trochanter, reattachment of any ligaments or tendons cut to perform the procedure
- Excision of osteophytes, reaming, manipulation
- Insertion of prosthesis, methyl methacrylate
- Cruciate sparing, constrained, rotating platform, are still simply total joint arthroplasty
- Bone grafting except from different site

Revision Arthroplasty

- Requires removal of previously placed prosthetic components and reinsertion of new components *in a single surgical procedure*
- Revision codes exist for shoulder, elbow, wrist, hip, knee, ankle
- Removal of the previously inserted prosthesis is included
- Previous primary procedure was total joint
- No time interval between primary arthroplasty and revision other than can’t be billed on the same day
- Based upon which components are removed and replaced

Revision Arthroplasty

- 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*
  - Allows for harvesting and insertion of bone graft *from distant site*
  - GSD allows for adductor tenotomy
  - Includes removal of prosthesis
  - Includes trochanteric osteotomy and repair
  - Includes iliopsoas tenotomy

Conversion

- 27132 *Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft*
- Must have been an open procedure
- Any previously placed hardware is bundled

Conversion

- **Intent of 27132 in regard to previous surgery:** "Previous surgery results in scarring, deformity and an altered surgical field, making the procedure more difficult with potentially higher complication rates. It covers ANY previous surgery at any previous time where a skin incision was made."
- **Time frame and removal of old hardware:** "There is no time frame associated with code 27132, conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft. Code 27132 includes removal of old hardware."
- **When a previous hip dysplasia was treated with a Pavlik harness:** "A harness is not surgery, so use of code 27132 would not be appropriate in this instance. However, should the infant have undergone surgery, then code 27132 would be applicable."
- **For a teenager who dislocated hip in football game, then presents as an adult for THR:** "If a closed reduction of the hip dislocation was performed, then code 27132 would not be appropriate in this instance. However, if an open hip reduction had been performed, then code 27132 would be applicable."
- **A patient that had hip arthroscopy and years later presents for THR:** "In this specific circumstance, yes code 27132 would be applicable."
- **A patient that had a previous hip pinning, plating, screws, etc., and now presents for a THR:** "In this specific circumstance, yes code 27132 would be applicable.“ Dec 2008 CPT Assistant now states this also

AMA CPT paid opinion

Poly Exchange/Head Exchange

- Dependent upon reason for procedure
- If problem is due to a mechanical issue with prosthesis (e.g.. Instability) report using *revision one component w/ modifier -52 (hip or knee)*
- If the problem is due to potential infection or other intraarticular pathology, report using the appropriate arthrotomy code (e.g. synovectomy, exploration and removal loose/foreign body, etc.)
- Spacer/poly/head exchange in this instance was needed to completely visualize the joint

AAOS Bulletin January 2013

Staged Revision

- Stage one report using removal of prosthesis complicated
  - 27091 *Removal of hip prosthesis complicated, including total hip prosthesis methylmethacrylate with or without insertion of spacer*
  - If non-biodegradable antibiotic beads are also inserted may also bill 11981
  - AMA considers temporary devices placed as a spacer (e.g.. PROSTLAC) as a spacer even if shaped like a prosthesis. Spacer is bundled into the prosthesis removal code and is NOT separately reportable.

Staged Revision

Stage two

- Removal of spacer/temporary implant, joint debridement
- 27033-58 *Arthrotomy hip, including exploration or removal of loose or foreign body*
- If non-biodegradable antibiotic beads are removed and reinserted also may bill 11983 (no global period)
- If reinsertion of antibiotic impregnated spacer w/o previously placed beads 11981
- Nonbiodegradable means they eventually need to be removed

Staged Revision

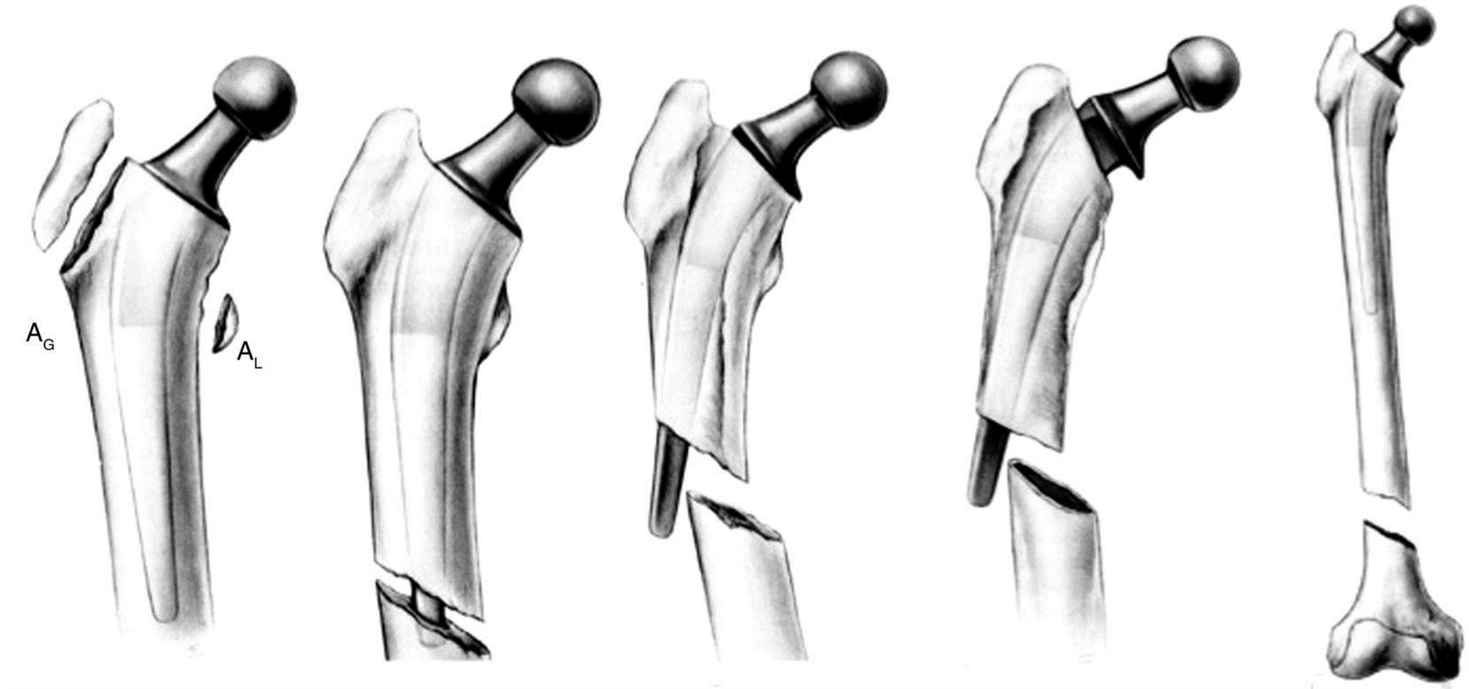
Final stage-infection resolved and final prosthesis to be inserted

- 27132-58 *Conversion of previous hip surgery to total hip arthroplasty with or without autograft or allograft*
- *Removal of spacer is included*
- *May report 11982 if separate placement of antibiotic impregnated beads*
- AMA states that the reinsertion should not be billed as a revision arthroplasty since revision arthroplasty includes removal of the primary prosthesis. This step has already been done.
- -22 modifier may be appended if documentation supports significantly increased work

Peri-prosthetic Fractures

- Revision of prosthesis?
  - Code driven by components revised
  - Longer stem append 22 modifier if documentation supports
- Separate fixation for fracture?
  - Cerclage wiring included in revision
  - Separate fixation device, separately reportable
  - Often need to appeal

Periprosthetic Fractures



ICD-10-CM Periprosthetic Fracture

- Traumatic
  - Use S72. series codes first
  - Use M97.01-M97.02 periprosthetic fracture around internal prosthetic hip joint 2nd

ICD-10-CM Diagnosis

- Osteoarthritis/DJD M16
  - Primary = wear and tear, no prior trauma or disease
  - Post-traumatic **degenerative**= occurs as a result of trauma around the joint
    - Must be documented as post-traumatic degenerative/osteoarthritis
    - Not the same as post-traumatic arthritis M12.5-
  - Secondary = other causation such as AVN, infection
  - Secondary due to hip dysplasia-hip only
  - Laterality 1=right, 2=left
    - 5th character
  - Bilateral 4th character zero

ICD-10-CM Diagnosis

- Rheumatoid arthritis M05.- to M06.-
  - Joint and laterality
  - Comorbidities
  - Presence of rheumatoid factor
    - Based upon guidelines default is without therefore if not documented code to RA without and body part
- AVN M87.-
  - Laterality 1=right, 2=left
  - Causation

ICD-10-CM Diagnosis

- Include code for protrusio acetabulum M24.7 if documented
  - No laterality

ICD-10-CM Diagnosis

- Uncomplicated Post-surgery encounters
- Aftercare following joint replacement Z47.1
  - Plus Z96.64-
    - Requires laterality
- If submitting claims for PT/OT post joint replacement, remember to add the Z96.6- series

ICD-10 Diagnosis Revision

- Revision arthroplasty= Complication
  - Mechanical internal joint prosthesis
    - T84.01- broken internal joint **prosthesis**
    - T84.02- dislocation/instability/subluxation
    - T84.03- mechanical loosening/aseptic loosening

ICD-10 Diagnosis Revision

Revision arthroplasty= Complication

- T84.04- peri-prosthetic fracture
  - i.e. fracture around the prosthesis
  - If a result of trauma use S series code in addition to T84.04-
  - October 2016 code revisions moves peri-prosthetic fracture codes to M97-
    - M97.0- hip
    - Joint specific require laterality

ICD-10 Diagnosis Revision

Revision arthroplasty= Complication

- Mechanical internal joint prosthesis
  - T84.05- peri-prosthetic osteolysis
    - + addl code for major osseous defect if present (M89.7-)
  - T84.06- wear articular bearing surface
  - T84.09- other mechanical complication/prosthetic failure
- Laterality
- 7th character A
- PLUS Z96.6- code to define type of joint replaced
  - Per Coding Clinics Q1 2015
  - Manual only notes to append for “other”

ICD-10 Diagnosis Revision

Revision arthroplasty= Complication

- Other specified complications of internal joint prosthesis
  - T84.81- embolism
  - T84.82- fibrosis
  - T84.84- pain
  - T84.85- stenosis
  - T84.86- thrombosis
  - T84.89- other specified
- No joint specificity
- No laterality
- 7th character A
- Used for prosthesis, implants and graft complications
- PLUS Z96.6- code to define type of joint replaced

ICD-10 Diagnosis Infected/Staged

Infected

- Stage One T84.5- Infection and inflammatory reaction due to internal hip prosthesis
  - Laterality
  - Z96.6- series to define joint
  - Use additional code to identify infection
  - 7th character A
- Aftercare and subsequent stages INCLUDING encounter for reinsertion of prosthesis **Z47.3** aftercare following explantation of joint prosthesis
  - Subdivided for laterality and site (shoulder, hip, knee only)
- Should not use Z89.- series acquired absence of hip joint
  - Excludes 1 note with Z47.3-
  - Used if explanted but no plan for staged revision
  - 4th quarter 2011 Coding Clinic instructed to use
  - 2015 Webinars did not include the use of Z89.- in revision instructions

Documentation Requirements

Joint Replacement

CMS

“medical records should contain enough **detailed** information to support the determination that major joint replacement surgery was reasonable and necessary for the patient. **Progress notes consisting of only conclusive statements should be avoided**. “

MLN Matters SE1236

Documentation Requirements

- History:
  - Description of the pain (onset, duration, character, aggravating, and relieving factors)
  - Limitation of Activities of Daily Living (ADLs) – specify
  - Safety issues (e.g. falls)
  - Contraindications to non-surgical treatments
  - Listing and description of failed non-surgical treatments such as:
    - Trial of medications (for example, NSAIDs)
    - Weight loss
    - Physical therapy
    - Intra-articular injections
    - Braces, orthotics or assistive devices.

Documentation Requirements

- Physical Examination
  - Deformity
  - Range of motion
  - Crepitus
  - Effusions
  - Tenderness
  - Gait description (with/without mobility aides).

Documentation Requirements

- Investigations
  - Results of applicable investigations (e.g. plain radiographs)
- Clinical Judgment
  - Reasons for deviating from a stepped-care approach.

Pelvis and Hip X-ray

- Code changes 2016
  - 73501 – Radiologic examination, hip, UNILATERAL, with pelvis when performed; 1 view
  - 73502 - ; 2-3 views
  - 73503 - ; minimum of 4 views
  - 73521 – Radiologic examination, hips, BILATERAL, with pelvis when performed; 2 views
  - 73522 - ; 3-4 views
  - 73523 - ; minimum of 5 views

Examples

- Lateral left hip and AP pelvis – 2 Views total = 73502
- Latera l right hip – 1 view = 73501
- Lateral left hip and lateral right hip and AP pelvis – 3 views total = 73522
- Lateral left hip and lateral right hip – 2 views total = 73521

Hip with Pelvis

AMA response

"Q: How is a single view of the hip reported when a view of the pelvis is included?

The correct answer depends simply on counting the number of views performed

If a single view of the hip and a single view of the pelvis are both performed they should be reported with code **73502**, Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views. This is because when a single view of the hip and a single view of the pelvis are performed it consists of 2 views.

Hip with Pelvis

AMA response continued

The one view hip code **73501**, Radiologic examination, hip, unilateral, with pelvis when performed; 1 view includes the phrase “with pelvis when performed.” Code 73501 is a single view examination and was worded this way to be consistent across the family of hip codes. This service is a single-view hip study that is currently described by both 73500,Radiologic examination, hip, unilateral; 1 view, and 73530, Radiologic examination, hip during operative procedure.

If one were to do a single view of each hip, Code 73521, Radiologic examination, hips, bilateral, with pelvis when performed; 2 views should be reported. If a pelvis view is added, it is now 3 view study, and one should code 73522, Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views.”

Hip with Pelvis

"The inclusion of “when performed” in the new hip X-ray (73501-73503 and 73521-73523) code descriptors is included to recognize that some but not all radiographic workups of the hip utilize pelvic X-rays too.
In the event pelvic X-rays are performed as part of the hip X-ray procedures, separate pelvic X-ray codes (eg.72170, 72190) are not used; rather; the pelvic X-rays are recognized by determining the **total number of views** obtained, which then guides selection of the appropriate hip X-ray CPT code.
That is, the total number of views is calculated by adding the number of hip views plus the number of pelvis **views**. For example, when one view of a unilateral hip is performed, code 73501 should be reported. However, if the study is performed along with one view of the pelvis, this is a total of two views and, therefore, the correct CPT code to report the study is 73502, Radiologic examinations, hip, unilateral 2-3 views.

Hip with Pelvis

A bilateral hip X-ray study (one view of right hip plus one view of the left hip) with one view of the pelvis is reported with code 73522, Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views.

Resource: "Clinical Examples In Radiology, Newsletters, 2015-Fall Addition, Article 5, Hip

Hip with Pelvis

- Key is number of views not films
- Pelvis counts as a view
- 73501 radiologic exam hip, unilateral with pelvis when performed, 1 view is basically misworded
- 73521 radiologic exam, hips, bilateral with pelvis when performed; 2 views= bilateral AP OR lateral OR frog lateral, etc. only
- When x-rays of pelvis are included, must be documented and should include an interp

Thank You

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