

Physician and Hospital Coding Guide

Hip and Knee Procedures

Coding Summary prepared by



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Partial Knee Arthroplasty - Unicompartmental

Physician Coding

CPT Code ¹	CPT Description	Total RVUs	2011 Medicare National Payment Average ²
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	32.54	\$1,105.59

Hospital In-Patient

MS-DRG ³	MS-DRG Description	2011 Medicare National Payment Average
469	Major joint replacement or reattachment of lower extremity with MCC	\$19,390.30
470	Major joint replacement or reattachment of lower extremity without MCC	\$11,748.43
461	Bilateral or multiple major joint procedures of lower extremity with MCC	\$27,577.18
462	Bilateral or multiple major joint procedures of lower extremity without MCC	\$18,664.92
485	Knee procedures with principal diagnosis of infection with MCC	\$17,942.34
486	Knee procedures with principal diagnosis of infection with CC	\$11,357.54
487	Knee procedures with principal diagnosis of infection without CC/MCC	\$8,222.06
488	Knee procedures without principal diagnosis of infection with CC/MCC	\$9,614.18
489	Knee procedures without principal diagnosis of infection without CC/MCC	\$6,779.68

Hospital Procedure Coding

ICD-9 Code ⁴	ICD-9 Description
	Primary Procedure(s)
81.47	Other knee repair
81.54	Total knee replacement
	Secondary Procedure
17.41	Open robotic assisted procedure

It is strongly suggested that facilities use secondary ICD-9 code with the appropriate primary procedure code.

CT Coding

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
73700	0332	Computer tomography; without contrast	Q3	\$194.60	Z2	\$109.04

HCPCS Coding

HCPCS Code ⁷	HCPCS Description	
C1776	Joint device (implantable)	For tracking purposes only - no payment value
S2900	Surgical techniques requiring use of robotic surgical system	

Hospital Out-Patient and Free-Standing ASC

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
27446	0425	Knee arthroplasty	T	\$8,596.24	J8	\$7,068.23

Status indicators – (Q3) Codes that may be paid through a composite APC. (T) Multiple procedure reductions apply.

Payment indicators – (Z2) Radiology services paid separately when provided integral part to a surgical procedure on ASC list; payment based on OPSS relative payment weight. (J8) Device-intensive procedure added to ASC list in CY 2008 or later; paid at adjusted rate.

Partial Knee Arthroplasty - Patellofemoral

Physician Coding

CPT Code ¹	CPT Description	Total RVUs	2011 Medicare National Payment Average ²
27438	Arthroplasty, patella, with prosthesis	24.52	\$833.10

Hospital In-Patient

MS-DRG ³	MS-DRG Description	2011 Medicare National Payment Average
469	Major joint replacement or reattachment of lower extremity with MCC	\$19,390.90
470	Major joint replacement or reattachment of lower extremity without MCC	\$11,748.43
461	Bilateral or multiple major joint procedures of lower extremity with MCC	\$27,577.18
462	Bilateral or multiple major joint procedures of lower extremity without MCC	\$18,664.92
485	Knee procedures with principal diagnosis of infection with MCC	\$17,942.34
486	Knee procedures with principal diagnosis of infection with CC	\$11,357.54
487	Knee procedures with principal diagnosis of infection without CC/MCC	\$8,222.06
488	Knee procedures without principal diagnosis of infection with CC/MCC	\$9,614.18
489	Knee procedures without principal diagnosis of infection without CC/MCC	\$6,779.68

Hospital Procedure Coding

ICD-9 Code ⁴	ICD-9 Description
	Primary Procedure(s)
81.47	Other knee repair
81.54	Total knee replacement
	Secondary Procedure
17.41	Open robotic assisted procedure

It is strongly suggested that facilities use secondary ICD-9 code with the appropriate primary procedure code.

CT Coding

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
73700	0332	Computer tomography; without contrast	Q3	\$194.60	Z2	\$109.04

HCPCS Coding

HCPCS Code ⁷	HCPCS Description	
C1776	Joint device (implantable)	For tracking purposes only - no payment value
S2900	Surgical techniques requiring use of robotic surgical system	

Hospital Out-Patient and Free-Standing ASC

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
27438	0048	Level I arthroplasty with prosthesis	T	\$4,129.58	A2	\$2,322.92

Status indicators – (Q3) Codes that may be paid through a composite APC. (T) Multiple procedure reductions apply.

Payment indicators – (Z2) Radiology services paid separately when provided integral part to a surgical procedure on ASC list; payment based on OPPS relative payment weight. (A2) Surgical procedure on ASC list in 2007; payment based on OPPS relative payment weight.

Partial Knee Arthroplasty - Bicompartamental

Physician Coding

CPT Code ¹	CPT Description	Total RVUs	2011 Medicare National Payment Average ²
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	45.31	\$1,539.47

Hospital In-Patient

MS-DRG ³	MS-DRG Description	2011 Medicare National Payment Average
469	Major joint replacement or reattachment of lower extremity with MCC	\$19,390.30
470	Major joint replacement or reattachment of lower extremity without MCC	\$11,748.43
461	Bilateral or multiple major joint procedures of lower extremity with MCC	\$27,577.18
462	Bilateral or multiple major joint procedures of lower extremity without MCC	\$18,664.92
485	Knee procedures with principal diagnosis of infection with MCC	\$17,942.34
486	Knee procedures with principal diagnosis of infection with CC	\$11,357.54
487	Knee procedures with principal diagnosis of infection without CC/MCC	\$8,222.06
488	Knee procedures without principal diagnosis of infection with CC/MCC	\$9,614.18
489	Knee procedures without principal diagnosis of infection without CC/MCC	\$6,779.68

Hospital Procedure Coding

ICD-9 Code ⁴	ICD-9 Description
	Primary Procedure(s)
81.47	Other knee repair
81.54	Total knee replacement
	Secondary Procedure
17.41	Open robotic assisted procedure

It is strongly suggested that facilities use secondary ICD-9 code with the appropriate primary procedure code.

CT Coding

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
73700	0332	Computer tomography; without contrast	Q3	\$194.60	Z2	\$109.04

HCPCS Coding

HCPCS Code ⁷	HCPCS Description	
C1776	Joint device (implantable)	For tracking purposes only - no payment value
S2900	Surgical techniques requiring use of robotic surgical system	

Hospital Out-Patient and Free-Standing ASC

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
27447		Inpatient only procedure	C			Inpatient only procedure

Status indicators – (Q3) Codes that may be paid through a composite APC. (C) Inpatient procedure.

Payment indicators – (Z2) Radiology services paid separately when provided integral part to a surgical procedure on ASC list; payment based on OPSS relative payment weight.

Physician and Hospital Coding Guide

Total Hip Arthroplasty

Physician Coding

CPT Code ¹	CPT Description	Total RVUs	2011 Medicare National Payment Average ²
27130	Arthroplasty, acetabular and proximal femora prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	42.39	\$1,440.26
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	49.49	\$1,681.49

Hospital In-Patient

MS-DRG ³	MS-DRG Description	2011 Medicare National Payment Average
469	Major joint replacement or reattachment of lower extremity with MCC	\$19,390.30
470	Major joint replacement or reattachment of lower extremity without MCC	\$11,748.43
461	Bilateral or multiple major joint procedures of lower extremity with MCC	\$27,577.18
462	Bilateral or multiple major joint procedures of lower extremity without MCC	\$18,664.92

Hospital Procedure Coding

ICD-9 Code ⁴	ICD-9 Description
	Primary Procedure(s)
81.51	Total hip replacement
	Adjunct Procedure(s)
00.74	Hip bearing surface, metal-on-polyethylene
	Graft
77.75	Excision of femur for graft
	Secondary Procedure
17.41	Open robotic assisted procedure

00.74 – 00.77 are adjunct codes and must be used with a primary code.

It is strongly suggested that facilities use secondary ICD-9 code with the appropriate primary procedure codes.

CT Coding

		Hospital Out-Patient			Ambulatory Surgery Center	
CPT Code	APC	Description	Status Indicator	2011 Payment Rate ⁵	Payment Indicator	2011 ASC Payment Rate ⁶
72192	0332	Computer tomography, pelvis; without contrast material	Q3	\$195.07	Z2	\$115.93
73700	0332	Computer tomography, lower extremity; without contrast material	Q3	\$193.85	Z2	\$109.04

Status indicators – (Q3) Codes that may be paid through a composite APC.

Payment indicators – (Z2) Radiology services paid separately when provided integral part to a surgical procedure on ASC list; payment based on OPPS relative payment weight.

HCPCS Coding

HCPCS Code ⁷	HCPCS Description	
C1776	Joint device (implantable)	For tracking purposes only - no payment value
S2900	Surgical techniques requiring use of robotic surgical system	

References

1. CPT 2011 Professional Edition, 2010, American Medical Association
2. CY 2011 Conversion Factor \$33.9764, per Relative Value File RVU11AR at www.cms.gov, January 2011
3. 2011 MS-DRG weight multiplied by conversion factor per IPPS Final Rule CMS-1498-F, as calculated by MCRA. Payment rates will vary by hospital.
4. 2011 Expert ICD-9-CM for Hospitals – Volumes 1,2 & 3, 2010, Ingenix
5. 2011 Medicare HOPPS, November 2010, per CMS-1504-FC at www.cms.gov
6. 2011 Medicare ASC Payment Rate, November 2010, per CMS-1504-FC at www.cms.gov
7. HCPCS 2011, 2010 Ingenix



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