

# Arthroplasty

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# Objectives

- Definition of arthroplasty
- Terminology
- Primary vs. revision procedures
- Conversion procedures
- Spacer exchange
- Diagnosis

# 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. Due to the time limitations, the CPT and ICD-9 codes and scenarios are not all inclusive.

# What is an 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

# What is an arthroplasty?

As with any surgical procedure, coding should be based upon what is documented in the body of the operative report. This will be imperative to properly report joint arthroplasty.

# Types

- Fascial/membrane
- Interposition
- Resection
- Specific joint arthroplasty
  - Without mention of prosthesis
  - With partial prosthetic replacement
  - With full prosthetic replacement
  - Revision
  - Conversion

# Types-Fascial/membrane

- Osteophytes are removed from the joint surface and a fascial membrane is placed over the joint surface
  - tissue can be autograft from the patient (often the skin of the abdomen)
  - Becoming more common to use skin substitute and matrix grafts
  - Check healthplan coverage
  - No existing code for many of the joints

# Types-Interposition

- Removal of all or part of a joint with placement of a soft tissue spacer (fascia, tendon, silicone)
  - The tissue fills the space between the bones creating a fibrous joint
  - Most common in the carpometacarpal joints of the wrist, particularly the thumb
    - 25447 arthroplasty, interposition intercarpal or carpometacarpal joints
    - 25332 arthroplasty, wrist, with or without interposition, with or without internal or external fixation



# Types-Interposition

- Includes arthrotomy, synovectomy, capsulotomy, ostectomy, placement of internal fixation
- Per CPT Assistant January 2005
  - If a tendon graft is used as the interposition material, and harvested from a different site through a separate incision, may also bill 20924 *tendon graft, from a distance*. Requires -59 modifier.
  - If tendon graft is local and harvested from the same incision as the arthroplasty it is included in the base procedure. Incisions just to free the tendon do not constitute a separate incision.
  - Commonly known as an anchovy procedure

# Types-Interposition

## ➤ Suspension arthroplasty

- Variation of interposition arthroplasty where the 1<sup>st</sup> MC is suspended to the 2<sup>nd</sup> MC to prevent migration and provide joint stability
- FCR is harvested from the forearm, through a separate incision(s), part of the tendon still attached to the muscle belly is attached to the base of the 2<sup>nd</sup> MC creating a ligament suspension. Often the rest is then placed as the interposition graft.
- CPT Assistant 2005 indicates to use either 26480 *Transfer of transplant of tendon, CMC area or dorsum of hand without free graft, each tendon* or 25310 *Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon*
  - ASSH believes the code selected should be based upon WHERE being transferred TO not FROM

# Types-Interposition

- Becoming more common in the Metatarsophalangeal joints of the foot
  - Currently no CPT code, therefore must use unlisted 28899
  - Can compare it to 25447

# Types-Resection

- Excision of a portion of a joint surface (not restricted to the foot)
  - Femoral head 27122
  - Metatarsal-phalangeal
  - Duvries interphalangeal
  - Examples
    - need to read operative report to determine what part of the bone is being removed and how much
    - 28112-28113 metatarsal head resection
    - 28288-condylectomy metatarsal head
    - 28160-hemiphalangectomy/interphalangeal joint excision

# Types-Joint Specific

- Without mention of prosthesis insertion (implant)
- With implant
  - Partial
    - Hemiarthroplasty
    - Uniarthroplasty
    - Resurfacing
  - Total
    - Primary
    - Revision
    - Conversion

# Types-Joint Specific

- Without mention of prosthesis insertion
  - If operative report does not indicate placement of a joint prosthesis, select CPT codes stating arthroplasty without notation of implant when available
  - If no option available, review the operative report for proper code selection, often this will be an ostectomy code.
  - Since arthroplasty is a resurfacing procedure of an arthritic joint, look at codes for excision bone cyst/benign tumor since CPT has stated that osteophytes are considered benign bone tumors

# Types-Joint Specific

➤ Without mention of prosthesis insertion  
a few examples

- 24365, *Arthroplasty, radial head*
- 26530, *Arthroplasty metacarpophalangeal joint, each joint*
- 26535, *Arthroplasty interphalangeal joint, each joint*
- 27437, *Arthroplasty patella, without prosthesis*
- 27440, *Arthroplasty, knee, tibial plateau*
- 27442, *Arthroplasty, femoral condyles or tibial plateau(s), knee*
- 27700, *Arthroplasty ankle*

# Types-Partial

## ➤ Hemiarthroplasty

- One joint section is replaced with an artificial material
- Shoulder 23470 *Arthroplasty glenohumeral joint , hemiarthroplasty*
  - Currently considered just humeral portion only
  - AAOS GSD states “preparation of humeral canal for prosthetic device”
  - For management of diseased/arthritic joint only
  - If for treatment of proximal humerus fracture use 23616 *Open treatment proximal humeral (surgical or anatomical neck) fracture, ...with proximal humeral prosthetic replacement* **not 23470**

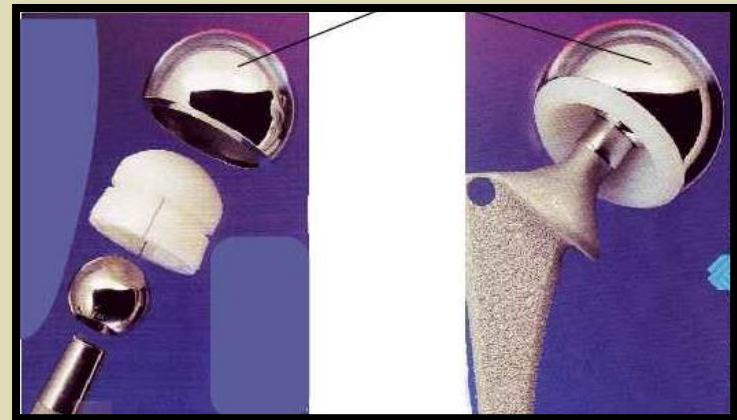


# Types-Partial

## ➤ Hemiarthroplasty

- Hip 27125  
*Hemiarthroplasty, hip, partial (e.g.. Femoral stem prosthesis, bipolar arthroplasty)*
  - Monopolar or Bipolar prosthesis
  - Monopolar has a fixed ball attached to the stem (Austin Moore)
  - Bipolar has a double ball allowing for rotation of the ball on the stem

## ● Bipolar prosthesis



# Types-Partial

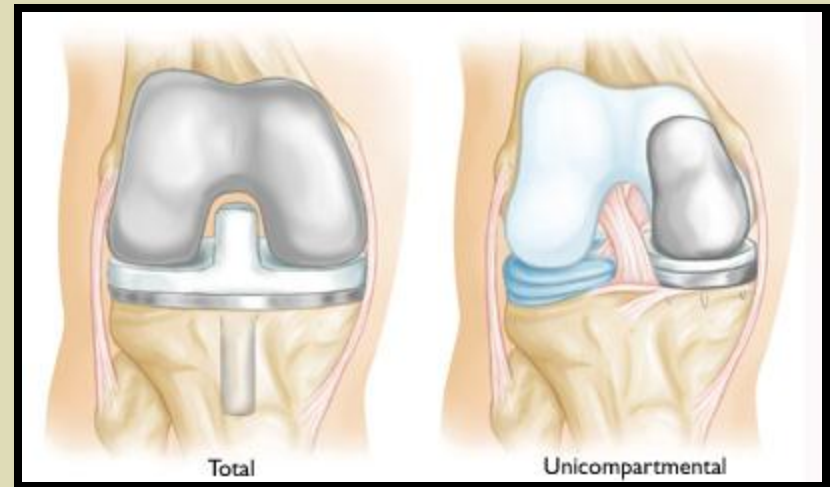
## ➤ Hemiarthroplasty hip

- If for treatment of femoral neck fracture use 27236  
*Open treatment femoral fracture, proximal end,  
neck, internal fixation or prosthetic replacement* not  
27125

# Types-Partial

## ➤ Uniarthroplasty

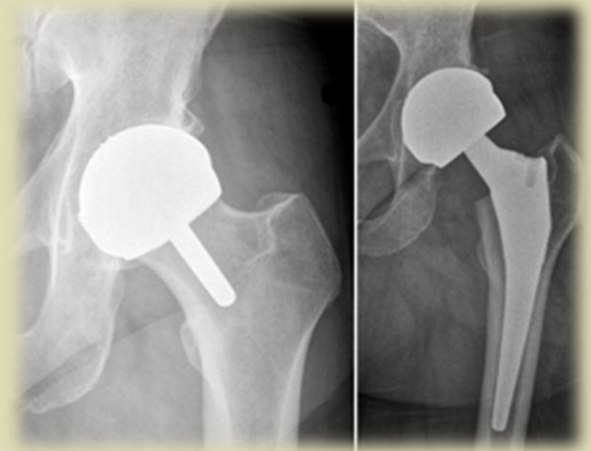
- One joint compartment is replaced with an artificial material
  - Also referred to as a hemiarthroplasty for the knee
  - Done in the medial or lateral compartment of the knee
  - 27446 Arthroplasty, knee, condyle and plateau, medial OR lateral compartment



# Types-Partial

## ➤ Resurfacing

- Cap like covering is placed over the end of the joint surface.
- May or may not involve both surfaces.
- Ball and socket joints only (shoulder and hip)
- Hip: Per AAOS and AMA this is considered a variant of a total hip
  - Check Healthplan policies for coverage and accepted codes
  - 27125 if no acetabular liner inserted
  - 27130 if femoral cap and acetabular liner
  - S2118 acetabular and femoral components
  - Some still say to use unlisted hip 27299



# Types-Partial

- Resurfacing Patella 27438 *Arthroplasty patella with prosthesis*
  - Only if no placement of femoral component
- Resurfacing Shoulder
  - Currently no information from AMA or AAOS for shoulder
  - Follow same guidelines as for the hip
  - Check healthplan policies, many consider experimental

# Types-Partial

## Other partial joint implant codes

### ➤ Elbow

- 24361 *Arthroplasty elbow with distal humeral prosthetic replacement*
- 24366 *Arthroplasty radial head with implant (not for fracture)*

### ➤ Wrist

- 25441-25445 Arthroplasty with prosthetic replacement; distal radius/distal ulna/scaphoid/lunate/trapezium

# Types-Total Primary

- Replacement of native joint surfaces with artificial surface
- No prior prosthesis has been placed
- Shoulder-23472 *Arthroplasty shoulder, glenohumeral, total shoulder (glenoid and proximal humerus)*
- Elbow-24363 *Arthroplasty elbow, with distal humerus and proximal ulnar prosthetic replacement (total elbow)*
- Wrist-25446 *Arthroplasty with prosthetic replacement, distal radius and partial or entire carpus (total wrist)*
- Hand- 26351 *Arthroplasty metacarpophalangeal joint with prosthetic implant, each joint*
- Hand- 26356 *Arthroplasty interphalangeal joint with prosthetic implant, each joint*
- Hip-27130 *Arthroplasty , acetabular and proximal femoral prosthetic replacement (total hip arthroplasty) **with or without autograft or allograft***
- Knee-27447 *Arthroplasty, knee, condyle and plateau, medial AND lateral compartments **with or without patella resurfacing** (total knee arthroplasty)*
- Ankle-27702 *Arthroplasty, ankle, with implant*

# Types-Total Primary

- Reverse Total Shoulder according to AMA and AAOS should be billed the same as a standard primary TSA
- Patellofemoral Compartment Arthroplasty-unlisted 27599
  - Check healthplan policies for coverage
- Bicompartment Knee Arthroplasty (medial and patella/lateral and patella)-unlisted



# Included in procedures

- 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

# Computer Assisted Navigation

- 20985 *Computer assisted surgical navigation procedure for musculoskeletal procedures; imageless*
- 0054T *with image-guidance based on fluoroscopic images*
- 0055T *with image-guidance based upon CT/MRI images*
  - Add on codes
  - 0054T and 0055T carrier priced
  - Coverage varies by healthplan

# Revision Arthroplasty

- Revision arthroplasty requires removal of previously placed prosthetic components and reinsertion of new components *in a single surgical procedure*
- Revision codes exist for shoulder (new for 2013), elbow (new for 2013), 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
- Wrist 25449 and ankle 27703 revision codes do not specify components
- No revision codes for MCP or IP implant

# Revision Arthroplasty

- Shoulder, elbow, hip and knee revision codes are based upon which components are removed and replaced
  - Shoulder-23473 *Revision of total shoulder arthroplasty including allograft when performed; humeral **or** glenoid component*
  - Shoulder-23474 *Revision of total shoulder arthroplasty, including allograft when performed; humeral **and** glenoid component*
- “▶ Do not report 23472, 23474 in conjunction with 23331, 23332 if a prosthesis [i.e. humeral and/or glenoid component] is being removed and replaced in the same shoulder◀”

# Revision Arthroplasty

- Elbow-24370 *Revision of total elbow arthroplasty including allograft when performed humeral **or** ulnar component*
  - Elbow-24371 *Revision of total elbow arthroplasty including allograft when performed humeral **and** ulnar component*
- “▶ Do not report 23470, 23471 in conjunction with 24160 if a prosthesis [i.e. humeral and/or ulnar component] is being removed and replaced in the same elbow.◀”

# Revision Arthroplasty

- Hip-27134 *Revision of total hip arthroplasty, both components, with or without autograft or allograft.*
- Hip-27137 *Revision of total hip arthroplasty, acetabular component only, with or without autograft or allograft*
- Hip-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

# Revision Arthroplasty

- Knee-27486 *Revision of total knee arthroplasty, with or without allograft; 1 component*
- Knee-27487 *Revision of total knee arthroplasty, with or without allograft femoral and entire tibial component*
  - Includes removal of component
  - Includes lateral release
  - Includes manipulation, release of scar tissue
  - Allows for bone grafting if harvested from a different site

# Conversion

- Currently only exists for the hip
  - 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

- What about conversion of Knee UKA to Total?
  - Based upon a written inquiry to the AMA, conversion of a unicompartmental knee arthroplasty to a total knee should be coded as revision two components  
27487-52

# 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 however the problem is 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

# Infected Total Joints

## ➤ What is being done?

- If removal and reinsertion during the same operative session use the appropriate revision code
- If removing and planning for staged procedure(s) do not use the revision codes

# Staged Revision (Infection)

Stage one report using removal of prosthesis complicated

- Hip-27091 *Removal of hip prosthesis complicated, including total hip prosthesis methylnmethacrylate with or without insertion of spacer*
- Knee-27488 *Removal of prosthesis, including total knee prosthesis, methylnmethacrylate 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.
- Note that there is no consistency for where removal of joint prosthesis are found in CPT. Some are under Removal others under Repair.

# Staged Revision (Infection)

Stage two (if done)

- Removal of spacer/temporary implant, joint debridement
- Hip-27033-58 *Arthrotomy hip, including exploration or removal of loose or foreign body*
- Knee-27310-58 *Arthrotomy, knee, with exploration, drainage or removal of foreign body (e.g.. Infection)*
- 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

# Staged Revision (Infection)

Final stage-infection resolved and final prosthesis to be inserted

- Hip-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*
- Knee-27447-58 *Arthroplasty, knee, condyle and plateau, medial AND lateral compartments, with or without patella resurfacing (total knee arthroplasty)*
  - *No conversion code exists for total knee arthroplasty*
  - *Removal of spacer is included*
  - *May report 11982 if separate placement of antibiotic impregnated beads*

# Staged Revision (Infection)

Final stage-infection resolved and final prosthesis to be inserted

- 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

# Staged Revision (Infection)

What about shoulders, elbows, ankles?

- There is currently no specific guidance on staged revision for these joints however based upon the consistency of the these procedures with the hip and knee, one suggestion would be to follow the same thought process for these joints as well.



# Medicare and Medical Necessity

RAC, CERT and MACS will be auditing records due to high paid error rate for major joint replacement surgery

- Medical record must specifically document the patient's historical and clinical data to support the major joint replacement was reasonable and necessary
  - Description of pain pattern, and functional limitations
  - Contraindications to non-surgical treatment
  - What conservative measures have been performed and failed
  - Detailed joint exam(deformity, ROM, effusion, tenderness, crepitus, gait description, any need for assistive devices
  - Results of studies (X-rays)
  - Specific condition resulting in need for the surgery (DJD, RA, AVN, etc.)

# Medicare and Medical Necessity

Per MLN Article SE1236 must be documented in the hospital record

# Medical Necessity

- Numerous other healthplans including the Blues have either developed policies requiring prior authorization or are doing post-payment review to determine medical necessity particularly in the younger age group

# ICD-9 Diagnosis

- Osteoarthritis/DJD not specified as generalized should be coded as 715.3x not 715.9x
  - Involvement of bilateral joints is not considered generalized
- Don't forget your secondary DJD codes and late effect
- Include codes for genu valgum/varum 736.4x as these can impact the difficulty of the procedure
- Include code for protrusio acetabulum 718.65 if documented
- Aftercare following joint replacement V54.81
  - Plus V43.6x for type of joint replaced
  - If submitting claims for PT/OT post joint replacement, remember to add the V43.6x series

# ICD-9 Diagnosis Revision

Revision arthroplasty= Complication

- Mechanical internal ortho device
  - Prosthetic joint
    - 996.41 loosening
    - 996.42 dislocation/instability/subluxation
    - 996.43 broken (prosthesis not bone)
    - 996.44 peri-prosthetic fracture
      - i.e. fracture around the prosthesis
      - If a result of trauma use 800 series code in addition to V43.6X
    - 996.45 osteolysis
      - + addl code for major osseous defect if present (731.3)
    - 996.46 wear articular bearing surface
    - 996.47 prosthetic failure/other mechanical complication
- PLUS V43.6x code to define type of joint replaced

# ICD-9 Diagnosis Infected/Staged

## Infected

- Stage One 996.66 Infection and inflammatory reaction due to internal joint prosthetic device, implant, and graft...due to internal joint prosthesis
  - **PLUS V43.6x** code to define type of joint replaced
- Aftercare and subsequent stages **INCLUDING** encounter for reinsertion of prosthesis **V54.82** aftercare following explantation of joint prosthesis
  - **PLUS V88.21** acquired absence of hip joint
  - Or V88.22 acquired absence of knee joint
  - Or V88.29 acquired absence of other joint

# ICD-10

- Osteoarthritis further subdivided for laterality and site
  - Separate diagnosis for bilateral
  - New code for post-traumatic osteoarthritis in addition to secondary osteoarthritis and traumatic arthritis
- AVN expanded to include more sites, laterality and cause
- After care codes remain and further subdivided for laterality
- Explantation status and aftercare codes continue
  - Status subdivided for laterality and site (shoulder, hip, knee only)





# Thank You



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