Hip and Knee Arthroplasty Coding

Definitions for primary, revision, and conversion codes

Mary LeGrand, RN, MA, CCS-P, CPC

Hip and knee arthroplasty procedures have been under scrutiny by both Medicare Administrative Contractors and Recovery Audit Contractors. Although the primary concern has been adequate documentation of medical necessity, accurate coding of primary, revision, and conversion arthroplasty procedures is also important. This article addresses the definitions associated with primary, revision, and conversion arthroplasty procedures and codes specific to hip and knee arthroplasty procedures.

Procedure Codes

Table 1 lists the CPT codes that define primary total hip and knee arthroplasty procedures, revision hip and knee procedures, and conversion to total hip arthroplasty. Note that there is no CPT code for a conversion to total knee arthroplasty.

Table 2 lists the procedure code(s) that may be reported when treating an infected joint. The three codes cover the insertion of an antibiotic-impregnated cement spacer (11981), its removal (11982), and the exchange (11983).

CPT code 11981 should be reported with CPT code 27091 or CPT code 27488 when the implant is removed and an antibiotic-impregnated cement spacer is placed. CPT code 11982 should be reported for the second staged procedure, when the implant is removed and a conversion to either a total hip arthroplasty (27132) or a total knee arthroplasty (27447) is performed.

Definitions

The following definitions describe the terms integral to selecting the appropriate arthroplasty procedure code, especially for revisions or conversions.

A primary arthroplasty occurs when the native joint surface(s) are replaced with artificial implants. For example, a patient with severe osteoarthritis of the hip has a total hip arthroplasty. The surgeon reports CPT code 27130.

A revision arthroplasty occurs when the prior arthroplasty components are removed and replaced with new components in a single surgical procedure. For example, the patient had a total knee arthroplasty 3 years ago. The surgeon removes the femoral component and replaces it with a new component. The surgeon reports CPT code 27486 (revision of total knee arthroplasty, with or without allograft; 1 component).

If the joint is infected, however, and the patient must be treated with antibiotics before a new component can be inserted, the procedure is not considered a revision arthroplasty. For example, the surgeon removes an infected hip prosthesis and places an articulating spacer. The patient will receive 6 weeks of intravenous antibiotics before the surgeon can replace the spacer with a permanent prosthesis. The surgeon reports the following CPT codes:

- 27091 (removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer)
- 11981-51 (insertion, non-biodegradable drug delivery implant systems (antibiotic beads, antibiotic impregnated spacers))
- 27132 (conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft)
- 11982-51 (removal, non-biodegradable drug delivery implant)

Modifer 58 is appended because this is a prospectively staged procedure performed during the global period.

An infection may be treated in a single surgical session or it may be treated in two or more stages depending on the organism and its virulence. If the infection is treated in two sessions (staged management), during the first operation the prior prosthesis(es) are removed, with or without insertion of an antibiotic spacer or removal and reinsertion of a spacer.

For example, the surgeon performs a total knee arthroplasty on...