Background on hip arthroplasty

Arthroplasty (literally “formation of joint”) is a surgical procedure in which the arthritic joint surface is replaced or the joint is remodeled or realigned by osteotomy or some other procedure. For example, in an interpositional arthroplasty, some type of tissue such as skin, muscle, fascia, or tendon is used to separate inflamed joint surfaces. Alternatively, in an excisional arthroplasty, the joint surface and bone are removed, leaving scar tissue to form in the gap between the two articulating parts.

For the last 45 years, the most successful and common form of arthroplasty has been the surgical replacement of an arthritic, inflamed, destroyed, injured, or necrotic joint or joint surface with a prosthesis. For example a hip joint that is affected by osteoarthritis may be replaced entirely (total hip arthroplasty) with a prosthetic hip joint. Both the acetabulum (hip socket) and the proximal part of the femur (femoral head) would be replaced. Such a procedure relieves pain, restores range of motion, and improves walking ability, thus leading to the improvement of muscle strength and overall function.

In the United States, metal-on-metal hip arthroplasty dates back to the 1960s, followed a decade later by metal-on-polyethylene (“poly”) total hip resurfacing. Outside the United States, metal-on-metal hip resurfacing has a 10- to 15-year track record with better results than early metal-on-poly articulations. As a result, there is renewed enthusiasm for hip resurfacing in the United States with improved bearing surfaces.

Benefits of hip resurfacing

Total hip resurfacing offers potential advantages to selected patients—especially young, active, high-demand patients. Among the proposed benefits of resurfacing are the following:
- bone retention for future revisions
- less stress shielding
- fewer dislocations than conventional total hip arthroplasties
- fewer postoperative activity restrictions, based on physician preference

Hip resurfacing procedures fall into two categories. In a partial resurfacing arthroplasty, a shell or “cap” is implanted over the femoral head. A total resurfacing arthroplasty involves both the implantation of the femoral head shell and the insertion of an acetabular cup.

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.

Coping with the ins and outs of coding for hip resurfacing

By Mary LeGrand, RN, MA, CCS-P, CPC, with M. Bradford Henley, MD, MBA; Frank R. Voss, MD; Kevin J. Bozic, MD, MBA; Robert L. Barrack, MD; and Thomas P. Schmalzried, MD

Coping with a total hip arthroplasty using resurfacing implants was last addressed in the October 2005 AAOS Bulletin. At that time, the AAOS Coding, Coverage, and Reimbursement Committee recommended using the hemarthroplasty code when only the femoral side of the joint was replaced.

But what code or codes should be reported when both the femoral head and acetabulum are treated with resurfacing implants? A discussion of these procedures and the current CPT codes available for consideration can help answer that question.

### TABLE 1: PRIMARY HIP ARTHROPLASTY CPT CODE CHOICES

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Code description</th>
<th>Report for these procedures</th>
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<tbody>
<tr>
<td>27125</td>
<td>Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)</td>
<td>Femoral component hemiarthroplasty (anterior or bipolar) for congenital, acquired, and degenerative diseases (such as osteonecrosis); “Austin Moore,” “Thompson” prostheses</td>
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<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft</td>
<td>Total hip arthroplasty for acquired diseases or fractures (prosthetic femoral and acetabular components)</td>
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<tr>
<td>27236</td>
<td>Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement</td>
<td>Total hip resurfacing arthroplasty (prosthetic femoral and acetabular components)</td>
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References: