CODING COMPAINON

2019

# Orthopaedics: Hips & Below

## A comprehensive illustrated guide to coding and reimbursement



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# Getting Started with Coding Companion

*Coding Companion for Orthopaedics — Lower: Hips and Below* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

## Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

## ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

## Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

## Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine Services
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

## CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

## Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

## Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy
  Transmastoid, 69501

Excision
  Mastoid
    Simple, 69501

## General Guidelines

### *Providers*

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

### *Supplies*

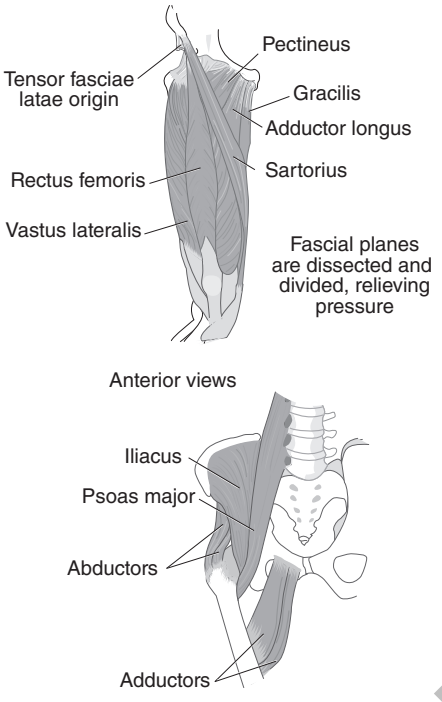
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### *Professional and Technical Component*

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

# 27036

**27036** Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)




## Explanation

The physician performs surgery on the hip joint capsule. An incision is made over the hip. Sharp and blunt dissection is utilized to continue deep through the fascia to the hip capsule. The capsule itself is incised. The physician removes all or part of the capsule. Excess bone in and around the capsule is identified, exposed, and removed. To accomplish this, the physician releases some or all of the hip flexor muscle. After the capsule and the excess bone have been removed, the muscles are repaired as warranted. The wound is closed in layers. A drain may be left in the hip joint.

## Coding Tips

Capsulectomy/capsulotomy is not reported separately when it is part of a more complex procedure requiring incision or excision of the joint capsule. This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image).

## ICD-10-CM Diagnostic Codes

| | |
|---|---|
| M16.0 | Bilateral primary osteoarthritis of hip |
| M16.11 | Unilateral primary osteoarthritis, right hip |
| M16.12 | Unilateral primary osteoarthritis, left hip |
| M16.2 | Bilateral osteoarthritis resulting from hip dysplasia |
| M16.31 | Unilateral osteoarthritis resulting from hip dysplasia, right hip |
| M16.32 | Unilateral osteoarthritis resulting from hip dysplasia, left hip |
| M16.4 | Bilateral post-traumatic osteoarthritis of hip |
| M16.51 | Unilateral post-traumatic osteoarthritis, right hip |
| M16.52 | Unilateral post-traumatic osteoarthritis, left hip |
| M16.6 | Other bilateral secondary osteoarthritis of hip |
| M16.7 | Other unilateral secondary osteoarthritis of hip |
| M24.551 | Contracture, right hip |
| M24.552 | Contracture, left hip |
| M24.651 | Ankylosis, right hip |
| M24.652 | Ankylosis, left hip |
| M25.551 | Pain in right hip |
| M25.552 | Pain in left hip |
| M25.651 | Stiffness of right hip, not elsewhere classified |
| M25.652 | Stiffness of left hip, not elsewhere classified |

**AMA:** **27036** 2002,Apr,13

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **27036** | 14.38 | 11.95 | 2.8 | 29.13 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **27036** | 14.38 | 11.95 | 2.8 | 29.13 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|---|---|---|---|---|---|---|---|---|
| **27036** | 90 | A | 1(2) | 51 | 50 | 62* | 80 | None |

* with documentation

## Terms To Know

**anomaly.** Irregularity in the structure or position of an organ or tissue.

**capsulectomy.** Surgical excision of a joint capsule made of cartilage, fibrous, or fatty tissue.

**capsulotomy.** Incision of a joint capsule.

**dislocation.** Displacement of a bone in relation to its neighboring tissue, especially a joint.

**excision.** Surgical removal of an organ or tissue.

**flexor.** Muscle/tendon that bends or flexes a limb or part as opposed to extending it.

**incision.** Act of cutting into tissue or an organ.

**ligament.** Band or sheet of fibrous tissue that connects the articular surfaces of bones or supports visceral organs.

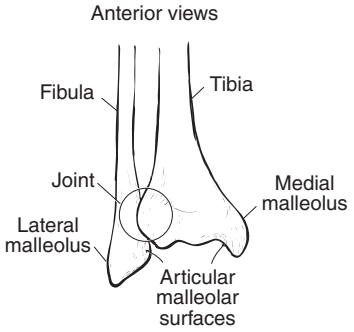




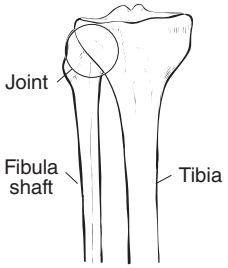
 ● New ▲ Revised + Add On AMA: CPT Assist [Resequenced] 

# 27871

**27871** Arthrodesis, tibiofibular joint, proximal or distal




Tibiofibular joint, distal (top) and proximal (bottom)




## Explanation

The periosteum is stripped from the anteroposterior fibula, the lateral talus, and the calcaneus. The distal portion of the fibula is removed about 1.5 centimeters above the level of the distal tibia and the dissection is carried over the anterior distal tibia to the medial malleolus. The physician makes an incision along the tibia and the periosteum is stripped distally to the level of the calcaneus. Using a saw, the physician cuts through the neck of talus to mobilize and remove the talus as one large fragment or morselized fragments. With the talus gone, the calcaneus can be seen. The distal end of the tibia is removed perpendicular to the long axis of the tibia. The physician uses a saw to remove the dorsal calcaneus and to create a flat surface for the arthrodesis. The two flat surfaces of the distal tibia and dorsal calcaneus are brought together to establish a varus/valgus and dorsiflexion/ plantar flexion alignment. A cut is made along the anterior tibia parallel to the cut made in the neck of the talus which creates a flat surface for apposing the neck of the talus. The bone surfaces are deeply scaled to prepare for internal fixation. Kirschner wires are used to place the tibia and calcaneus in apposition. Using an anterior cruciate guide, a pin is guided form the calcaneus across the fusion site to the anterior cortex of the tibia. Once satisfactory fixation has been achieved, cannulated screws are placed through the neck of the talus into the tibia. The wound is closed over a drain and a dressing incorporating plaster splints is applied. Marcaine is instilled through the drain tube into the wound.

## Coding Tips

Note that 27871 reports fusion of either the proximal or distal tibiofibular joints. According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See "Application of Casts and Strapping" in the CPT book in the Surgery section, under Musculoskeletal System. For tibiotalar fusion, see 27870. For pantalar arthrodesis, see 28705; triple arthrodesis, see 28715; subtalar arthrodesis, see 28725. For radiology services, see 73590.

## ICD-10-CM Diagnostic Codes

M24.461 Recurrent dislocation, right knee
M24.462 Recurrent dislocation, left knee
M25.261 Flail joint, right knee
M25.262 Flail joint, left knee
M25.271 Flail joint, right ankle and foot
M25.272 Flail joint, left ankle and foot
M25.361 Other instability, right knee
M25.362 Other instability, left knee
M25.371 Other instability, right ankle
M25.372 Other instability, left ankle

**AMA:** **27871** 2002,Apr,13

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **27871** | 9.54 | 8.42 | 1.73 | 19.69 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **27871** | 9.54 | 8.42 | 1.73 | 19.69 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|---|---|---|---|---|---|---|---|---|
| **27871** | 90 | A | 1(3) | 51 | 50 | 62* | 80 | None |

* with documentation

## Terms To Know

**arthrodesis.** Surgical fixation or fusion of a joint to reduce pain and improve stability, performed openly or arthroscopically.

**dislocation.** Displacement of a bone in relation to its neighboring tissue, especially a joint.

**distal.** Located farther away from a specified reference point or the trunk.

**dorsal.** Pertaining to the back or posterior aspect.

**drain.** Device that creates a channel to allow fluid from a cavity, wound, or infected area to exit the body.

**fixation.** Act or condition of being attached, secured, fastened, or held in position.

**incision.** Act of cutting into tissue or an organ.

**periosteum.** Double-layered connective membrane on the outer surface of bone.

**proximal.** Located closest to a specified reference point, usually the midline or trunk.





 ● New ▲ Revised + Add On AMA: CPT Assist [Resequenced] 