

Local Coverage Determination (LCD): Major Joint Replacement (Hip and Knee) (L33618)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

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L33618

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For services performed on or after 10/01/2015

Original ICD-9 LCD ID

[L32078](#)

Revision Effective Date

For services performed on or after 10/01/2018

LCD Title

Major Joint Replacement (Hip and Knee)

Revision Ending Date

N/A

Proposed LCD in Comment Period

N/A

Retirement Date

N/A

Source Proposed LCD

N/A

Notice Period Start Date

N/A

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Notice Period End Date

N/A

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Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

CMS online Manual, Pub 100-08, Chapter 6, Section, 6.5.2

CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Joint replacement surgery has been performed on millions of people over the past several decades and has proved to be an important medical advancement in the field of orthopedic surgery. The hip and knee are the two most commonly replaced joints. The knee is the largest joint in the body and includes the lower end of the femur, the upper end of the tibia and the patella. The knee joint has three compartments, the medial, the lateral and the patellofemoral. The surfaces of these compartments are covered with articular cartilage and are bathed in synovial fluid. The bones of the knee joint work together, allowing the knee to function smoothly. The hip is a large weight bearing joint made up of two components: a ball (femoral head) and socket (acetabulum). These components are covered with articular cartilage and are bathed in synovial fluid produced by a synovial membrane.

The most common reason for total knee replacement surgery is arthritis of the knee joint. Types of arthritis include osteoarthritis, rheumatoid arthritis and traumatic arthritis (arthritis which occurs as a result of injury). This arthritis causes a severe limitation in the activities of daily living, including difficulty with walking, squatting, and climbing stairs. Pain is typically most severe with activity and patients often have difficulty getting mobilized when seated for a long time. Other findings include chronic knee inflammation or swelling not relieved by rest, knee stiffness, lack of pain relief after taking non-steroidal anti-inflammatory medications and failure to achieve symptom improvement with other conservative therapies such as steroid injections and physical therapy. Osteonecrosis and malignancy are additional reasons to proceed with total knee replacement surgery. The goal of total knee replacement surgery is to relieve pain and improve or increase patient function.

Total hip replacement surgery is most often performed due to severe pain caused by osteoarthritis of the hip joint. Rheumatoid arthritis, traumatic arthritis, malignancy involving the hip joint and osteonecrosis of the femoral head are also causes for hip replacement surgery. The pain from the damaged joint usually limits activities of daily living, such as walking, bathing and cooking. The pain can also cause disruption of sleep due to the inability to lie on the hip while in bed. Pain relief not achieved by taking non-steroidal anti-inflammatory medications and failure to achieve symptom improvement with other conservative therapies such as physical therapy, activity modification and (in some patients) assistive device use are reasons for proceeding with a total hip replacement. The goal of total hip replacement surgery is to relieve pain and improve or increase patient function.

Occasionally, there may be a need to redo a total hip or total knee replacement. This is often referred to as a revision total knee or revision total hip. Circumstances that lead to the need for a revision total hip or knee are continued disabling pain, continued decline in function which can be attributed to failure of the primary joint replacement. Failure can be due to infection involving the joint, substantial bone loss in the structures supporting the prosthesis, fracture, aseptic loosening of the components and wear of the prosthetic components.

Indications

Total knee replacement surgery will be considered medically necessary when one or more of the following criteria are met:

*See Documentation Requirements section for additional information

Total knee arthroplasty (TKA)

- Failure of a previous osteotomy; **or**
- Distal femur fracture; **or**
- Malignancy of the distal femur, proximal tibia, knee joint or adjacent soft tissues; **or**
- Failure of previous unicompartmental knee replacement; **or**
- Avascular necrosis of the knee; **or**
- Proximal tibia fracture; **or**
- Advanced joint disease demonstrated by:
 - Radiographic supported evidence or when conventional radiography is not adequate, magnetic resonance imaging (MRI) supported evidence (subchondral cysts, subchondral sclerosis, periarticular osteophytes, joint subluxation, joint space narrowing, avascular necrosis); **and**
 - Pain or functional disability from injury due to trauma or arthritis of the joint; and
 - Unsuccessful history of appropriate conservative therapy (non-surgical medical management) that is clearly addressed in the pre procedure medical record. Non surgical medical management is usually implemented for 3 months or more to assess effectiveness. Conservative treatment as clinically appropriate for the patient's current episode of care typically include one or more of the following: anti-inflammatory medications, analgesics, flexibility and muscle strengthening exercises, supervised physical therapy [Activities of daily living (ADLs) diminished despite completing a plan of care], activity

restrictions as is reasonable, assistive device use, weight reduction as appropriate, therapeutic injections into the knee as appropriate.

Replacement/Revision total knee arthroplasty

- Disabling pain or functional disability; **or**
- Progressive and substantial bone loss; **or**
- Fracture or dislocation of the patella; **or**
- Infection; **or**
- Periprosthetic fracture or aseptic loosening; **or**
- Failure and wear of the prosthetic components; **or**
- Dislocation of the knee joint; **or**
- Instability of the knee joint

Total hip replacement surgery will be considered medically necessary when one or more of the following criteria are met:

*See Documentation Requirements for additional information

Total hip arthroplasty (THA)

- Malignancy of the joint involving the bones or soft tissues of the pelvis or proximal femur; **or**
- Avascular necrosis (osteonecrosis of femoral head); **or**
- Fracture of the femoral neck; **or**
- Acetabular fracture; **or**
- Non-union or failure of previous hip fracture surgery; **or**
- Mal-union of acetabular or proximal femur fracture; **or**
- Advanced joint disease demonstrated by:
 - Radiographic supported evidence or when conventional radiography is not adequate, magnetic resonance imaging (MRI) supported evidence (subchondral cysts, subchondral sclerosis, periarticular osteophytes, joint subluxation, joint space narrowing, avascular necrosis); **and**
 - Pain or functional disability from injury due to trauma or arthritis of the joint); **and**
 - Unsuccessful history of appropriate conservative therapy (non-surgical medical management) that is clearly addressed in the pre procedure medical record. Non surgical medical management is usually implemented for 3 months or more to assess effectiveness. Conservative treatment as clinically appropriate for the patient's current episode of care typically include one or more of the following:
 - anti-inflammatory medications, analgesics, flexibility and muscle strengthening exercises, supervised physical therapy [Activities of daily living (ADLs) diminished despite completing a plan of care], activity restrictions as is reasonable, assistive device use, weight reduction as appropriate.

Replacement/Revision total hip arthroplasty

- Instability of one or both components; **or**
- Fracture or mechanical failure of the implant; **or**
- Recurrent or irreducible dislocation; **or**
- Infection; **or**

- Treatment of a displaced periprosthetic fracture; **or**
- Clinically significant leg length inequality; **or**
- Progressive or substantial bone loss; **or**
- Clinically significant audible noise; **or**
- Adverse local tissue reaction

Limitations

Total knee replacement or total hip replacement will NOT be considered medically necessary when the following contraindications are present:

- Active infection of the hip or knee joint or active systemic bacteremia
- Active skin infection or open wound within the planned surgical site of the hip or knee
- Neuropathic arthritis
- Rapidly progressive neurological disease

This local coverage determination (LCD) is only addressing medical necessity criteria for performing total hip and knee replacement surgery. With respect to knee replacement surgery, there is a form of knee joint replacement surgery called unicompartmental knee replacement. This is typically done for patients with osteoarthritis of the knee in which the damage is contained to one compartment of the knee. The indications outlined in this LCD are not to be applied for unicompartmental knee replacement surgery. Failed previous unicompartmental joint replacement is an indication for performing a total knee arthroplasty.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
0360	Operating Room Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph:

Part B of A services

Total Hip Arthroplasty

Group 1 Codes:

CODE	DESCRIPTION
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT

Group 2 Paragraph:

Part B of A services

Total Knee Arthroplasty

Group 2 Codes:

CODE	DESCRIPTION
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

****For inpatient hospital only, the following ICD-10-CM PROCEDURE CODES should be used for:**

Total Hip Arthroplasty

0SP90JZ Removal of Synthetic Substitute from Right Hip Joint, Open Approach

0SPB0JZ Removal of Synthetic Substitute from Left Hip Joint, Open Approach

0SR9019 Replacement of Right Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach

0SR901A Replacement of Right Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach

0SR901Z Replacement of Right Hip Joint with Metal Synthetic Substitute, Open Approach

0SR9029 Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SR902A Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SR902Z Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach

0SR9039 Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach

0SR903A Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach

0SR903Z Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Open Approach

0SR9049 Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SR904A Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SR904Z Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach

0SR9069 Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SR906A Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SR906Z Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

0SR907Z Replacement of Right Hip Joint with Autologous Tissue Substitute, Open Approach

0SR90EZ Replacement of Right Hip Joint with Artificial Spacer, Open Approach

0SR90J9 Replacement of Right Hip Joint with Synthetic Substitute, Cemented, Open Approach

0SR90JA Replacement of Right Hip Joint with Synthetic Substitute, Uncemented, Open Approach

0SR90JZ Replacement of Right Hip Joint with Synthetic Substitute, Open Approach

0SR90KZ Replacement of Right Hip Joint with Nonautologous Tissue Substitute, Open Approach

0SRB019 Replacement of Left Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach

0SRB01A Replacement of Left Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach

0SRB01Z Replacement of Left Hip Joint with Metal Synthetic Substitute, Open Approach

0SRB029 Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SRB02A Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SRB02Z Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach

0SRB039 Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach

0SRB03A Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach

0SRB03Z Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Open Approach

0SRB049 Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SRB04A Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SRB04Z Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach

0SRB069 Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SRB06A Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SRB06Z Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

0SRB07Z Replacement of Left Hip Joint with Autologous

0SRB0EZ Replacement of Left Hip Joint with Artificial Spacer, Open Approach

0SRB0J9 Replacement of Left Hip Joint with Synthetic Substitute, Cemented, Open Approach

0SRB0JA Replacement of Left Hip Joint with Synthetic Substitute, Uncemented, Open Approach

0SRB0JZ Replacement of Left Hip Joint with Synthetic Substitute, Open Approach

0SRB0KZ Replacement of Left Hip Joint with Nonautologous Tissue Substitute, Open Approach

0SW90JZ Revision OF Synthetic Substitute in Right Hip Joint, Open Approach

0SWB0JZ Revision of Synthetic Substitute in Left Hip Joint, Open Approach

THE FOLLOWING ARE ICD-10-CM DIAGNOSIS CODES for Total Hip Arthroplasty

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C40.20 - C40.22	Malignant neoplasm of long bones of unspecified lower limb - Malignant neoplasm of long bones of left lower limb
C47.20 - C47.22	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip - Malignant neoplasm of peripheral nerves of left lower limb, including hip
C49.20 - C49.22	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip - Malignant neoplasm of connective and soft tissue of left lower limb, including hip
D16.20 - D16.22	Benign neoplasm of long bones of unspecified lower limb - Benign neoplasm of long bones of left lower limb
D21.20 - D21.22	Benign neoplasm of connective and other soft tissue of unspecified lower limb, including hip - Benign neoplasm of connective and other soft tissue of left lower limb, including hip
M05.451 - M05.459	Rheumatoid myopathy with rheumatoid arthritis of right hip - Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.551 - M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip - Rheumatoid

ICD-10 CODE	DESCRIPTION
	polyneuropathy with rheumatoid arthritis of unspecified hip
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.751 - M05.759	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement - Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.851 - M05.859	Other rheumatoid arthritis with rheumatoid factor of right hip - Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M06.051 - M06.059	Rheumatoid arthritis without rheumatoid factor, right hip - Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.251 - M06.259	Rheumatoid bursitis, right hip - Rheumatoid bursitis, unspecified hip
M06.351 - M06.359	Rheumatoid nodule, right hip - Rheumatoid nodule, unspecified hip
M06.851 - M06.859	Other specified rheumatoid arthritis, right hip - Other specified rheumatoid arthritis, unspecified hip
M07.651 - M07.659	Enteropathic arthropathies, right hip - Enteropathic arthropathies, unspecified hip
M08.051 - M08.059	Unspecified juvenile rheumatoid arthritis, right hip - Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.251 - M08.259	Juvenile rheumatoid arthritis with systemic onset, right hip - Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site
M08.451 - M08.459	Pauciarticular juvenile rheumatoid arthritis, right hip - Pauciarticular juvenile rheumatoid arthritis, unspecified hip
M08.851 - M08.859	Other juvenile arthritis, right hip - Other juvenile arthritis, unspecified hip
M08.951 - M08.959	Juvenile arthritis, unspecified, right hip - Juvenile arthritis, unspecified, unspecified hip
M12.351 - M12.359	Palindromic rheumatism, right hip - Palindromic rheumatism, unspecified hip
M12.451 - M12.459	Intermittent hydrarthrosis, right hip - Intermittent hydrarthrosis, unspecified hip
M12.551 - M12.559	Traumatic arthropathy, right hip - Traumatic arthropathy, unspecified hip
M12.851 - M12.859	Other specific arthropathies, not elsewhere classified, right hip - Other specific arthropathies, not elsewhere classified, unspecified hip
M13.151 - M13.159	Monoarthritis, not elsewhere classified, right hip - Monoarthritis, not elsewhere classified, unspecified hip
M13.851 - M13.859	Other specified arthritis, right hip - Other specified arthritis, unspecified hip

ICD-10 CODE	DESCRIPTION
M16.0	Bilateral primary osteoarthritis of hip
M16.10 - M16.12	Unilateral primary osteoarthritis, unspecified hip - Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30 - M16.32	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip - Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.50 - M16.52	Unilateral post-traumatic osteoarthritis, unspecified hip - Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M24.651 - M24.659	Ankylosis, right hip - Ankylosis, unspecified hip
M24.7	Protrusio acetabuli
M24.851 - M24.859	Other specific joint derangements of right hip, not elsewhere classified - Other specific joint derangements of unspecified hip, not elsewhere classified
M25.251 - M25.259	Flail joint, right hip - Flail joint, unspecified hip
M25.351 - M25.359	Other instability, right hip - Other instability, unspecified hip
M25.551 - M25.559	Pain in right hip - Pain in unspecified hip
M80.051A - M80.051S	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right femur, sequela
M80.052A - M80.052S	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left femur, sequela
M80.059A - M80.059S	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified femur, sequela
M80.851A - M80.851S	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, right femur, sequela
M80.852A - M80.852S	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, left femur, sequela
M80.859A - M80.859S	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture - Other osteoporosis with current pathological fracture,

ICD-10 CODE	DESCRIPTION
	unspecified femur, sequela
M84.350A - M84.350S	Stress fracture, pelvis, initial encounter for fracture - Stress fracture, pelvis, sequela
M84.351A - M84.351S	Stress fracture, right femur, initial encounter for fracture - Stress fracture, right femur, sequela
M84.352A - M84.352S	Stress fracture, left femur, initial encounter for fracture - Stress fracture, left femur, sequela
M84.353A - M84.353S	Stress fracture, unspecified femur, initial encounter for fracture - Stress fracture, unspecified femur, sequela
M84.359A - M84.359S	Stress fracture, hip, unspecified, initial encounter for fracture - Stress fracture, hip, unspecified, sequela
M84.451A - M84.451S	Pathological fracture, right femur, initial encounter for fracture - Pathological fracture, right femur, sequela
M84.452A - M84.452S	Pathological fracture, left femur, initial encounter for fracture - Pathological fracture, left femur, sequela
M84.453A - M84.453S	Pathological fracture, unspecified femur, initial encounter for fracture - Pathological fracture, unspecified femur, sequela
M84.454A - M84.454S	Pathological fracture, pelvis, initial encounter for fracture - Pathological fracture, pelvis, sequela
M84.459A - M84.459S	Pathological fracture, hip, unspecified, initial encounter for fracture - Pathological fracture, hip, unspecified, sequela
M84.550A - M84.550S	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture - Pathological fracture in neoplastic disease, pelvis, sequela
M84.551A - M84.551S	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture - Pathological fracture in neoplastic disease, right femur, sequela
M84.552A - M84.552S	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture - Pathological fracture in neoplastic disease, left femur, sequela
M84.553A - M84.553S	Pathological fracture in neoplastic disease, unspecified femur, initial encounter for fracture - Pathological fracture in neoplastic disease, unspecified femur, sequela
M84.559A - M84.559S	Pathological fracture in neoplastic disease, hip, unspecified, initial encounter for fracture - Pathological fracture in neoplastic disease, hip, unspecified, sequela
M84.650A - M84.650S	Pathological fracture in other disease, pelvis, initial encounter for fracture - Pathological fracture in other disease, pelvis, sequela
M84.651A - M84.651S	Pathological fracture in other disease, right femur, initial encounter for fracture - Pathological fracture in other disease, right femur, sequela
M84.652A - M84.652S	Pathological fracture in other disease, left femur, initial encounter for fracture - Pathological fracture in other disease, left femur, sequela
M84.653A - M84.653S	Pathological fracture in other disease, unspecified femur, initial encounter for

ICD-10 CODE	DESCRIPTION
	fracture - Pathological fracture in other disease, unspecified femur, sequela
M84.659A - M84.659S	Pathological fracture in other disease, hip, unspecified, initial encounter for fracture - Pathological fracture in other disease, hip, unspecified, sequela
M84.750A - M84.750S	Atypical femoral fracture, unspecified, initial encounter for fracture - Atypical femoral fracture, unspecified, sequela
M84.751A - M84.751S	Incomplete atypical femoral fracture, right leg, initial encounter for fracture - Incomplete atypical femoral fracture, right leg, sequela
M84.752A - M84.752S	Incomplete atypical femoral fracture, left leg, initial encounter for fracture - Incomplete atypical femoral fracture, left leg, sequela
M84.753A - M84.753S	Incomplete atypical femoral fracture, unspecified leg, initial encounter for fracture - Incomplete atypical femoral fracture, unspecified leg, sequela
M84.754A - M84.754S	Complete transverse atypical femoral fracture, right leg, initial encounter for fracture - Complete transverse atypical femoral fracture, right leg, sequela
M84.755A - M84.755S	Complete transverse atypical femoral fracture, left leg, initial encounter for fracture - Complete transverse atypical femoral fracture, left leg, sequela
M84.756A - M84.756S	Complete transverse atypical femoral fracture, unspecified leg, initial encounter for fracture - Complete transverse atypical femoral fracture, unspecified leg, sequela
M84.757A - M84.757S	Complete oblique atypical femoral fracture, right leg, initial encounter for fracture - Complete oblique atypical femoral fracture, right leg, sequela
M84.758A - M84.758S	Complete oblique atypical femoral fracture, left leg, initial encounter for fracture - Complete oblique atypical femoral fracture, left leg, sequela
M84.759A - M84.759S	Complete oblique atypical femoral fracture, unspecified leg, initial encounter for fracture - Complete oblique atypical femoral fracture, unspecified leg, sequela
M87.050 - M87.059	Idiopathic aseptic necrosis of pelvis - Idiopathic aseptic necrosis of unspecified femur
M87.150 - M87.159	Osteonecrosis due to drugs, pelvis - Osteonecrosis due to drugs, unspecified femur
M87.250 - M87.256	Osteonecrosis due to previous trauma, pelvis - Osteonecrosis due to previous trauma, unspecified femur
M87.350 - M87.353	Other secondary osteonecrosis, pelvis - Other secondary osteonecrosis, unspecified femur
M87.850 - M87.859	Other osteonecrosis, pelvis - Other osteonecrosis, unspecified femur
M88.851 - M88.859	Osteitis deformans of right thigh - Osteitis deformans of unspecified thigh
M96.65	Fracture of pelvis following insertion of orthopedic implant, joint prosthesis, or bone plate
M96.661 - M96.669	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg - Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, unspecified leg

ICD-10 CODE	DESCRIPTION
M97.01XA - M97.01XS	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter - Periprosthetic fracture around internal prosthetic right hip joint, sequela
M97.02XA - M97.02XS	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter - Periprosthetic fracture around internal prosthetic left hip joint, sequela
Q65.00 - Q65.02	Congenital dislocation of unspecified hip, unilateral - Congenital dislocation of left hip, unilateral
Q65.2	Congenital dislocation of hip, unspecified
Q65.89	Other specified congenital deformities of hip
Q65.9	Congenital deformity of hip, unspecified
S32.301A - S32.9XXS	Unspecified fracture of right ilium, initial encounter for closed fracture - Fracture of unspecified parts of lumbosacral spine and pelvis, sequela
S72.001A - S72.26XS	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture - Nondisplaced subtrochanteric fracture of unspecified femur, sequela
S72.466A - S72.466S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture - Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, sequela
S72.91XA - S72.91XS	Unspecified fracture of right femur, initial encounter for closed fracture - Unspecified fracture of right femur, sequela
S79.001A - S79.099S	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture - Other physeal fracture of upper end of unspecified femur, sequela
T84.010A - T84.010S	Broken internal right hip prosthesis, initial encounter - Broken internal right hip prosthesis, sequela
T84.011A - T84.011S	Broken internal left hip prosthesis, initial encounter - Broken internal left hip prosthesis, sequela
ICD-10 CODE	DESCRIPTION
T84.020A - T84.020S	Dislocation of internal right hip prosthesis, initial encounter - Dislocation of internal right hip prosthesis, sequela
T84.021A - T84.021S	Dislocation of internal left hip prosthesis, initial encounter - Dislocation of internal left hip prosthesis, sequela
T84.030A - T84.030S	Mechanical loosening of internal right hip prosthetic joint, initial encounter - Mechanical loosening of internal right hip prosthetic joint, sequela
T84.031A - T84.031S	Mechanical loosening of internal left hip prosthetic joint, initial encounter - Mechanical loosening of internal left hip prosthetic joint, sequela
T84.050A - T84.050S	Periprosthetic osteolysis of internal prosthetic right hip joint, initial encounter - Periprosthetic osteolysis of internal prosthetic right hip joint, sequela
T84.051A - T84.051S	Periprosthetic osteolysis of internal prosthetic left hip joint, initial encounter - Periprosthetic osteolysis of internal prosthetic left hip joint, sequela

ICD-10 CODE	DESCRIPTION
T84.060A - T84.060S	Wear of articular bearing surface of internal prosthetic right hip joint, initial encounter - Wear of articular bearing surface of internal prosthetic right hip joint, sequela
T84.061A - T84.061S	Wear of articular bearing surface of internal prosthetic left hip joint, initial encounter - Wear of articular bearing surface of internal prosthetic left hip joint, sequela
T84.090A - T84.090S	Other mechanical complication of internal right hip prosthesis, initial encounter - Other mechanical complication of internal right hip prosthesis, sequela
T84.091A - T84.091S	Other mechanical complication of internal left hip prosthesis, initial encounter - Other mechanical complication of internal left hip prosthesis, sequela
T84.114A - T84.114S	Breakdown (mechanical) of internal fixation device of right femur, initial encounter - Breakdown (mechanical) of internal fixation device of right femur, sequela
T84.115A - T84.115S	Breakdown (mechanical) of internal fixation device of left femur, initial encounter - Breakdown (mechanical) of internal fixation device of left femur, sequela
T84.124A - T84.124S	Displacement of internal fixation device of right femur, initial encounter - Displacement of internal fixation device of right femur, sequela
T84.125A - T84.125S	Displacement of internal fixation device of left femur, initial encounter - Displacement of internal fixation device of left femur, sequela
T84.194A - T84.194S	Other mechanical complication of internal fixation device of right femur, initial encounter - Other mechanical complication of internal fixation device of right femur, sequela
T84.310A - T84.310S	Breakdown (mechanical) of electronic bone stimulator, initial encounter - Breakdown (mechanical) of electronic bone stimulator, sequela
T84.318A - T84.318S	Breakdown (mechanical) of other bone devices, implants and grafts, initial encounter - Breakdown (mechanical) of other bone devices, implants and grafts, sequela
T84.320A - T84.320S	Displacement of electronic bone stimulator, initial encounter - Displacement of electronic bone stimulator, sequela
T84.328A - T84.328S	Displacement of other bone devices, implants and grafts, initial encounter - Displacement of other bone devices, implants and grafts, sequela
T84.390A - T84.390S	Other mechanical complication of electronic bone stimulator, initial encounter - Other mechanical complication of electronic bone stimulator, sequela
T84.398A - T84.398S	Other mechanical complication of other bone devices, implants and grafts, initial encounter - Other mechanical complication of other bone devices, implants and grafts, sequela
T84.418A - T84.418S	Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, initial encounter - Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, sequela
T84.428A - T84.428S	Displacement of other internal orthopedic devices, implants and grafts, initial

ICD-10 CODE	DESCRIPTION
	encounter - Displacement of other internal orthopedic devices, implants and grafts, sequela
T84.498A - T84.498S	Other mechanical complication of other internal orthopedic devices, implants and grafts, initial encounter - Other mechanical complication of other internal orthopedic devices, implants and grafts, sequela
T84.51XA - T84.51XS	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter - Infection and inflammatory reaction due to internal right hip prosthesis, sequela
T84.52XA - T84.52XS	Infection and inflammatory reaction due to internal left hip prosthesis, initial encounter - Infection and inflammatory reaction due to internal left hip prosthesis, sequela
Z47.32	Aftercare following explantation of hip joint prosthesis
Z89.621	Acquired absence of right hip joint
Z89.622	Acquired absence of left hip joint
Z96.641	Presence of right artificial hip joint
Z96.642	Presence of left artificial hip joint
Z96.643	Presence of artificial hip joint, bilateral
Z96.649	Presence of unspecified artificial hip joint

Group 2 Paragraph:

For inpatient hospital only, the following ICD-10-CM PROCEDURE CODES should be used for:

Total Knee Arthroplasty

0SPC0JZ Removal of Synthetic Substitute from Right Knee Joint, Open Approach

0SPD0JZ Removal of Synthetic Substitute from Left Knee Joint, Open Approach

0SRC069 Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SRC06A Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open

0SRC06Z Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

0SRC07Z Replacement of Right Knee Joint with Autologous Tissue Substitute, Open Approach

0SRC0EZ Replacement of Right Knee Joint with Articulating Spacer, Open Approach

0SRC0J9 Replacement of Right Knee Joint with Synthetic Substitute, Cemented, Open Approach

0SRC0JA Replacement of Right Knee Joint with Synthetic Substitute, Uncemented, Open Approach

0SRC0JZ Replacement of Right Knee Joint with Synthetic Substitute, Open Approach

0SRC0M9 Replacement of Right Knee Joint with Lateral Unicondylar Synthetic Substitute, Cemented, Open Approach

0SRC0MA Replacement of Right Knee Joint with Lateral Unicondylar Synthetic Substitute, Uncemented, Open Approach

0SRC0MZ Replacement of Right Knee Joint with Lateral Unicondylar Synthetic Substitute, Open Approach

0SRC0N9 Replacement of Right Knee Joint with Patellofemoral Synthetic Substitute, Cemented, Open Approach

0SRC0NA Replacement of Right Knee Joint with Patellofemoral Synthetic Substitute, Uncemented, Open Approach

0SRC0NZ Replacement of Right Knee Joint with Patellofemoral Synthetic Substitute, Open Approach

0SRD0EZ Replacement of Left Knee Joint with Articulating Spacer, Open Approach

0SRD0M9 Replacement of Left Knee Joint with Lateral Unicondylar Synthetic Substitute, Cemented, Open Approach

0SRD0MA Replacement of Left Knee Joint with Lateral Unicondylar Synthetic Substitute, Uncemented, Open Approach

0SRD0MZ Replacement of Left Knee Joint with Lateral Unicondylar Synthetic Substitute, Open Approach

0SRD0N9 Replacement of Left Knee Joint with Patellofemoral Synthetic Substitute, Cemented, Open Approach

0SRD0NA Replacement of Left Knee Joint with Patellofemoral Synthetic Substitute, Uncemented, Open Approach

0SRD0NZ Replacement of Left Knee Joint with Patellofemoral Synthetic Substitute, Open Approach

0SRC0KZ Replacement of Right Knee Joint with Nonautologous Tissue Substitute, Open Approach

0SRD069 Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach

0SRD06A Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach

0SRD06Z Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

0SRD07Z Replacement of Left Knee Joint with Autologous Tissue Substitute, Open Approach

0SRD0J9 Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach

0SRD0JA Replacement of Left Knee Joint with Synthetic Substitute, Uncemented, Open Approach

0SRD0JZ Replacement of Left Knee Joint with Synthetic Substitute, Open Approach

0SRD0KZ Replacement of Left Knee Joint with Nonautologous Tissue Substitute, Open Approach

0SRT07Z Replacement of Right Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach

0SRT0J9 Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach

0SRT0JA Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach

0SRT0JZ Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach

0SRT0KZ Replacement of Right Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach

0SRU07Z Replacement of Left Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach

0SRU0J9 Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach

0SRU0JA Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach

0SRU0JZ Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach

0SRU0KZ Replacement of Left Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach

0SRV07Z Replacement of Right Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach

0SRV0J9 Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach

0SRV0JA Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach

0SRV0JZ Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach

0SRV0KZ Replacement of Right Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach

0SRW07Z Replacement of Left Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach

0SRW0J9 Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach

0SRW0JA Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach

0SRW0JZ Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach

0SRW0KZ Replacement of Left Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach

0SWC0JZ Revision of Synthetic Substitute in Right Knee Joint, Open Approach

0SWD0JZ Revision of Synthetic Substitute in Left Knee Joint, Open Approach

THE FOLLOWING ARE ICD-10-CM DIAGNOSIS CODES for Total Knee Arthroplasty

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
C40.20 - C40.22	Malignant neoplasm of long bones of unspecified lower limb - Malignant neoplasm of long bones of left lower limb
C47.20 - C47.22	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip - Malignant neoplasm of peripheral nerves of left lower limb, including hip
C49.20 - C49.22	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip - Malignant neoplasm of connective and soft tissue of left lower limb, including hip
D16.20 - D16.22	Benign neoplasm of long bones of unspecified lower limb - Benign neoplasm of long bones of left lower limb
D21.20 - D21.22	Benign neoplasm of connective and other soft tissue of unspecified lower limb, including hip - Benign neoplasm of connective and other soft tissue of left lower limb, including hip
M05.461 - M05.469	Rheumatoid myopathy with rheumatoid arthritis of right knee - Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.561 - M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee - Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.761 - M05.769	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement - Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.861 - M05.869	Other rheumatoid arthritis with rheumatoid factor of right knee - Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M06.061 - M06.069	Rheumatoid arthritis without rheumatoid factor, right knee - Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.261 - M06.269	Rheumatoid bursitis, right knee - Rheumatoid bursitis, unspecified knee
M06.361 - M06.369	Rheumatoid nodule, right knee - Rheumatoid nodule, unspecified knee
M06.861 - M06.869	Other specified rheumatoid arthritis, right knee - Other specified rheumatoid arthritis, unspecified knee
M08.061 - M08.069	Unspecified juvenile rheumatoid arthritis, right knee - Unspecified juvenile rheumatoid arthritis, unspecified knee
M08.261 - M08.269	Juvenile rheumatoid arthritis with systemic onset, right knee - Juvenile rheumatoid

ICD-10 CODE	DESCRIPTION
	arthritis with systemic onset, unspecified knee
M08.461 - M08.469	Pauciarticular juvenile rheumatoid arthritis, right knee - Pauciarticular juvenile rheumatoid arthritis, unspecified knee
M08.861 - M08.869	Other juvenile arthritis, right knee - Other juvenile arthritis, unspecified knee
M08.961 - M08.969	Juvenile arthritis, unspecified, right knee - Juvenile arthritis, unspecified, unspecified knee
M12.561 - M12.569	Traumatic arthropathy, right knee - Traumatic arthropathy, unspecified knee
M17.0	Bilateral primary osteoarthritis of knee
M17.10 - M17.12	Unilateral primary osteoarthritis, unspecified knee - Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30 - M17.32	Unilateral post-traumatic osteoarthritis, unspecified knee - Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M23.50 - M23.52	Chronic instability of knee, unspecified knee - Chronic instability of knee, left knee
M24.661 - M24.669	Ankylosis, right knee - Ankylosis, unspecified knee
M25.261 - M25.269	Flail joint, right knee - Flail joint, unspecified knee
M25.361 - M25.369	Other instability, right knee - Other instability, unspecified knee
M25.561 - M25.569	Pain in right knee - Pain in unspecified knee
M25.861	Other specified joint disorders, right knee
M25.862	Other specified joint disorders, left knee
M25.869	Other specified joint disorders, unspecified knee
M87.051	Idiopathic aseptic necrosis of right femur
M87.052	Idiopathic aseptic necrosis of left femur
M87.059	Idiopathic aseptic necrosis of unspecified femur
M87.151	Osteonecrosis due to drugs, right femur
M87.152	Osteonecrosis due to drugs, left femur
M87.159	Osteonecrosis due to drugs, unspecified femur
M87.251	Osteonecrosis due to previous trauma, right femur
M87.252	Osteonecrosis due to previous trauma, left femur
M87.256	Osteonecrosis due to previous trauma, unspecified femur

ICD-10 CODE	DESCRIPTION
M87.351	Other secondary osteonecrosis, right femur
M87.352	Other secondary osteonecrosis, left femur
M87.353	Other secondary osteonecrosis, unspecified femur
M87.851	Other osteonecrosis, right femur
M87.852	Other osteonecrosis, left femur
M87.859	Other osteonecrosis, unspecified femur
M96.661 - M96.669	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg - Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, unspecified leg
M96.671 - M96.679	Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg - Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, unspecified leg
M97.11XA - M97.11XS	Periprosthetic fracture around internal prosthetic right knee joint, initial encounter - Periprosthetic fracture around internal prosthetic right knee joint, sequela
M97.12XA - M97.12XS	Periprosthetic fracture around internal prosthetic left knee joint, initial encounter - Periprosthetic fracture around internal prosthetic left knee joint, sequela
T84.012A - T84.012S	Broken internal right knee prosthesis, initial encounter - Broken internal right knee prosthesis, sequela
T84.013A - T84.013S	Broken internal left knee prosthesis, initial encounter - Broken internal left knee prosthesis, sequela
T84.022A - T84.022S	Instability of internal right knee prosthesis, initial encounter - Instability of internal right knee prosthesis, sequela
T84.023A - T84.023S	Instability of internal left knee prosthesis, initial encounter - Instability of internal left knee prosthesis, sequela
T84.032A - T84.032S	Mechanical loosening of internal right knee prosthetic joint, initial encounter - Mechanical loosening of internal right knee prosthetic joint, sequela
T84.033A - T84.033S	Mechanical loosening of internal left knee prosthetic joint, initial encounter - Mechanical loosening of internal left knee prosthetic joint, sequela
T84.052A - T84.052S	Periprosthetic osteolysis of internal prosthetic right knee joint, initial encounter - Periprosthetic osteolysis of internal prosthetic right knee joint, sequela
T84.053A - T84.053S	Periprosthetic osteolysis of internal prosthetic left knee joint, initial encounter - Periprosthetic osteolysis of internal prosthetic left knee joint, sequela
T84.062A - T84.062S	Wear of articular bearing surface of internal prosthetic right knee joint, initial encounter - Wear of articular bearing surface of internal prosthetic right knee joint, sequela
T84.063A - T84.063S	Wear of articular bearing surface of internal prosthetic left knee joint, initial encounter - Wear of articular bearing surface of internal prosthetic left knee joint,

ICD-10 CODE	DESCRIPTION
	sequela
T84.092A - T84.092S	Other mechanical complication of internal right knee prosthesis, initial encounter - Other mechanical complication of internal right knee prosthesis, sequela
T84.093A - T84.093S	Other mechanical complication of internal left knee prosthesis, initial encounter - Other mechanical complication of internal left knee prosthesis, sequela
T84.114A - T84.114S	Breakdown (mechanical) of internal fixation device of right femur, initial encounter - Breakdown (mechanical) of internal fixation device of right femur, sequela
T84.115A - T84.115S	Breakdown (mechanical) of internal fixation device of left femur, initial encounter - Breakdown (mechanical) of internal fixation device of left femur, sequela
T84.116A - T84.116S	Breakdown (mechanical) of internal fixation device of bone of right lower leg, initial encounter - Breakdown (mechanical) of internal fixation device of bone of right lower leg, sequela
T84.117A - T84.117S	Breakdown (mechanical) of internal fixation device of bone of left lower leg, initial encounter - Breakdown (mechanical) of internal fixation device of bone of left lower leg, sequela
T84.124A - T84.124S	Displacement of internal fixation device of right femur, initial encounter - Displacement of internal fixation device of right femur, sequela
T84.125A - T84.125S	Displacement of internal fixation device of left femur, initial encounter - Displacement of internal fixation device of left femur, sequela
T84.126A - T84.126S	Displacement of internal fixation device of bone of right lower leg, initial encounter - Displacement of internal fixation device of bone of right lower leg, sequela
T84.127A - T84.127S	Displacement of internal fixation device of bone of left lower leg, initial encounter - Displacement of internal fixation device of bone of left lower leg, sequela
T84.194A - T84.194S	Other mechanical complication of internal fixation device of right femur, initial encounter - Other mechanical complication of internal fixation device of right femur, sequela
T84.195A - T84.195S	Other mechanical complication of internal fixation device of left femur, initial encounter - Other mechanical complication of internal fixation device of left femur, sequela
T84.196A - T84.196S	Other mechanical complication of internal fixation device of bone of right lower leg, initial encounter - Other mechanical complication of internal fixation device of bone of right lower leg, sequela
T84.197A - T84.197S	Other mechanical complication of internal fixation device of bone of left lower leg, initial encounter - Other mechanical complication of internal fixation device of bone of left lower leg, sequela
T84.310A - T84.310S	Breakdown (mechanical) of electronic bone stimulator, initial encounter - Breakdown (mechanical) of electronic bone stimulator, sequela
T84.318A - T84.318S	Breakdown (mechanical) of other bone devices, implants and grafts, initial

ICD-10 CODE	DESCRIPTION
	encounter - Breakdown (mechanical) of other bone devices, implants and grafts, sequela
T84.320A - T84.320S	Displacement of electronic bone stimulator, initial encounter - Displacement of electronic bone stimulator, sequela
T84.328A - T84.328S	Displacement of other bone devices, implants and grafts, initial encounter - Displacement of other bone devices, implants and grafts, sequela
T84.390A - T84.390S	Other mechanical complication of electronic bone stimulator, initial encounter - Other mechanical complication of electronic bone stimulator, sequela
T84.398A - T84.398S	Other mechanical complication of other bone devices, implants and grafts, initial encounter - Other mechanical complication of other bone devices, implants and grafts, sequela
T84.418A - T84.418S	Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, initial encounter - Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, sequela
T84.428A - T84.428S	Displacement of other internal orthopedic devices, implants and grafts, initial encounter - Displacement of other internal orthopedic devices, implants and grafts, sequela
T84.498A - T84.498S	Other mechanical complication of other internal orthopedic devices, implants and grafts, initial encounter - Other mechanical complication of other internal orthopedic devices, implants and grafts, sequela
T84.53XA - T84.53XS	Infection and inflammatory reaction due to internal right knee prosthesis, initial encounter - Infection and inflammatory reaction due to internal right knee prosthesis, sequela
T84.54XA - T84.54XS	Infection and inflammatory reaction due to internal left knee prosthesis, initial encounter - Infection and inflammatory reaction due to internal left knee prosthesis, sequela
Z47.33	Aftercare following explantation of knee joint prosthesis
Z89.521	Acquired absence of right knee
Z89.522	Acquired absence of left knee
Z96.651	Presence of right artificial knee joint
Z96.652	Presence of left artificial knee joint
Z96.653	Presence of artificial knee joint, bilateral
Z96.659	Presence of unspecified artificial knee joint

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements

The medical record must contain documentation that fully supports the medical necessity and justification of the procedure performed. The documentation must be made available upon request. When the documentation does not meet the criteria for the service(s) rendered or the documentation does not establish the medical necessity for the service(s), such service(s) will be denied as not reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act.

A history and physical, discharge summary, physician progress notes and an operative report are typically in the hospital record for the procedures in this LCD. Other relevant information addressing coverage criteria related to the patients episode of care prior to the hospitalization, should be included in the hospital record.

When the procedure is indicated for advanced joint disease, the following should be documented in the medical record:

- 1.) Arthritis of the knee or hip supported by X-ray or MRI. The X-ray or MRI should demonstrate one of the following: a) subchondral cysts, b) subchondral sclerosis, c) periarticular osteophytes, d) joint subluxation, e) joint space narrowing, or f) avascular necrosis.
- 2.) Pain or functional disability at the hip or knee. For example, documented pain that interferes with ADLs (functional disability), or pain that is increased with initiation of activities or pain that increases with weight bearing.
- 3.) Unsuccessful conservative therapy (non-surgical medical management). The documentation should demonstrate a history of a reasonable attempt (usually 3 months or more) at conservative therapy as appropriate for the patient in their current episode of care. For example, documented trial of NSAIDs or contraindication to such therapy and/or documented supervised physical therapy. Documentation should support that ADLs are diminished due to pain and/or disability despite non-surgical medical management.
- 4.) For patients with significant conditions or co-morbidities, the risk/benefit of non-cardiac surgery, such as TKA or THA should be appropriately addressed in the medical record.

Medical record documentation for other TKA and THA indications outlined in the LCD should include the following, when indicated:

- 1.) Supporting evidence (e.g., pathology reports and referral from an Oncologist for a malignancy of the joint or X-ray of a fracture).
- 2.) Pain at the hip or knee when indicated as a reason for the procedure (e.g., for revision/replacement TKA/THA). For example, documented pain that interferes with ADLs (functional disability), pain that is increased with initiation of activities or pain that increases with weight bearing.

3.) For patients with significant conditions or co-morbidities, the risk/benefit of non-cardiac surgery, such as TKA or THA should be appropriately addressed in the medical record.

4.) When infection is the reason for revision TKA or THA surgery, laboratory and/or pathology reports must be documented in the medical record and all documentation regarding treatment of the infection and a physician note indicating that it is appropriate to proceed with surgery should be in the medical record as well.

In the instance that the patient is undergoing a bilateral knee or hip replacement, all criteria listed above would apply to the bilateral surgery when indicated. The medical record should also support the medical necessity for performing THA or TKA bilaterally.

Any major procedure has significant benefit and risk (injury or death) that the treating physician discusses with the patient. To meet the reasonable and necessary (R&N) threshold for coverage of a procedure, the physician's documentation for the case should clearly support both the diagnostic criteria for the indication (standard test results and/or clinical findings as applicable) and the medical need (the procedure does not exceed the medical need and is at least as beneficial as existing alternatives & the procedure is furnished with accepted standards of medical practice in a setting appropriate for the patient's medical needs and condition). **Lacking compelling arguments for an exception in the supporting documentation, the hospital (FISS claim) and physician services (MCS claim) can be denied.** If in certain circumstances the patient does not meet all of the required criteria outlined in the local coverage determination (LCD) for a procedure, but the treating physician feels that the procedure is a covered procedure given the current standards of care, then the documentation must clearly outline the patient's episode of care that supports the major procedure and must clearly address the reason(s) for coverage. For example, if clinical findings (or lack of) for an indication are not consistent with the LCD criteria, it should be directly addressed in the pre procedure documentation. For example, if certain conservative measures are not necessary for a given patient, it should be directly noted in the pre procedure documentation. The clinical judgment of the treating physician is always a consideration if clearly addressed in the pre procedure record and if consistent with the episode of care for the patient as documented in patient records and claim history.

When reviewing claims for procedures with DRGs, the CMS online Manual, Pub 100-08, Chapter 6, Section, 6.5.2 states the following:

Review of the medical record must indicate that hospital care was medically necessary, reasonable, and appropriate for the diagnosis and condition of the beneficiary at any time during the stay, and that the stay was appropriate for Medicare Part A payment.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters they may be subject to review for medical necessity.

The devices/implants utilized for total knee and total hip replacement surgeries are regulated by the FDA as medical devices. The devices used should be class II or class III devices that meet the requirements outlined in CFR 21, Chapter 1, subchapter H, Part 888 (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=888>)

The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1 (<http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf>) outlines that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel." Services will be considered medically reasonable and necessary

only if performed by appropriately trained providers. This training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty or must reflect extensive continued medical education activities. If these skills have been acquired by way of continued medical education, the courses must be comprehensive, offered or sponsored or endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States, and designated by the American Medical Association (AMA) as Category 1 Credit.

Sources of Information

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2018	R7	Revision Number: 5 Publication: September 2018 Connection LCR A/B2018-074 Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update) the LCD was revised. Added ICD-10-PCS codes 0SR90EZ and 0SRB0EZ in the "ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:" section of the LCD and ICD-10-PCS codes 0SRC0EZ, 0SRC0M9, 0SRC0MA, 0SRC0MZ, 0SRC0N9, 0SRC0NA, 0SRC0NZ,	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>0SRD0EZ, 0SRD0M9, 0SRD0MA, 0SRD0MZ, 0SRD0N9, 0SRD0NA, and 0SRD0NZ in the "ICD-10 Codes that Support Medical Necessity/Group 2 Paragraph:" section of the LCD. The effective date of this revision is for dates of service on or after 10/01/18. In addition, the LCD was revised to remove diagnosis codes M96.65, T84.020A, T84.020D, T84.020S, T84.021A, T84.021D, T84.021S, Z89.621, and Z89.622, that were included in the "ICD-10 Codes that Support Medical Necessity/Group 2 Codes:/Total Knee Arthroplasty" section of the LCD in error. The effective date of this revision is for claims processed on or after 10/01/2018, for dates of service on or after 03/02/2016.</p> <p>10/01/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.</p>	
02/15/2018	R6	<p>Revision Number: 4</p> <p>Publication: February 2018 Connection</p> <p>LCR A/B2018-014</p> <p>Explanation of Revision: The LCD was revised to add ICD-10-CM diagnosis code Z47.32 to the "ICD-10-CM DIAGNOSIS CODES for Total Hip Arthroplasty" section of the LCD and ICD-10-CM diagnosis code Z47.33 to the "ICD-10-CM DIAGNOSIS CODES for Total Knee Arthroplasty" section of the LCD. Also, the "Sources of Information and Basis for Decision" section of the LCD was updated. Additionally, based on an annual review of the LCD, it was determined that some of the italicized language in the "Documentation Requirements" section of the LCD does not represent direct quotation from the CMS sources listed in the LCD; therefore, this LCD is being revised to assure consistency with the CMS sources. The effective date of this revision is based on date of service.</p> <p>02/15/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not</p>	<ul style="list-style-type: none"> Other (Revisions made based on annual review completed on 12/21/2017.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		all the fields included on the LCD are applicable as noted in this policy.	
10/01/2017	R5	<p>Revision Number: 3</p> <p>Publication: September 2017 Connection</p> <p>LCR A/B2017-038</p> <p>Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-PCS codes 0SR9069, 0SR906A, 0SR906Z, 0SRB069, 0SRB06A, 0SRB06Z for Total Hip Arthroplasty and 0SRC069, 0SRC06A, 0SRC06Z, 0SRD069, 0SRD06A, 0SRD06Z for Total Knee Replacement The effective date of this revision is based on date of service.</p> <p>10/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2016	R4	11/11/2016: Corrected descriptor for ICD-10-CM/PCS code 0SRB04A (Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented , Open Approach)	<ul style="list-style-type: none"> • Typographical Error
10/01/2016	R3	<p>RRevision Number: 2</p> <p>Publication: October 2016 Connection</p> <p>LCR A/B2016-097</p> <p>Explanation of revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised to add ICD-10-CM diagnosis code ranges M84.750A-M84.750S, M84.751A-M84.751S, M84.752A-M84.752S, M84.753A-M84.753S, M84.754A-M84.754S, M84.755A-M84.755S, M84.756A-M84.756S, M84.757A-M84.757S, M84.758A-M84.758S, M84.759A-M84.759S, M97.01XA-M97.01XS and M97.02XA-M97.02XS to the "ICD-10-CM DIAGNOSIS CODES for Total Hip Arthroplasty" section of the LCD. ICD-10-CM diagnosis</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		code ranges M97.11XA-M97.11XS and M97.12XA-M97.12XS were added to the "ICD-10-CM DIAGNOSIS CODES for Total Knee Arthroplasty" section of the LCD. In addition, ICD-10-CM code ranges T84.040A-T84.040S and T84.041A-T84.041S were deleted from the "ICD-10-CM DIAGNOSIS CODES for Total Hip Arthroplasty" section and code ranges T84.042A-T84.042S and T84.043A-T84.043S were deleted from the "ICD-10-CM DIAGNOSIS CODES for Total Knee Arthroplasty" section. The effective date of this revision is based on date of service.	
03/02/2016	R2	<p>Revision Number: 1 Publication: March 2016 Connection LCR A/B2016-047</p> <p>Explanation of revision: The LCD was revised to remove the dual ICD-10-CM procedure code billing requirement for joint replacement surgeries of the hip and knee. Therefore the "+," "++," and "*" have been removed from the "CPT/HCPCS Codes" section of the LCD, where applicable. In addition, the LCD was revised to add additional ICD-10-CM diagnosis codes Z89.621-Z89.622 (acquired absence of Hip joint) and Z89.521-Z89.522 (acquired absence of knee) to the "ICD-10 Codes that Support Medical Necessity" section of the LCD. Lastly, the language related to requiring a dual diagnosis(*) has been removed. Therefore, the "*" has been removed from those specific diagnosis codes listed in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 03/02/2016, for dates of service on or after 10/01/2015.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Public Education/Guidance • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	10/27/2014- ICD-10 Diagnosis codes; M05.59, M05.5, M05.79, M08.061-M08.069, M08.261-M08.269, M08.461-M08.469, M08.861-M08.869, M08.961-M08.969, AND M23.51, and M23.52.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

Coding guidelines 2015
 (PDF - 131 KB)

Related Local Coverage Documents

Article(s)

A56153 - Major joint replacement (hip and knee) revision to the Part A and Part B LCD

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/03/2018 with effective dates 10/01/2018 - N/A

Updated on 02/06/2018 with effective dates 02/15/2018 - 09/30/2018

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A