

Total Hip Arthroplasty

Noridian Healthcare Solutions, LLC

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Contractor Information



Contractor Name	Noridian Healthcare Solutions, LLC
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Contract Type	A and B MAC
Associated Contract Numbers	(A and B MAC - 01111 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01211 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01311 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01911 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01182 - J - E) Noridian Healthcare

Solutions, LLC, (A and B MAC - 01212 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01312 - J - E) Noridian Healthcare Solutions, LLC

Proposed LCD Information



Source LCD ID L34163

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Proposed LCD Title Total Hip Arthroplasty

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

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title 21, Code of Federal Regulations, Chapter 1, Subchapter H, Part 888 orthopedic devices, arthroscope

Title 42, Code of Federal Regulations, §482.24

CMS Manual System, Pub 100-08, *Medicare Program Integrity Manual*, Chapter 6, §6.5.2

CMS Manual System, Pub 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3

Jurisdiction

California - Northern

Super MAC Jurisdiction

J - E

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 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.

Arthritis causes a severe limitation in the activities of daily living (ADLs), 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.

Total hip replacement surgery is most often performed due to severe pain caused by osteoarthritis (degenerative arthritis) of the hip joint. Rheumatoid arthritis, traumatic arthritis, malignancy involving the hip joint and osteonecrosis of the femoral head are also possible causes for hip replacement surgery. The use of THR in patients with malignancy must be weighed against considerations of life expectancy and possible alternative procedures to relieve pain. 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 perform a reoperation on a previous total hip. This is often referred to as a revision total hip. Circumstances that lead to the need for a revision total hip 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.

Total Hip Arthroplasty (THA)

Noridian will consider total hip replacement surgery medically necessary in the following circumstances:

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, severe joint space narrowing, avascular necrosis); **AND**

- Pain that cannot be adequately controlled despite optimal conservative treatment or functional disability from injury due to trauma or arthritis of the joint); **AND**
- If appropriate, history of unsuccessful conservative therapy (non-surgical medical management) that is clearly addressed in the pre procedure medical record. (If conservative therapy is not appropriate, the medical record must clearly document the rationale for why such approach is not reasonable). Non-surgical medical management is usually but not always implemented prior to scheduling total joint surgery. Non-surgical treatment as clinically appropriate for the patient's current episode of care typically includes one or more of the following:
 - anti-inflammatory medications or analgesics, or
 - flexibility and muscle strengthening exercises, or
 - supervised physical therapy [Activities of daily living (ADLs) diminished despite completing a plan of care], or
 - assistive device use, or
 - weight reduction as appropriate, or
 - therapeutic injections into the hip as appropriate.

In some circumstances, for example, if the patient has bone on bone articulation, severe deformity, pain or significant disabling interference with activities of daily living, the surgeon may determine that nonsurgical medical management would be ineffective or counterproductive and that the best treatment option, after explaining the risks, is surgical. If medical management is deemed appropriate, the medical record should indicate the rationale for and the circumstances under which this is the case.

- 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

*See Associated Information - Documentation Requirements for additional information.

Indications for Replacement/Revision of Total Hip Arthroplasty

- Loosening 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 not amenable to conservative management; **or**
- Progressive or substantial bone loss; **or**
- Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction; **or**
- Clinically significant audible noise; **or**
- Adverse local tissue reaction

Limitations

Noridian will not consider a total hip replacement medically necessary when the following contraindications are present:

- Active infection of the hip joint or active systemic bacteremia
- Active urinary tract or dental infection
- Active skin infection (exception recurrent cutaneous staph infections) or open wound within the planned surgical site of the hip.
- Rapidly progressive neurological disease except in the clinical situation of a concomitant displaced femoral neck fracture

The following conditions are relative contraindications to total hip replacement and if such surgery is performed in the presence of these conditions, it is expected that the rationale for proceeding with the surgery under such circumstances is clearly documented in the medical record:

- Absence or relative insufficiency of abductor musculature
- Any process that is rapidly destroying bone
- Neurotrophic arthritis

This local coverage determination (LCD) is only addressing medical necessity criteria for performing total hip replacement surgery.

Proposed Process Information



Synopsis of Changes	Changes	Fields Changed
	<p>The original LCD "Total Joint Arthroplasty" included Hip and Knee Arthroplasty Indications. Noridian created two LCDs for "Total Hip Athroplasty" and "Total Knee Arthroplasty".</p>	<p>CMS National Coverage Policy Coverage Indications, Limitations and/or Medical Necessity Associated Information Sources of Information and Basis for Decision CPT/HCPCS Codes ICD-10 Codes that Support Medical Necessity</p>

Documentation Requirements

In order to qualify for coverage of both Medicare Part A inpatient services and Part B provider services the medical record must contain documentation that fully supports the medical necessity and justification of the procedure performed and must be made available to Noridian 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.

Associated Information 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 patient's episode of care prior to the hospitalization, should be included in the hospital record (see below). Failure to include this information in the hospital record may result in denial of coverage for Part A services and trigger a review of the Part B provider claim to determine whether the Part B service rendered was reasonable and necessary.

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

- Arthritis of the hip supported by X-ray or MRI. The X-ray or MRI should demonstrate and the provider must document one or more of the following:

- a) subchondral cysts,
- b) subchondral sclerosis,
- c) periarticular osteophytes,
- d) joint subluxation,
- e) the degree of joint space narrowing,
- f) avascular necrosis or
- g) bone on bone articulations

- Pain or functional disability at the hip. Pain and/or functional disability should be described in context. 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.
- Unsuccessful conservative therapy (non-surgical medical management) if appropriate. The documentation should demonstrate a history of a reasonable attempt at conservative therapy as appropriate for the patient in his/her 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.
- For patients with significant conditions or co-morbidities, the risk/benefit of non-cardiac surgery, such as THA should be appropriately addressed in the medical record.

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

- Supporting evidence (e.g., pathology reports and referral from an Oncologist for a malignancy of the joint or X-ray of a fracture).
- Pain at the hip when indicated as a reason for the procedure (e.g., for revision/replacement TKR/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.
- For patients with significant conditions or co-morbidities, the risk/benefit of non-cardiac surgery, such as THR/THA should be appropriately addressed in the medical record.

- When infection is the reason for revision THR/THA surgery, laboratory and/or pathology reports must be 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 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 a bilateral THR/THA.

The treating physician must discuss the significant benefit and risks with the patient. In order to meet Medicare's 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 and physician services 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 or appropriate 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.

Review of the medical record must indicate that inpatient hospital care was medically necessary, reasonable, and appropriate for the diagnosis and condition of the beneficiary at any time during the stay. The beneficiary must demonstrate signs and/or symptoms severe enough to warrant the need for medical care and must receive services of such intensity that they can be furnished safely and effectively only on an inpatient basis.

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 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.

1. Ackerman IN, Bennell KL, Osborne RH. Decline in health-related quality of life reported by more than half of those waiting for joint replacement surgery: a prospective cohort study. *BMC Musculoskeletal Disorders*.2011;12:108.
2. InterQual® 2011 Procedures Adult Criteria, Total Joint Replacement, Knee and Hip & Removal and Replacement , Total Joint Replacement Knee and Hip. McKesson Corporation.
3. Milliman Care Guidelines® 2011. Inpatient and Surgical Care 15th Edition. Knee Arthroplasty and Hip Arthroplasty. Milliman Care Guidelines LLC.
4. National Guideline Clearinghouse. Osteoarthritis. The care and management of osteoarthritis in adults. Retrieved from <http://www.guideline.gov/content.aspx?id=14322&search=osteoarthritis.+the+care+and+management+of+osteoarthritis+in+adults>.

**Sources of
Information
and
Basis for
Decision**

5. U.S. National Library of Medicine, National Institute of Health. Hip joint replacement. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/002975.htm>

Open Meetings	Meeting Date	Meeting Information	State
	02/04/2016	Four Points by Sheraton Hotel 1617 1st Avenue San Diego, CA 92101	American Samoa, California - Entire State, Guam, Hawaii, Nevada, Northern Mariana Islands, California - Northern, California - Southern
Part B MAC Contract or Advisory Committee (CAC) Meetings	Meeting Date	Meeting Information	State
Comment Period	02/04/2016		
Start Date			
Comment Period	04/10/2016		
End Date			
Released to Final LCD Date			
Reason for Proposed LCD		Creation of Uniform LCDs Within a MAC Jurisdiction	

Contractor Medical Director (s) Noridian Healthcare Solutions, LLC JE Part A

Proposed Attention: Draft LCD Comments

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Contact Fargo, North Dakota 58103-6782

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Coding Information



Bill Type Codes 999x Not Applicable

Revenue Codes 99999 Not Applicable

**Group 1: Paragraph
Total Hip Arthroplasty
Group 1: Codes**

CPT/HCPCS Codes	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

Does the CPT 30% Coding Rule Apply? No

Group 1: Paragraph
Total Hip Arthroplasty

The appropriate 7th character is to be added to each code from category **M80** as well as to each code from subcategories **M84.3, M84.4, M84.5 and M84.6** from the following list:

- o A: initial encounter for fracture
- o D: subsequent encounter for fracture with routine healing
- o G: subsequent encounter for fracture with delayed healing
- o K: subsequent encounter for fracture with nonunion
- o P: subsequent encounter for fracture with malunion
- o S: sequela

The appropriate 7th character is to be added to each code from category **S32** from the following list:

- o A: initial encounter for closed fracture
- o B: initial encounter for open fracture
- o D: subsequent encounter for fracture with routine healing
- o G: subsequent encounter for fracture with delayed healing
- o K: subsequent encounter for fracture with nonunion
- o S: sequela

**ICD-10 Codes that Support
Medical Necessity**

**Note: Performance is
optimized by using code
ranges.**

The appropriate 7th character is to be added to all of the codes from category **S72** from the following list:

- o A: initial encounter for closed fracture
- o B: initial encounter for open fracture type I or II initial encounter for open fracture NOS
- o C: initial encounter for open fracture type IIIA, IIIB, or IIIC
- o D: subsequent encounter for closed fracture with routine healing
- o E: subsequent encounter for open fracture type I or II with routine healing
- o F: subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- o G: subsequent encounter for closed fracture with delayed healing
- o H: subsequent encounter for open fracture type I or II with delayed healing
- o J: subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- o K: subsequent encounter for closed fracture with nonunion
- o M: subsequent encounter for open fracture type I or II with nonunion

- o N: subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- o P: subsequent encounter for closed fracture with malunion
- o Q: subsequent encounter for open fracture type I or II with malunion
- o R: subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
- o S: sequela

The appropriate 7th character is to be added to each code from subcategory **S79.0** from the following list:

- o A: initial encounter for closed fracture
- o D: subsequent encounter for fracture with routine healing
- o G: subsequent encounter for fracture with delayed healing
- o K: subsequent encounter for fracture with nonunion
- o P: subsequent encounter for fracture with malunion
- o S: sequela

The appropriate 7th character is to be added to each code from category **T84** from the following list:

- o A: initial encounter
- o D: subsequent encounter
- o S: sequela

Group 1: Codes

C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
D16.21	Benign neoplasm of long bones of right lower limb
D16.22	Benign neoplasm of long bones of left lower limb

D21.21	Benign neoplasm of connective and other soft tissue of right lower limb, including hip
D21.22	Benign neoplasm of connective and other soft tissue of left lower limb, including hip
L40.50	Arthropathic psoriasis, unspecified
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
M05.051	Felty's syndrome, right hip
M05.052	Felty's syndrome, left hip
M05.09	Felty's syndrome, multiple sites
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip

M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.89	Other specified rheumatoid arthritis, multiple sites
M07.651	Enteropathic arthropathies, right hip
M07.652	Enteropathic arthropathies, left hip
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.89	Other juvenile arthritis, multiple sites
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.99	Juvenile arthritis, unspecified, multiple sites
M12.051	Chronic postrheumatic arthropathy [Jaccoud], right hip
M12.052	Chronic postrheumatic arthropathy [Jaccoud], left hip
M12.09	Chronic postrheumatic arthropathy [Jaccoud], multiple sites
M12.451	Intermittent hydrarthrosis, right hip
M12.452	Intermittent hydrarthrosis, left hip

M12.551	Traumatic arthropathy, right hip
M12.552	Traumatic arthropathy, left hip
M12.851	Other specific arthropathies, not elsewhere classified, right hip
M12.852	Other specific arthropathies, not elsewhere classified, left hip
M13.0	Polyarthritis, unspecified
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
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
M24.651	Ankylosis, right hip
M24.652	Ankylosis, left hip
M24.7	Protrusio acetabuli
M24.851	Other specific joint derangements of right hip, not elsewhere classified
M24.852	Other specific joint derangements of left hip, not elsewhere classified
M25.251	Flail joint, right hip
M25.252	Flail joint, left hip
M25.351	Other instability, right hip
M25.352	Other instability, left hip

M25.551	Pain in right hip
M25.552	Pain in left hip
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.851A	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.852A	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M84.350A	Stress fracture, pelvis, initial encounter for fracture
M84.351A	Stress fracture, right femur, initial encounter for fracture
M84.352A	Stress fracture, left femur, initial encounter for fracture
M84.451A	Pathological fracture, right femur, initial encounter for fracture
M84.452A	Pathological fracture, left femur, initial encounter for fracture
M84.454A	Pathological fracture, pelvis, initial encounter for fracture
M84.550A	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture
M84.551A	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture
M84.552A	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture
M84.650A	Pathological fracture in other disease, pelvis, initial encounter for fracture
M84.651A	Pathological fracture in other disease, right femur, initial encounter for fracture
M84.652A	Pathological fracture in other disease, left femur, initial encounter for fracture
M87.050	Idiopathic aseptic necrosis of pelvis
M87.051	Idiopathic aseptic necrosis of right femur
M87.052	Idiopathic aseptic necrosis of left femur
M87.150	Osteonecrosis due to drugs, pelvis

M87.151	Osteonecrosis due to drugs, right femur
M87.152	Osteonecrosis due to drugs, left femur
M87.250	Osteonecrosis due to previous trauma, pelvis
M87.251	Osteonecrosis due to previous trauma, right femur
M87.252	Osteonecrosis due to previous trauma, left femur
M87.350	Other secondary osteonecrosis, pelvis
M87.351	Other secondary osteonecrosis, right femur
M87.352	Other secondary osteonecrosis, left femur
M87.850	Other osteonecrosis, pelvis
M87.851	Other osteonecrosis, right femur
M87.852	Other osteonecrosis, left femur
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.89	Osteitis deformans of multiple sites
M90.551	Osteonecrosis in diseases classified elsewhere, right thigh
M90.552	Osteonecrosis in diseases classified elsewhere, left thigh
Q65.01	Congenital dislocation of right hip, unilateral
Q65.02	Congenital dislocation of left hip, unilateral
Q65.89	Other specified congenital deformities of hip
Q65.9	Congenital deformity of hip, unspecified
S32.301A	Unspecified fracture of right ilium, initial encounter for closed fracture
S32.302A	Unspecified fracture of left ilium, initial encounter for closed fracture
S32.311A	Displaced avulsion fracture of right ilium, initial encounter for closed fracture
S32.312A	Displaced avulsion fracture of left ilium, initial encounter for closed fracture
S32.314A	Nondisplaced avulsion fracture of right ilium, initial encounter for closed fracture
S32.315A	Nondisplaced avulsion fracture of left ilium, initial encounter for closed fracture
S32.391A	Other fracture of right ilium, initial encounter for closed fracture

S32.392A	Other fracture of left ilium, initial encounter for closed fracture
S32.401A	Unspecified fracture of right acetabulum, initial encounter for closed fracture
S32.402A	Unspecified fracture of left acetabulum, initial encounter for closed fracture
S32.411A	Displaced fracture of anterior wall of right acetabulum, initial encounter for closed fracture
S32.412A	Displaced fracture of anterior wall of left acetabulum, initial encounter for closed fracture
S32.414A	Nondisplaced fracture of anterior wall of right acetabulum, initial encounter for closed fracture
S32.415A	Nondisplaced fracture of anterior wall of left acetabulum, initial encounter for closed fracture
S32.421A	Displaced fracture of posterior wall of right acetabulum, initial encounter for closed fracture
S32.422A	Displaced fracture of posterior wall of left acetabulum, initial encounter for closed fracture
S32.424A	Nondisplaced fracture of posterior wall of right acetabulum, initial encounter for closed fracture
S32.425A	Nondisplaced fracture of posterior wall of left acetabulum, initial encounter for closed fracture
S32.431A	Displaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for closed fracture
S32.432A	Displaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for closed fracture
S32.434A	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for closed fracture
S32.435A	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for closed fracture
S32.441A	Displaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture

S32.442A	Displaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for closed fracture
S32.444A	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture
S32.445A	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for closed fracture
S32.451A	Displaced transverse fracture of right acetabulum, initial encounter for closed fracture
S32.452A	Displaced transverse fracture of left acetabulum, initial encounter for closed fracture
S32.454A	Nondisplaced transverse fracture of right acetabulum, initial encounter for closed fracture
S32.455A	Nondisplaced transverse fracture of left acetabulum, initial encounter for closed fracture
S32.461A	Displaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture
S32.462A	Displaced associated transverse-posterior fracture of left acetabulum, initial encounter for closed fracture
S32.464A	Nondisplaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture
S32.465A	Nondisplaced associated transverse-posterior fracture of left acetabulum, initial encounter for closed fracture
S32.471A	Displaced fracture of medial wall of right acetabulum, initial encounter for closed fracture
S32.472A	Displaced fracture of medial wall of left acetabulum, initial encounter for closed fracture
S32.474A	Nondisplaced fracture of medial wall of right acetabulum, initial encounter for closed fracture
S32.475A	Nondisplaced fracture of medial wall of left acetabulum, initial encounter for closed fracture

S32.481A	Displaced dome fracture of right acetabulum, initial encounter for closed fracture
S32.482A	Displaced dome fracture of left acetabulum, initial encounter for closed fracture
S32.484A	Nondisplaced dome fracture of right acetabulum, initial encounter for closed fracture
S32.485A	Nondisplaced dome fracture of left acetabulum, initial encounter for closed fracture
S32.491A	Other specified fracture of right acetabulum, initial encounter for closed fracture
S32.492A	Other specified fracture of left acetabulum, initial encounter for closed fracture
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture
S72.011A	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture
S72.012A	Unspecified intracapsular fracture of left femur, initial encounter for closed fracture
S72.021A	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.022A	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.024A	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.025A	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture
S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture
S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture

S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture
S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.051A	Unspecified fracture of head of right femur, initial encounter for closed fracture
S72.052A	Unspecified fracture of head of left femur, initial encounter for closed fracture
S72.061A	Displaced articular fracture of head of right femur, initial encounter for closed fracture
S72.062A	Displaced articular fracture of head of left femur, initial encounter for closed fracture
S72.064A	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture
S72.065A	Nondisplaced articular fracture of head of left femur, initial encounter for closed fracture
S72.091A	Other fracture of head and neck of right femur, initial encounter for closed fracture
S72.092A	Other fracture of head and neck of left femur, initial encounter for closed fracture
S72.8X1A	Other fracture of right femur, initial encounter for closed fracture
S72.8X2A	Other fracture of left femur, initial encounter for closed fracture
S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture
S72.92XA	Unspecified fracture of left femur, initial encounter for closed fracture
S79.001A	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture

S79.002A	Unspecified physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.091A	Other physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.092A	Other physeal fracture of upper end of left femur, initial encounter for closed fracture
T84.010A	Broken internal right hip prosthesis, initial encounter
T84.011A	Broken internal left hip prosthesis, initial encounter
T84.020A	Dislocation of internal right hip prosthesis, initial encounter
T84.021A	Dislocation of internal left hip prosthesis, initial encounter
T84.030A	Mechanical loosening of internal right hip prosthetic joint, initial encounter
T84.031A	Mechanical loosening of internal left hip prosthetic joint, initial encounter
T84.040A	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter
T84.041A	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter
T84.050A	Periprosthetic osteolysis of internal prosthetic right hip joint, initial encounter
T84.051A	Periprosthetic osteolysis of internal prosthetic left hip joint, initial encounter
T84.060A	Wear of articular bearing surface of internal prosthetic right hip joint, initial encounter
T84.061A	Wear of articular bearing surface of internal prosthetic left hip joint, initial encounter
T84.090A	Other mechanical complication of internal right hip prosthesis, initial encounter
T84.091A	Other mechanical complication of internal left hip prosthesis, initial encounter
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter
T84.52XA	Infection and inflammatory reaction due to internal left hip prosthesis, initial encounter

**ICD-10 Codes that DO
NOT Support Medical
Necessity**

Group 1: Paragraph

Group 1: Codes

Note: Performance is optimized by using code ranges.

Additional ICD-10 Information

Associated Documents



Attachments

There are no attachments for this LCD.

Related Local Coverage Documents This LCD version has no Related Local Coverage Documents.

Related National Coverage Documents This LCD version has no Related National Coverage Documents.