A hip core decompression is often done along with the insertion of the rod for avascular necrosis of the femoral head and involves removing a plug of bone from the involved area. It is applicable to patients with a mild to moderate degree of involvement that has not yet progressed to collapse. Because the procedure creates a hole in the bone, increasing stress on the proximal femur, six weeks of protected weight bearing is often necessary to avoid fracture. Currently, no CPT® code exists that describes the full work performed in a hip core decompression. The American Medical Association CPT guide states that this procedure should be reported using the unlisted code, 27299. There are several codes, however, that could represent components of this procedure. These include:

- **27071** - Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) which describes removal of the necrotic (dead) femoral head (of the hip socket) with special devices, creation of a core decompression area and obtaining autogenous cancellous bone.
- **20955** - Bone graft with microvascular anastomosis; fibula which represents the vascularized fibular graft procedure in which the fibula is harvested from the leg with its small attached blood vessels and transferred to the hip where microvascular anastomosis of four vessels is performed.
- **27170** - Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft which covers placement/attachment of the fibular bone graft and cancellous bone graft into the cavity created in the femoral head.
- The AAOS Coding, Coverage and Reimbursement Committee has also recognized that code **20225** - Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) could be used again depending on what is actually being performed and documented (April 2004).

Upon close analysis of the of the range of CPT codes that may be used for performing a surgical procedure using the AVN Rod (Osteonecrosis intervention implant) the code that may possibly align is CPT code **27187**; Prophylactic Treatment (nailing, pinning, plating, or wiring) With or Without Methylmethacrylate, Femoral Neck and Proximal Femur.

The surgeon is responsible for making the determination as to whether this procedure code is appropriate for the procedure they performed using the AVN Rod. The AMA CPT Code list also includes **27299**; Unlisted Procedure, Hip or Pelvis. Unlisted codes are available for physicians to use if there is no other applicable CPT code available to adequately define the actual procedure performed. When unlisted CPT codes are used by a physician, payers might require the physician to submit documentation to support their need for using an unlisted CPT code. Surgeons can contact the payer for the patient they are treating (i.e. Medicare or private insurer) to best determine the coding methodology required to identify on a claim form the performance of a surgical procedure using the AVN Rod.

Coding resources to help physicians determine appropriate CPT coding are available from the AAOS via its CPT/ICD-9 Coding Counsel at [http://www.aaos.org/member/services.asp](http://www.aaos.org/member/services.asp) and from the AMA via its CPT Assistant Coding Consultation service at [http://www.ama-assn.org/ama/pub/category/3113.html](http://www.ama-assn.org/ama/pub/category/3113.html)

**S2325** – Hip core decompression

The S codes are used by the Blue Cross/Blue Shield Association (BCBSA) and the Health Insurance Association of America (HIAA) to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs, or claims processing. They are for the purpose of meeting the particular needs of the private sector. These codes are also used by the Medicaid program, but they are not payable by Medicare.


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