Correct CPT Coding for Femoral Head and Joint Resection

When a femoral head is submitted, per CPT there are three choices that could possibly be the correct code. Two CPT codes are specifically for femoral head. Accurately coding the specimen requires careful consideration to the gross features of the specimen as well as the clinical information. For example: the patient history, diagnosis or the specimen label. The two specific choices for femoral head and their guidelines are as follows:

88304 - Femoral head, other than for fracture
- Femoral head is removed during a hip replacement surgery
- It is not fractured
- It is only the head of the femur (the “ball” of the joint)
- It does not include the acetabulum or a significant portion of the femur

88305 - Femoral head, fracture
- Femoral head is removed during a hip replacement surgery
- Fractured
- Fractured defined as an actual break or crack in the bone, not a pathologic fracture
- It is only the head of the femur (the “ball” of the hip joint)
- It does not include the acetabulum or a significant portion of the femur

Whether the specimen is received in fragments or pieces will not change your code choice. Small pieces of cartilage or soft tissue are not separately charged. Be sure to document keywords, such as femoral head and fracture in the report for coding and/or auditing purposes.

If you receive a significant portion of acetabulum or a portion of the neck of the femur, then neither of the above codes would be appropriate. The appropriate code could be CPT code 88305, joint resection. Again, clinical information such as patient history, clinical diagnosis and operative procedure are the key. The focus of the surgery would be the whole joint and not just the repair of a component. It is not required to be a “complete” joint resection, but the intent of the surgery needs to be a joint resection and most of the joint submitted. Document keywords, such as joint resection or total hip arthroplasty, in the report for coding and/or auditing purposes.