

2023 CPT Arthroscopy Coding: A Major Joint Effort

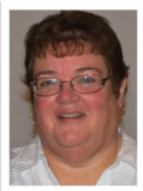
A WEBINAR PRESENTED ON FEBRUARY 28, 2023

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Presented By



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Agenda

- 2023 CPT coding for arthroscopic surgery
 - Hip
 - Knee
 - Shoulder
- Regulatory guidance for arthroscopy coding
 - AMA and AAOS guidelines
 - Current trends in Medicare reimbursement
 - Relevant NCCI edits
- Tips for ensuring documentation integrity
 - Commercial Insurance Policies
 - Working with physicians and their documentation
 - Appealing and managing denials
- Live Q&A

Hip Arthroscopy

- 29862- Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
- 29863- Arthroscopy, hip, surgical; with synovectomy

Hip Arthroscopy

- 29914- Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
- 29915- Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
- 29916- Arthroscopy, hip, surgical; with labral repair

Non-payable Code Combinations

	29914	29915	29916
29914	--	Yes	Yes
29915	Yes	--	No
29916	Yes	No	--
29862	No	No	No
29863	No	No	No

Unlisted Arthroscopic Hip Procedures

- Iliopsoas tendon release
- Gluteus repair
- Trochanteric bursectomy
- Piriformis release
- Quadratus femoris release
- Fixation of bone fragment (utilizing screws)

Arthroscopic Knee Codes

29866-Osteochondral autograft
29867-Osteochondral allograft
29868-Meniscal transplant
29870-Diagnostic
29871-Lavage and drainage for infection
29873-Lateral release
29875-29876-Synovectomy

Arthroscopic Knee Codes

29877-Debridement/chondroplasty

29879-Abrasion arthroplasty

29880-Meniscectomy, medial and lateral

29881-Meniscectomy, medial or lateral

29882-Meniscus repair, medial or lateral

29883-Meniscus repair, medial and lateral

29884-Lysis of adhesions

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Arthroscopic Knee Codes

29885-29887-Osteochondritis dissecans

29888-ACL repair

29889-PCL repair

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NCCI Policy Manual

- **The National Correct Coding Initiative (NCCI)**
 - NCCI Policy Manual
 - NCCI Procedure-to-Procedure (PTP) Edits
 - NCCI Medically Unlikely Edits (MUEs)
 - Add-on Code Edits

NCCI Policy Manual

- Introduction
- General Coding Policies
- List of Acronyms
- CPT® specific guidelines by code range

Example

CHAPTER IV SURGERY: MUSCULOSKELETAL SYSTEM
CPT® CODES 20000-29999

NCCI Arthroscopy

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

E. Arthroscopy

1. Surgical arthroscopy includes diagnostic arthroscopy which is not separately reportable. If a diagnostic arthroscopy leads to a surgical arthroscopy at the same patient encounter, only the surgical arthroscopy may be reported.
2. If an arthroscopy is performed as a procedure to assess the surgical field or extent of disease, it is not separately reportable. If the findings of a diagnostic arthroscopy lead to the decision to perform an open procedure, the diagnostic arthroscopy may be separately reportable. Modifier 58 may be reported to indicate that the diagnostic arthroscopy and non-arthroscopic therapeutic procedures were staged or planned procedures. The medical record must indicate the medical necessity for the diagnostic arthroscopy.

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NCCI Arthroscopy

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

3. If an arthroscopic procedure is converted to an open procedure, only the open procedure may be reported. Neither a surgical arthroscopy nor a diagnostic arthroscopy code shall be reported with the open procedure code when a surgical arthroscopic procedure is converted to an open procedure.

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NCCI Knee Arthroscopy 29874

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

6. CPT codes 29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) and 29877 (Arthroscopy, knee, surgical; for debridement/shaving of articular cartilage (chondroplasty)) shall not be reported with other knee arthroscopy codes (29866-29889). With 2 exceptions, HCPCS code G0289 (Arthroscopy, knee, surgical; for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee)) may be reported with other knee arthroscopy codes. Since CPT codes 29880 (Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same or separate compartment(s), when performed) and 29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same or separate compartment(s), when performed) include debridement/shaving of articular cartilage of any compartment, HCPCS code G0289 may be reported with CPT codes 29880 or 29881 only if reported for removal of a loose body or foreign body from a different compartment of the same knee. HCPCS code G0289 shall not be reported for removal of a loose body or foreign body or debridement/shaving of articular cartilage from the same compartment as another knee arthroscopic procedure.

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NCCI Knee Arthroscopy G0289

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

6. CPT codes 29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) and 29877 (Arthroscopy, knee, surgical; for debridement/shaving of articular cartilage (chondroplasty)) shall not be reported with other knee arthroscopy codes (29866-29889). With 2 exceptions, HCPCS code G0289 (Arthroscopy, knee, surgical; for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee)) may be reported with other knee arthroscopy codes. Since CPT codes 29880 (Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same or separate compartment(s), when performed) and 29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same or separate compartment(s), when performed) include debridement/shaving of articular cartilage of any compartment, HCPCS code G0289 may be reported with CPT codes 29880 or 29881 only if reported for removal of a loose body or foreign body from a different compartment of the same knee. HCPCS code G0289 shall not be reported for removal of a loose body or foreign body or debridement/shaving of articular cartilage from the same compartment as another knee arthroscopic procedure.

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NCCI Knee Arthroscopy Synovectomy

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

8. Arthroscopic synovectomy of the knee may be reported with CPT codes 29875 (Limited synovectomy, "separate procedure") or 29876 (Major synovectomy of two or three compartments). A synovectomy to "clean up" a joint on which another more extensive procedure is performed is not separately reportable. CPT code 29875 shall not be reported with another arthroscopic knee procedure on the ipsilateral knee. CPT code 29876 may be reported for a medically reasonable and necessary synovectomy with another arthroscopic knee procedure on the ipsilateral knee if the synovectomy is performed in 2 compartments on which another arthroscopic procedure is not performed. For example, CPT code 29876 shall not be reported for a major synovectomy with CPT code 29880 (Knee arthroscopy, medial AND lateral meniscectomy) on the ipsilateral knee, since knee arthroscopic procedures other than synovectomy are performed in 2 of the 3 knee compartments.

CPT® Assistant

May 2014, Q&A

Because 29875 is designated as a separate procedure in the description it is included in more extensive procedures performed in the same anatomic site.

Example: medial meniscectomy and lateral compartment synovectomy

American Academy of Orthopaedic Surgeons (AAOS)

AAOS Now - January 2013:

“CPT code 29875, limited synovectomy, is described as a ‘separate procedure.’ This means that the work associated with this procedure is inclusive to more extensive procedures performed in the same anatomic site (the knee) and is not separately reportable. This code should only be reported if it is the only procedure performed; separate compartment rules do not apply.”

NCCI Knee Arthroscopy 29876

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

8. Arthroscopic synovectomy of the knee may be reported with CPT codes 29875 (Limited synovectomy, “separate procedure”) or 29876 (Major synovectomy of two or three compartments). A synovectomy to “clean up” a joint on which another more extensive procedure is performed is not separately reportable. CPT code 29875 shall not be reported with another arthroscopic knee procedure on the ipsilateral knee. CPT code 29876 may be reported for a medically reasonable and necessary synovectomy with another arthroscopic knee procedure on the ipsilateral knee if the synovectomy is performed in 2 compartments on which another arthroscopic procedure is not performed. For example, CPT code 29876 shall not be reported for a major synovectomy with CPT code 29880 (Knee arthroscopy, medial AND lateral meniscectomy) on the ipsilateral knee, since knee arthroscopic procedures other than synovectomy are performed in 2 of the 3 knee compartments.

SLAP Lesions

- 29822-Limited Debridement-Type I or III SLAP
For open procedure, see specific open shoulder procedure performed
- 29807-SLAP Repair-Types II and IV
- 29806-Capsulorrhaphy
For open procedure see 23450-23466
Note: Should only be billed if there is a defect in a different area

SLAP

- **Type I SLAP lesion-** the labrum is frayed and degenerated but remains intact to the glenoid; the biceps anchor is also intact.
- **Type II SLAP lesion-** detachment of the labrum and biceps anchor from the superior glenoid.
- **Type III SLAP lesion-** labrum is torn away, however the biceps anchor and remaining labrum are still attached to the glenoid.
- **Type IV SLAP lesion-** bucket-handle tear of the labrum extends into the biceps anchor.

CPT® Changes 2021 Shoulder Debridement

- 29822- two discrete structures
- 29823- three or more discrete structures

➤ Discrete Structures

- ❖ Humeral bone
- ❖ Humeral articular cartilage
- ❖ Glenoid bone
- ❖ Glenoid articular cartilage
- ❖ Biceps tendon
- ❖ Biceps anchor complex
- ❖ Labrum
- ❖ Articular Capsule
- ❖ Articular side of the rotator cuff
- ❖ Bursal side of the rotator cuff
- ❖ Subacromial bursa
- ❖ Foreign body(ies)

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Other Shoulder Codes

- 29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
- 29825 Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
- 29827 Arthroscopy, shoulder, surgical; with rotator cuff repair
- 29828 Arthroscopy, shoulder, surgical; biceps tenodesis

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CPT Distal Clavicle Resection

23120, 23125, or 29824

- 23120 or 29824-Excision-approximately 1cm
- 23125-Excision of total clavicle
 - Not shaving of osteophytes
 - Report separately when performed with rotator cuff repairs

RAC Audit

- Medicare Fee for Service Recovery Audit Program
- Issue 0199-Distal Claviclectomy: Incorrect Coding (November 2020)
 - A distal claviclectomy requires approximately 1 cm (or 8-10 mm) of bone to be removed

Description

A distal claviclectomy requires approximately 1 cm (or 8-10 mm) of bone to be removed to report 23120 Claviclectomy; partial or 29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure). Documentation will be reviewed to determine that a partial claviclectomy was performed.

Affected Code(s)

29824, 23120

NCCI Policy Manual, 1/1/23

From *Medicare NCCI 2023 Coding Policy Manual* – Chapter 4:

7. Shoulder arthroscopy procedures include limited debridement (e.g., CPT code 29822) even if the limited debridement is performed in a different area of the same shoulder than the other procedure. With 3 exceptions, shoulder arthroscopy procedures include extensive debridement (e.g., CPT code 29823) even if the extensive debridement is performed in a different area of the same shoulder than the other procedure. CPT codes 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)), 29827 (Arthroscopy, shoulder, surgical; **with** rotator cuff repair), and 29828 (Arthroscopy, shoulder, surgical; biceps tenodesis) may be reported separately with CPT code 29823 if the extensive debridement is performed in a different area of the same shoulder.

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29826

AAOS Now:

CPT code 29826—Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)—was revised in 2012. Part of the revision was a definition change; the major revision was changing the code from a stand-alone code to an add-on code. However, 29826 may only be added on to certain codes, which are specified below.

Instead, coders can report 29822 (Arthroscopy, shoulder, surgical; debridement, limited) or 29823 (Arthroscopy, shoulder, surgical; debridement, extensive), depending upon the extent of the debridement.

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NCCI Changes- Arthroscopic Shoulder Debridement

- 29822 included in all other arthroscopy codes
- History of 29823 with 29827 and 29828
 - NCCI Edit with 1 from 1/1/2014 to 6/30/2016
 - 2017 NCCI Policy Manual allows 29823 to be reported with 29827 and 29828 if extensive debridement was performed in a different area of the shoulder
 - NCCI Edit reinstated 10/1/2022
 - NCCI Edit January 2023 rescinded on 10/1/2022

Why Is 29826 Being Denied Even if I Bill It With Other Shoulder Arthroscopy Codes?

- [AIM Specialty guidelines](#) for acromioplasty 29826
- Current update from September 11, 2022
- 29826 is considered experimental for all indications

AIM National		BC Texas
Amerigroup Medicare Advantage		BC Vermont
Amerihealth		Blue Care Network
Anthem BC		Blue Advantage Admin of Ark
Anthem BC Colorado		Captial Health Plan
Anthem BC Connecticut		Empire BCBS
Anthem BC Indiana		Empire (MA) Medicare Advantage
Anthem BC Kentucky		Florida Blue
Anthem BC Maine		Florida Health Care Plans
Anthem BC Missouri		Harvard Pilgrim Health Plan
Anthem BC Nevada		Health First Healthplans
Anthem BC New Hampshire		Healthlink
Anthem BC Ohio		HMO Blue Texas
Anthem BC Wisconsin		Horizon BCBSNJ
Anthem BC Virginia		Independence BCBS
Anthem BC Healthkeepers Plus		IU Health Plans
Anthem (MA) Medicare Advantage		Lifewise Health Plan
Asuris/Bridgespan		Moda Healthplan
BC Idaho		Optima Health Plan
BC Illinois		PacificSource Health Plans
BC Louisiana		Premera BC
BC Massachusetts		Premera BCBS Alaska
BC Michigan		Priority Health
BC Montana		Providence Health Plans
BC National Accounts		Regence BCBS Idaho
BC Nebraska		Regence BCBS Utah
BC New Mexico		Regence BS Oregon
BC North Carolina		Regence BS Washington
BC North Dakota		Unicare State Indemnity Plan
BC Oklahoma		Wellmark BCBS

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CPT® Change Arthroscopy Loose or Foreign Body

- 29819 - shoulder
 - 29834 - elbow
 - 29861 - hip
 - 29874 - knee
 - 29894 - ankle
 - 29904 - subtalar joint
- Loose or foreign body:
- Larger cannula
- OR
- Separate incision
- OR
- Enlarged portal

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Arthroscopic Biceps Tenotomy

There is no CPT code

- Cannot be performed for visualization
 - Biceps has to have a condition or injury
 - Must be reported with 29822/29823.
- An arthroscopic procedure should never be coded with an open or percutaneous CPT® code.

CPT		MULT	BASE
CODE	DESCRIPTION	PROC	CODE
29805	Shoulder arthroscopy, dx	2	
29806	Shoulder arthroscopy/surgery	3	29805
29807	Shoulder arthroscopy/surgery	3	29805
29819	Shoulder arthroscopy/surgery	3	29805
29820	Shoulder arthroscopy/surgery	3	29805
29821	Shoulder arthroscopy/surgery	3	29805
29822	Shoulder arthroscopy/surgery	3	29805
29823	Shoulder arthroscopy/surgery	3	29805
29824	Shoulder arthroscopy/surgery	3	29805
29825	Shoulder arthroscopy/surgery	3	29805
29826	Shoulder arthroscopy/surgery	0	
29827	Arthroscop rotator cuff repr	3	29805
29828	Arthroscopy biceps tenodesis	3	29805

Example

CODE	RVU	100% PAYMENT	29805 BASE	RULES APPLIED
29827	31.71	1097.36		1097.36
29826	17.41	176.49		176.49
29823	16.32	610.45	483.10	127.35
				1401.20

Subchondroplasty

- Currently being performed on the shoulder hip, knee, ankle
- Percutaneous or arthroscopic procedure?
- Can be performed alone or with arthroscopic procedures
- Similar to the vertebroplasty in the spine

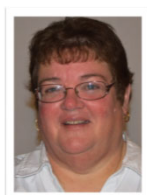
Subchondroplasty 1/1/2022

- 0707T Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization

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Questions & Answers



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To Submit a Question: Go to the chat pod located in the lower left corner of your screen. Type your question in the text box, then click on the “Send” button.

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<http://events.hcpro.com/materialspub.cgi?YHHA022823A>

We kindly request that this link be forwarded to everyone in your group who attended the program.

This concludes today's program.

Be sure to register for our upcoming program:

2023 ICD-10-CM and CPT Coding: The ABCDs of Chronic Wound Care

May 30, 2023 | 1:00–2:00 p.m ET

<https://hcmarketplace.com/chronic-wound-care>

Resources

- CPT Manual
- <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>
- <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>
- <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-add-code-edits>
- <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-medically-unlikely-edits>
- <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-procedure-procedure-ptp-edits>
- <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-4.pdf>
- <https://www.findacode.com/newsletters/ama-cpt-assistant/surgery-musculoskeletal-qa-2014-5.html>
- <https://www.aaos.org/aaosnow/2013/jan/managing/managing2/>
- <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program>
- <https://www.cms.gov/node/1476521>
- <https://www.aaos.org/aaosnow/2015/nov/managing/managing1/>
- <https://aimspecialtyhealth.com/wp-content/uploads/2022/03/Joint-Surgery-09-11-22.pdf>

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