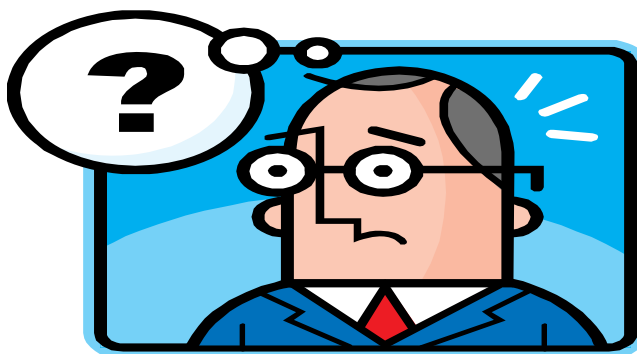


## Common Mistakes Coding Knees & Shoulders



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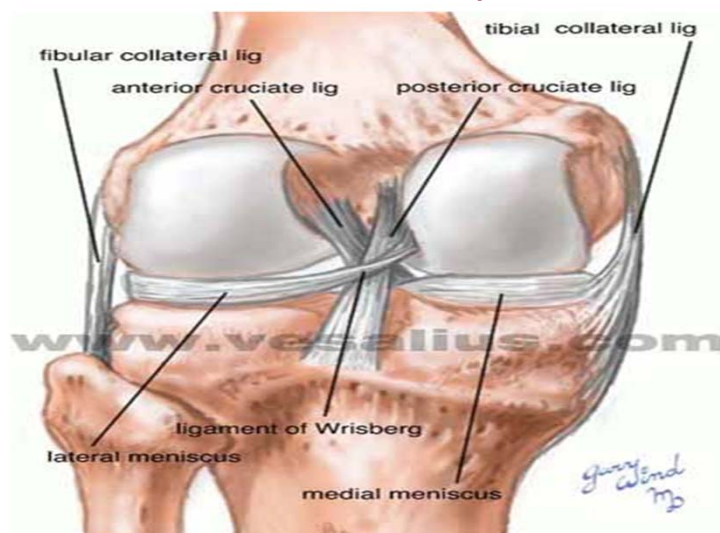
## Common Mistakes Coding Knees & Shoulders

- Anatomy Importance
- Diagnosis Importance
- Coding Guidelines and Reimbursement Challenges
- 2012 Changes



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## Knee Anatomy



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## Anatomy basics

In arthroscopic knee surgery, the knee is subdivided into the following three compartments:

- (1.) medial
- (2.) lateral
- (3.) patello-femoral



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## 2012 Knee Arthroscopy Changes

- 29880 Arthroscopy, knee, surgical; w meniscectomy (medial AND lateral, including any meniscal shaving) ***including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s) when performed***



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## Knee Arthroscopy

29880

2012 RVU's

16.85

2011 RVU's

20.14

vs

-16%



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## Knee Arthroscopy

29881

2012 RVU's

16.16

2011 RVU's

18.82

vs

-14%

*But wait, there's more bad news.....*



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## Chondroplasty

29877



18.29 RVU's

How Do The Changes Impact This Code?



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## Knee Arthroscopy

# 29877

2012 Reimbursement

29880                      \$ xxxx

**29877                      (\$ 311) decrease!**

*12 cases per week/annualized (179,136) decrease!*

PLUS..changes in reimbursement for 29880



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## Arthroscopic Knee

How would you report the following procedures?

“right medial and lateral meniscectomy with chondroplasty of tibial plateau”.



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## Arthroscopic Knee

“right medial and lateral meniscectomy with chondroplasty of tibial plateau”.

1. 29880      OR      2. 29880, 29877 – 51

- A. Does the 2012 CPT changes affect your coding?
- B. How does this impact your reimbursement?
- C. What if this was a Medicare patient? Would this change your coding?



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## Coding Guide Arthroscopic Knee Surgery

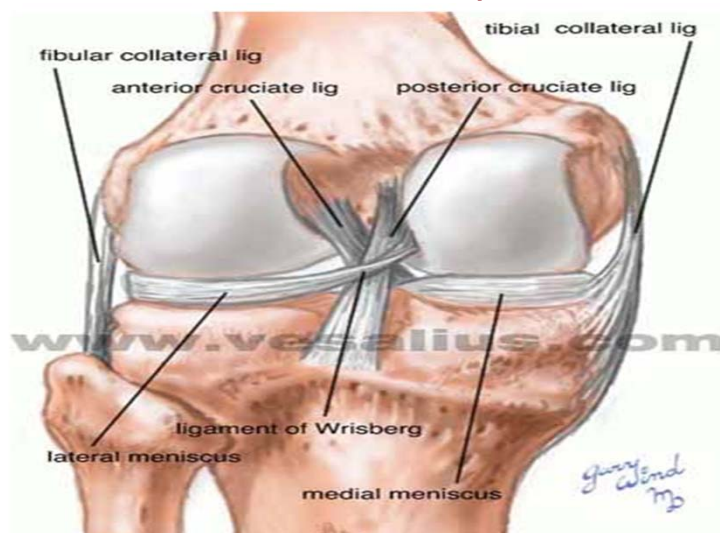
- **29888 ACL** – *Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction*  
Separately report:
  - a. meniscectomy (29880, 29881)
  - b. meniscus repair (29882, 29883)
  - c. arthroscopic removal of loose or foreign bodies >5 mm and/or separate incision (29874)

- *Source: Global Service Data Guide*



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## Knee Anatomy



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## Arthroscopic Knee

"ACL, medial meniscectomy, arthroscopic lateral meniscal repair, with chondroplasties in all three compartments. All procedures arthroscopic in the same knee".

- |          |    |           |
|----------|----|-----------|
| 1. 29888 | OR | 2. 29888  |
| 29882-51 |    | 29881-51  |
| 29881-59 |    | 29877 -59 |
|          |    | 29877 -59 |
|          |    | 29877-59  |



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## Arthroscopic Knee

“ACL and PCL requiring arthroscopic ligament repair in the same knee”.

- |          |    |          |
|----------|----|----------|
| 1. 29889 | OR | 2. 29889 |
| 29888-51 |    | 29888-51 |
|          |    | 27427-59 |



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## Coding Guide Knee Revisions

What is the difference in reporting knee revisions?

- Is the revision completed in one or two stages?
- Do you need a modifier if performed in stages?



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## Coding Guide Knee Revisions

- A total knee arthroplasty “**revision**” is reported when TK prosthesis is removed and the definitive one inserted IN THE SAME OPERATIVE SESSION “single stage”.  
*compared to:*
- “**Removal** of prosthesis” TK prosthesis and insertion of cement/prosthetic spacer.  
and
- 6 wks later remove spacer and replace w/definitive. “Two stages.”
- Modifier needed?



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## Coding Guide Knee Revisions

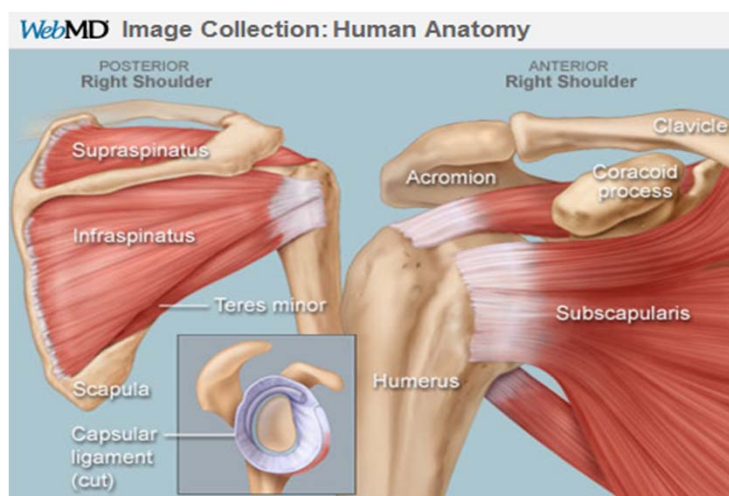
- A total knee arthroplasty “**revision**” is reported when TK prosthesis is removed and the definitive one inserted IN THE SAME OPERATIVE SESSION “single stage”. **27487**  
*compared to:*
- “**Removal** of prosthesis” TK prosthesis and insertion of cement/prosthetic spacer. **27488**  
and
- 6 wks later remove spacer and replace w/definitive. **27447-58**  
“Two stages.”



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## Shoulder Anatomy



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## Diagnosis Basics

- ICD-9 diagnosis apply to the Rotator cuff repair

1. Teres Minor 840.8    2. Infraspinatus 840.3  
3. Supraspinatus 840.6    4. Subscapularis 840.5

What about 840.4 Rotator cuff (capsule)?



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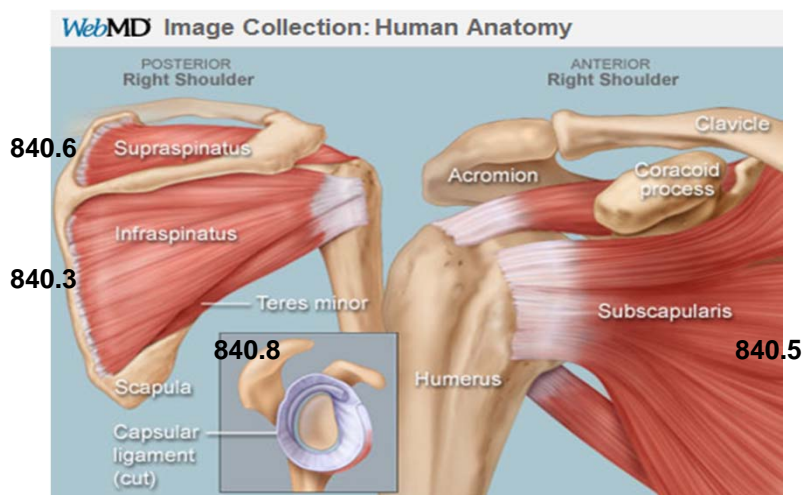
## Diagnosis RCR

Dxs Code	Description
727.60	Nontraumatic rupture of unspec tendon
727.61	Complete rupture of rotator cuff
840.3	Infraspinatus (muscle) (tendon)
840.4	Rotator cuff (capsule)
840.5	Subscapularis (muscle)
840.6	Supraspinatus (muscle)
840.7	Superior glenoid labrum lesion
840.8	Teres Minor/Major "other specified sites"



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## Shoulder Anatomy



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## Definitions

- **Acromion** - the lateral projection of the spine of the scapula forming the point of the shoulder which articulates with the clavicle.
- **Glenoid labrum** - fibrocartilagenous tissue around the glenoid cavity.
- **Rotator cuff** - a supporting structure of the shoulder joint consisting of flat tendons which fuse together and surround the front, back, and top of the shoulder joint like a cuff on a shirt sleeve.
- **Subacromial bursa** - a padlike serous sac lying between the acromion and the shoulder joint capsule

Source: American Medical Association



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## Shoulder Procedures

- Open RCR
  - 23410 Acute
  - 23412 Chronic

What are the differences?

What key pieces of documentation support these differences?



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## Shoulder Procedures

- Open RCR
  - 23410 Acute
- Rotator cuff injuries are strains or tears of 1 or more rotator muscles or tendons, the most common site - supraspinatous muscle. Acute tears: trauma, falls, injuries, sport activities or manipulation of a frozen shoulder.



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## Shoulder Procedures

- Open RCR
  - 23412 Chronic
- Chronic tears originate from overuse or constant stress. CPT codes 23410 and 23412 describe musculotendinous cuff (eg, rotator cuff) repairs involving 1 or 2 tendons or major muscles of the rotator cuff. Code 23412 describes repair of a chronic rupture.



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## Shoulder Guidelines

- 23420 Reconstruction, shoulder rotator cuff avulsion, chronic
  - What is key for documentation?
  - Looking for:
    - A. *anatomic alignments*
    - B. *Major muscles torn and/or avulsed*
    - C. *Tissue repositioning, tendon transfers, if appropriate*



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## Shoulder Guidelines Keys for documentation

- 23420 Reconstruction, shoulder rotator cuff avulsion, chronic
- Looking for: complete repair of a shoulder (rotator) cuff avulsion, “repair” of all three major muscles/tendons of the shoulder cuff.
- Type of repair performed and whether the injury is chronic.
- Extent of reconstruction and/or grafting.



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## Shoulder Procedures

*Documentation includes:*

*(A)“ Released ligament; cleaned up bursa and removed osteophytes.*

*(B) “acromioplasty performed”*

Does documentation support  
Acromioplasty with Acute or Chronic  
Open RCR?

23130 – Acromioplasty (open)

29826 – Acromioplasty (scope)



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## Shoulder Procedures

*Documentation includes:*

*(c)“ Size of acrominal dissection or Type I,II, III or Type III to Type I*

Does documentation support  
Acromioplasty with Acute or Chronic  
Open RCR?

23130 – Acromioplasty (open)

29826 – Acromioplasty (scope)



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## Shoulder Procedures

Documentation includes, “ *arthroscopic subacromial decompression with massive open rotator cuff reconstruction*”

Can you report code(s)?

23420 - reconstruction of open rotator cuff

29826 – subacromial decompression



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## 2012 Arthroscopic Shoulder Coding Changes

- 29826 + (Add-on) Arthroscopy, shoulder, surgical, decompression of subacromial space with partial acromioplasty with coracoacromial ligament (**arch**) release, ***when performed (list separately in addition to code for primary procedure)***



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## Musculoskeletal

29826

2012 RVU's

5.24

2011 RVU's

19.83

vs

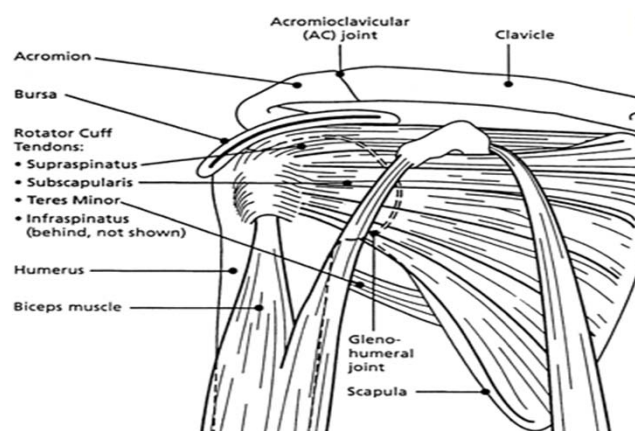
-74%

What happens when performed with other procedures?



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## Shoulder Anatomy



Source: NIAMS  
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## Shoulder Procedures

Documentation states, “ *subacromial decompression w/coracoacromial release, partial acromioplasty and mumford procedures all performed arthroscopic*”

Can you report code(s)

29826 Subacromial decompression...

29824 Mumford procedure

How would you report?



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## Shoulder Procedures

Documentation supports, “ *Bankart anterior and posterior repair with bucket-handle tear SLAP. Arthroscopic procedures performed.*”

Can you report code(s)

29806 Arthroscopy; capsulorrhapy

29807 Arthroscopy; SLAP lesion

What information supports these codes?

Do you have information to support a dxs?



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## Shoulder Surgery Guide

Per GSDG can report 29806 w/29807  
ONLY if SLAP is Type 2 or 4.

MUST have 2 separate problems:

1. Capsular defect not caused by SLAP
2. SLAP tear must be in separate anatomic area (type or location)



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## To Summarize

- What information is important when coding arthroscopic knee surgeries?
- Do the changes in 2012 make a difference in your coding patterns from last year?
- How does understanding the anatomy play a key role in coding shoulder surgeries?
- How important is documentation to assigning the correct dxs?



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Thank You!



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