

## Orthopedic Coding Alert

### Procedure Coding: Scope Out These Tips, Max Out Knee Arthroscopy Coding

**Surgical procedures are numerous, so pay attention to the notes.**

When you're dealing with arthroscopy to identify and treat knee injuries, you need to draw a hard line between diagnostic and surgical by knowing which to code for in each situation.

Further, you'll need to know the different types of surgical arthroscopies that the provider might perform. Top it all off with the proper ICD-10 codes for your knee arthroscopy code, and you've got a potential coding dilemma with at least three pressure points.

No need to worry, though. We've got a list of knee arthroscopy coding pointers from **Heidi Stout, BA, CPC, COSC** with Coder on Call, Inc., in Milltown, New Jersey. Use this advice to keep you even-keeled for every knee arthroscopy claim that comes to your desk.

#### **Use 29870 for All Dx Arthroscopies**

First, the basics of these procedures, straight from Stout: "Knee arthroscopy is performed when a patient has a painful condition that does not respond to nonsurgical treatment, such as rest, medications, physical therapy, and or injection."

During a diagnostic knee arthroscopy, "the provider examines the inside of the knee joint with an arthroscope to assess for causes of pain and limitation of movement. If necessary, she takes a sample of the synovial tissue that lines the joint and submits it to a laboratory for analysis and diagnosis," according to Codify. You'll report these scopes with 29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)).

**Example:** The orthopedist makes several small incisions to a patient's right knee area, inserts an arthroscope through one of the incisions, and injects saline solution to expand the area around the knee joint. The orthopedist then views the entire knee area using the scope camera, and inserts additional instruments to take a biopsy of the synovial tissue. Finally, the orthopedist cleans the surgical area and closes the incisions.

For this claim, you'd report 29870 - but you need to make sure that each diagnostic knee arthroscopy claim is indeed diagnostic, because 29870 claims are getting rarer these days.

"Since the advent of MRI [magnetic resonance imaging], surgeons have been able to get a fairly comprehensive picture of a patient's knee pathology, greatly reducing the need for a diagnostic scope as a solo procedure," Stout explains.

The provider might also use X-rays or other imaging studies instead of opting for the more invasive arthroscopy. Some of the procedures that the provider might perform in lieu of 29870 include:

- 73560 (Radiologic examination, knee; 1 or 2 views) through 73565 (... both knees, standing, anteroposterior)
- 73580 (Radiologic examination, knee, arthrography, radiological supervision and interpretation)
- 73700 (Computed tomography, lower extremity; without contrast material) through 73702 (... without contrast material, followed by contrast material(s) and further sections)
- 73718 (Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)) through 73720 (... without contrast material(s), followed by contrast material(s) and further sequences)

**Note:** This is not a comprehensive list of methods a provider would use to diagnose a knee injury; always code according to the provider's notes, choosing the most appropriate code for the situation.

**Dx scope follow-up:** The provider might perform a diagnostic scope if X-rays, MRI, or other imaging studies leave diagnostic questions unanswered, explains Stout. If you see a claim with an MRI/X-ray/imaging code and a knee arthroscopy code, don't automatically assume it's surgical. If all else fails, the diagnostic knee arthroscopy procedure might be a last resort to identify the injury's pathology.

### **Brace Yourself When Surfing Surgical Code Set**

Coding a surgical knee arthroscopy could set your head spinning quick if you aren't prepared for the cascade of codes in its surgeries in this CPT® section.

Common arthroscopic procedures for the knee include:

- Removal or repair of a torn meniscus.
- Reconstruction of a torn anterior or posterior cruciate ligament.
- Removal of inflamed synovial tissue or plica.
- Trimming of damaged articular cartilage, (i.e, chondroplasty).
- Microfracture of chondral defects.
- Removal of loose bodies.
- Treatment of patella (kneecap) problems.
- Treatment of knee sepsis (infection).
- Treatment of osteochondritis dissecans.

**Note:** The list of CPT® codes associated with knee arthroscopies is also significant in its volume. As such, super-solid documentation is vital to choosing the proper code. Make sure coders and providers are on the same page when it comes to documentation requirements, and terminology used, on surgical knee arthroscopy claims.

For more on the codes associated with the above procedures, along with diagnosis coding advice for knee injuries, see the story below.