

Part B Insider (Multispecialty) Coding Alert

Arthroscopy: Multiple Arthroscopies Don't Have To Mean Major Headaches

How to bill G0289 for chondroplasties in separate compartments

After a host of flip-flops over the past couple of years, the **Centers for Medicare & Medicaid Services** has made it official: You can bill a chondroplasty alongside another arthroscopic knee procedure, such as a medial or lateral meniscectomy (29881) or an arthroscopic repair of medial and lateral meniscus (29883).

But confusion remains. In March 2003, CMS introduced HCPCS code G0289 specifically for chondroplasties performed at the same time as other knee surgeries, meaning that you no longer have to bill chondroplasty [CPT 29877](#) with the -59 modifier. Part B Carrier **Cigna Healthcare** says in a recent bulletin that it'll cover either G0289 or 29877-59, but most coders say it's safer to stick to CMS' own code.

The main restriction on this coverage: The chondroplasty can't be in the same compartment of the same knee as the other arthroscopic procedure. It can be in a different compartment of the same knee, or it can be in the opposite knee.

"I'm only using the G-code for Medicare billing, but I have seen some things recently where it says other insurances are starting to honor that code," notes **Linda Hodge**, coder with **High Point Orthopedic** in High Point, NC.

In Program Memo A-02-129, CMS also said that you should only bill a chondroplasty separately if the physician spent at least 15 minutes in the additional compartment performing the procedure. This raised worries that carriers would require detailed time records proving the procedure took that long.

But this has turned out to be "a guideline, not a standard," reports **Linda Snyder**, a coder with **Orthopedic Associates** in Concord, Ohio. It's very hard to prove the doctor spent 15 minutes doing one particular thing, Hodge points out.

When the carrier denies G0289, "most of the time our doctors do write a letter to them explaining that it was different compartments," Hodge explains. It's also important to use separate diagnoses for the knee procedures. For example: A torn meniscus for the main procedure, and arthritis for the chondroplasty.

Chondroplasty involves arthroscopic debridement or shaving of articular cartilage from the knee, and can be a component of other knee surgeries. Medicare officials argued that patients with degenerative arthritis of the knee don't receive any benefit from chondroplasty alone, but orthopedists insisted in response that chondroplasty results in improved range of motion and pain relief, Snyder notes.