

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Tackle Shoulder Arthroscopy Coding With New Debridement Descriptors

Hint: CPT® 2021 revisions offer clarity.

There are times when CPT® releases a new code, and coders need to figure out how to factor it into their wheelhouse. Other times, CPT® significantly revises a code - and the effect is similar to getting an entirely new code.

Such is the case in 2021, as CPT® revised a pair of shoulder debridement codes to the point that the old descriptors are unrecognizable. "These are rather significant revisions to commonly used CPT® codes," says **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, with Coder on Call, Inc., in Milltown, New Jersey.

Check out what all the hoopla surrounding this code pair is about with the following primer.



Structure Count Replaces 'Limited' in 29822

The first major revision is to code 29822, whose descriptor in 2021 is: Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, 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]).

2020 descriptor: Arthroscopy, shoulder, surgical; debridement, limited

Outcome: Deciding when to use 29822 will be much easier for coders. The old definition, with its description of "limited" debridement, offered limited guidance. Now, coders can count the structures and make a more informed decision because the codes address specifically what constitutes 29822 service.

Before reporting 29822, be sure that the surgeon debrided one or two discrete structures and noted them in the record.

Example: The surgeon performs arthroscopic debridements in the humeral bone and the humeral articular cartilage of a patient's left shoulder. Coding from these notes, report 29822 for the debridement. Append modifier LT (Left side) to 29822 to indicate laterality, if the payer requires it.



Mark 3+ Structures for 29823

The second revision is to code 29823, whose descriptor in 2021 is: Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, 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]).

2020 descriptor: Arthroscopy, shoulder, surgical; debridement, extensive

Outcome: Deciding when to use 29823 will also be much easier for coders. The old definition, with its description of "extensive" debridement, didn't shed much light on what "extensive" actually meant. Now, coders can count the

structures and make a more informed decision because the codes address specifically what constitutes 29823 service. "There [was] a very fine line as to what constitutes true extensive debridement," says **Tammy Gentry, CPC**, medical coding specialist at Duke University Health System in Durham, North Carolina. Now, the line is much clearer.

Also, remember this CPT® guidance regarding reporting these debridements: "As with all other arthroscopic debridement codes, it is important to note that the structures debrided as part of another procedure reported for the same session cannot be counted to meet the criteria of the debridement code. For example, a bursal-sided supraspinatus tear cannot be counted as a debrided structure if the supraspinatus is repaired in the same session."

Before reporting 29823, be sure that the surgeon debrided three or more discrete structures and noted them in the record.

Example: The surgeon performs arthroscopic shoulder debridements in the humeral bone and the humeral articular cartilage of a patient's left shoulder; they also perform arthroscopic left shoulder debridements on the articular and bursal sides of the rotator cuff. Coding from these notes, you'll report 29823 for the debridement. Append modifier LT to 29823 to indicate laterality, if the payer requires it.

Watch NCCI Edits on Debridements With Other Surgeries

Remember that you need to be careful reporting these codes with other shoulder surgery codes; you cannot report 29822 or 29823 every time your surgeon debrides discrete structures in a patient's shoulder.

Why? The National Correct Coding Initiative (NCCI) forbids it in most instances. In fact, limited debridement (29822) is always included in shoulder arthroscopic procedures, with no exceptions. This remains the case even though the limited debridement may be performed in a separate area of the same shoulder.

There are, however, three exceptions to the rule where it's considered appropriate to code extensive debridement (29823) alongside the underlying arthroscopic procedure.

In all other instances, you should not code extensive debridement with the primary arthroscopic procedure. NCCI lists the following codes as the three exceptions to when you may bill an arthroscopic debridement procedure in addition to an underlying arthroscopic surgery:

- 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure))
- 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair)
- 29828 (Arthroscopy, shoulder, surgical; biceps tenodesis)

Furthermore, with these three exceptions, NCCI only allows you to submit 29823 alongside each of these primary procedure codes with an appropriate overriding modifier attached (i.e., modifier 59 (Distinct procedural service)). However, before immediately abiding by these guidelines, there's one final point to consider. NCCI states that you may only report 29823 with these codes "if the extensive debridement is performed in a different area of the same shoulder."

With this advice in mind, you still must consider the NCCI guidelines before reporting 29823 with certain surgical procedures.