

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Debridement May Be Bundled

**Question:** Our orthopedic surgeon did a debridement of the labrum along with a rotator cuff repair and decompression and partial clavicle resection. The operative note follows:

"There were large bony spurs present on the lateral aspect of the humerus as well as the anterior aspect of the glenoid and the AC joint. Bony spurs were debrided with chondroplasty of the glenoid. Partial resection of the clavicle was carried out."

The amount of the resection wasn't mentioned. We left off 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface [Mumford procedure]) but billed 29823 (Arthroscopy, shoulder, surgical; debridement, extensive). The payer was Medicare. Should we have reported both 29823 and 29824? The two are actually bundled, so can modifiers help in getting paid?

**Answer:** Ideally, you would be able to identify how much of clavicle was resected. If you have to submit notes for an appeal, they are going to look for how much of the clavicle was resected -- must be at least 1cm. If the clavicle resection was documented, you could submit 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface [Mumford procedure]) only.

The excision reported is a little more than what is actually often done. You may discuss with your surgeon and encourage documentation of the amount of bone removed from the distal clavicle. This information is best included as an addendum to the operative note. In this case, it is also good to have the surgeon document the debridement, whether it was limited or extensive.

The definition, by the American Academy of Orthopedic Surgeons (AAOS), of extensive debridement is debridement either in both the anterior and posterior aspect of the glenohumeral joint, or debridement in two or more joints/spaces (i.e., glenohumeral joint, subacromial bursa, acromioclavicular joint). Here, since all the surgeon did was some debridement in the glenohumeral joint and the acromioclavicular joint, you can't code both 29823 (Arthroscopy, shoulder, surgical; debridement, extensive) and 29824, because 29824 eliminates it from use as AC debridement for 29823. So you're left only with glenohumeral joint, and unless it is documented that it was both anterior and posterior you probably can't get paid for this.

**Heads up:** If you try to use 29822 (... debridement, limited), you will discover that the Correct Coding Initiative (CCI) bundles it with 29824  and most everything.