

Part B Insider (Multispecialty) Coding Alert

Reader Question: Notchplasty Warrants Unlisted

Question: Our surgeon does the following procedures: Lateral & medial meniscectomy, along with intercondylar notch decompression using a burr. Can we bundle 29884 since it is a separate procedure or use 59 since it is in the patella?

Answer: You report 29880 (Arthroscopy, knee, surgical; with meniscectomy [medial AND lateral, including any meniscal shaving] including debridement/shaving of articular cartilage [chondroplasty], same or separate compartment[s], when performed) for the lateral and medial meniscectomy. You may not be correct in reporting code 29884 (Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation [separate procedure]) for the intercondylar notch decompression using a burr as a notchplasty is not the same as lysis of adhesions. There is no code for notchplasty and you will report 29999 (Unlisted procedure, arthroscopy).

Some coders might think to assign code 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage [chondroplasty]), which describes arthroscopy with debridement/shaving of articular cartilage (chondroplasty).

Chondroplasty of the knee (also known as notchplasty) often is included in some of the larger knee procedures, it should not be reported. As per current CCI edits also, code 29877 is bundled into code 29880. The procedure is basically plastic surgery on cartilage (i.e., repair of lacerated or displaced cartilage), and many physicians perform this repair by removing torn or frayed articular cartilage.