

Part B Insider (Multispecialty) Coding Alert

Reader Question: Shoulder Revisions Comprise Multiple Steps

Question: How would you code a right reverse total shoulder arthroplasty revision to hemiarthroplasty of an infected right reverse total shoulder arthroplasty? The humeral stem was not revised, there was a lot of glenoid bone loss and the glenoid was non-reconstructible therefore a thorough debridement of fibrous tissue was done. The surgeon placed a cap on the reverse to convert it to a hemiarthroplasty with a 52 x23 mm head and nothing was placed in the glenoid portion.

Answer: You report code 23470 (Arthroplasty, glenohumeral joint; hemiarthroplasty) for the revision hemiarthroplasty and append modifier 22 (Increased procedural service...) since your surgeon is removing a reverse total shoulder and this can be very difficult. Additionally, you will report code 23030 (Incision and drainage, shoulder area; deep abscess or hematoma) since your surgeon does the removal in the face of an infection. You will append modifier 51 (Multiple procedures...) to 23030 to imply that this was a distinct procedure done by your surgeon.

You do not report code 23332 (Removal of foreign body, shoulder; complicated [e.g., total shoulder]) as Medicare no longer allows 23332 to be reported in addition to a shoulder arthroplasty or hemiarthroplasty code.