# Outpatient Facility Coding Alert

## Procedure Spotlight: Remember 5 Things to Correctly Code for Knee Arthroscopies

**Taking note of compartments is one step to success.**

Spring and summer are time for getting off the couch and lacing your sports shoes. Due to these upswings of outdoor activities, the surgeons at your facility might see more patients who are experiencing knee problems. Some of these patients will undergo knee arthroscopy, so read on to verify that you remember the procedure's ins and outs.

**1. Don't Worry About Separate Codes**

You should not code for both diagnostic and surgical arthroscopy separately. If the orthopaedic surgeon needs to do both diagnostic and surgical arthroscopy, code only for surgical arthroscopy (such as 29873, Arthroscopy, knee, surgical; with lateral release). Diagnostic arthroscopy (29870, Arthroscopy, knee, diagnostic, with or without synovial biopsy [separate procedure]) is included as a component of the surgical arthroscopy.

**2. Focus on the Most Complex Procedure**

You should code only for the most complex procedure for same anatomic site. The knee has three compartments: the medial, lateral, and patello-femoral. Coding can be tricky if multiple procedures are performed on the same knee.

When multiple surgical procedures are performed on the same compartment of the knee, you report the most challenging and complex surgery.

For example, if an orthopaedic surgeon completes debridement of loose cartilage (29877, Arthroscopy, knee, surgical; debridement/shaving of articular cartilage [chondroplasty]) and meniscectomy (29881, Arthroscopy, knee, surgical; with meniscectomy [medial OR lateral, including any meniscal shaving] including debridement/shaving of articular cartilage [chondroplasty], same or separate compartment[s], when performed) both in the same medial compartment of the left knee, then you only have to code for 29881. You can see from the two code descriptors that 29881 includes the services of 29877. Meniscectomy is removal of all or part of a damaged meniscus, a rubbery tissue (fibrocartilage) between the bones of the knee joint, with the help of an arthroscope.

**3. Use Modifier 59 for Different Compartments**

Remember to add modifier 59 (Distinct procedural service) for different compartments that are treated within the same knee. For example, if the orthopaedic surgeon performs medial meniscal repair with patellofemoral chondroplasty, then you have to use codes 29882 (Arthroscopy, knee, surgical; with meniscus repair [medial OR lateral]) and 29887 (Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation).

**Definition:** Chondroplasty is reshaping the joint surface by simple surgical techniques. Append modifier 59 (Distinct procedural service) as per payer requirements to 29887 to indicate that the procedures were performed in separate compartments of the knee. Note that 29882 and 29887 no longer generate a National Correct Coding Initiative (NCCI) edit. According to CMS guidance released July 2013 and reiterated in the NCCI Policy Manual for 2014, modifier 59 should only be used, when medically necessary, to unbundle a procedure code that has been bundled related to NCCI.

**4. Only Code for Meniscectomy**

You should not code separately for chondroplasty, however, when the surgeon performs a medial and/or lateral meniscectomy.

When your surgeon performs chondroplasty, you report 29877. But you cannot report 29877 when a medial and/or lateral meniscectomy is performed in the same knee during the same surgical procedure.

**Remember:** The CPT® codes for meniscectomy (29880 and 29881) were revised in 2012 to include a chondroplasty, regardless of the compartment in which the chondroplasty is performed.

The descriptions of the meniscectomy codes read as follows:

- 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)
- 29881: Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s).

**Explanation:** The American Medical Association (AMA) publication, CPT(R) Changes 2012□An Insider's View reads as follows:

"As part of the AMA RUC Relativity Assessment Work group (RAW) analysis of codes, the RUC concurred that codes 29880 and 29881 for reporting knee arthroscopy with meniscectomy are typically performed with 29877 for reporting arthroscopy of the knee requiring a chondroplasty (debridement/shaving of articular cartilage). To address the RUC recommendation that the three codes 29880, 29881 and 29877 be bundled, codes 29880 and 29881 were revised to include chondroplasty when performed and a cross-reference was added to direct users to codes 29880 and 29881 when arthroscopic chondroplasty is performed in conjunction with arthroscopic meniscectomy."

According to an article in the ePub edition of AAOS Now, authored by **Mary LeGrand, RN, MA, CCS-P, CPC**, an impact of this review is "CPT code 29877 may never be reported when a medial and/or lateral meniscectomy is performed in the same knee, same operative session."

**Important note:** Don't lean on modifier 59 when chondroplasty is performed with meniscectomy. You can no longer append modifier 59 (Distinct procedural service) to indicate that your surgeon did the chondroplasty in a compartment different from that of the primary surgical procedure. The code pairs bear an NCCI modifier indicator of "0" (zero), which means that under no circumstances may a modifier be used to bypass bundling edits, not even modifier 59.

**5. Code for Synovectomy When Medically Necessary**

You should not report synovectomy unless it is a medical necessity. Synovectomy is surgical removal of the membrane (synovium) that lines a joint. Since synovectomy is performed along with any surgical procedure in the knee to 'clean up' the joint for better visualization, it is inappropriate to separately code for synovectomy. The following CPT® codes describe synovectomy procedures in the knee:

- 29875: Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
- 29876: Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral).

You can report for synovectomy only if there is a medical necessity, such as pathological reason and not just for cleaning up loose synovium.