

Outpatient Facility Coding Alert

Reader Question: Append Modifier 74 in This Case

Question: The surgeon treated a Medicare patient with a torn meniscus in our ASC. After the procedure began, the patient developed significant cardiac arrhythmia. The anesthesiologist worked to control the patient's vital signs, but the surgical team decided to discontinue the surgery. Which CPT® code should I report?

Nevada Subscriber

Answer: In this scenario, you will report 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) for this procedure.

Don't forget to append modifier 74 (Discontinued outpatient hospital/Ambulatory surgery center (ASC) procedure after administration of anesthesia) to this claim.