

## Outpatient Facility Coding Alert

### Reader Question: 'Limited' vs. 'Extensive' Debridement for Shoulder Arthroscopy

**Question:** A shoulder surgeon in my HOPD performed a labral debridement, articular shaving and chondroplasty, with a diagnostic arthroscopy. Should I use 29823 or 29822?

Idaho Subscriber

**Answer:** To code correctly, check the op note for the qualifying terms "limited" or "extensive" in the documentation. One can perform an extensive debridement of one structure (the entire labral circumference) or a limited debridement of multiple structures. The only person in a position to qualify the procedure's extent is the surgeon, and if he or she fails to do so, you should query the physician to code correctly.

The limited code is 29822 (Arthroscopy, shoulder, surgical; debridement, limited). The procedures that you describe **seem** to fulfill the requirements of a limited debridement, but again, you need to ask the physician to specify this in the documentation. If multiple surgeons in your HOPD are omitting this kind of information, you have an excellent opportunity for educating them.

The American Academy of Orthopaedic Surgeons (AAOS) Global Service Data for Orthopaedic Surgery provides a helpful guide can help your surgeons understand when they should specify 'limited' and when they should specify 'extensive' in their clinical documentation. AAOS defines a limited debridement procedure as an operation that includes labral debridement, synovectomy, removal of humeral or glenoid osteophytes, articular shaving and/or chondroplasty, and diagnostic arthroscopy. For these cases, you would use the 29822 code.

An extensive debridement includes the list of procedures involved in a limited debridement but also adds a few more, according to AAOS and the December 2016 CPT® Assistant. These include removal of osteochondral and/or chondral loose bodies, biceps tendon and rotator cuff debridement, and abrasion arthroplasty.

The AAOS also issued a guideline for 29823 (... debridement, extensive) that you can use it if the debridement occurs in the anterior and posterior aspects of the joint.

Many coders lean toward using the higher-reimbursing 29823 code, but you can use this code only if the surgeon documents the procedure as being extensive.