

Outpatient Facility Coding Alert

Reader Question: When Can We Report Debridement and Shoulder Arthroscopy Separately?

Question: We've heard you can report 29822 and 29823 separately when performed along with shoulder arthroscopy procedures. Is this true?

New Mexico reader

Answer: It's only partially true. Limited debridement is included in shoulder arthroscopy codes, so you don't report 29822 (Arthroscopy, shoulder, surgical; debridement, limited) explained **Angela Clements, CPC, CPC-I, CEMC, CGSC, COSC, CCS, AAPC Fellow**, who taught a class on NCCI edits at the American Academy of Professional Coders' 2017 Healthcon. Some coders mistakenly believe they can report 29822 separately when the debridement is performed in a different area of the same shoulder as the arthroscopy procedure. However, limited debridement is included in the shoulder arthroscopy procedure even in this scenario, Clements pointed out.

Extensive debridement (29823) is also included in most shoulder arthroscopy codes, but there are three relatively new exceptions since a round of CCI edits that took effect July 1, 2016, Clements noted. You may now report 29823 separately from the following codes [to Medicare] and get paid for both codes, Clements said:

- 29824 [] ... distal claviculectomy including distal articular surface (Mumford procedure)
- $\bullet~$ 29827 $\hfill\Box$... with rotator cuff repair
- 29828 □ ... biceps tenodesis.

"This is wonderful news, but it means that surgeons must be very specific in their documentation of extensive arthroscopic debridement," **Heidi Stout, BA, CPC, COSC, PCS, CCS-P,** Coder on Call, Inc., Milltown, New Jersey, commented when Orthopedic Coding Alert reported the news last year. "Failure to do so will result in the payer downcoding to 29822 (... debridement, limited) and denying," Stout added.

Example: A surgeon does an arthroscopic distal clavicle excision (29824) and, inside the gleno-humeral joint, does debridement of the labrum in both the anterior and superior portions of the joint. Debridement in both the anterior and posterior gleno-humeral joint qualifies for extensive debridement, so the surgeon may code for 29823, and because of the new rule, may also code this along with 29824.

"The onus is on the surgeon to classify their debridement as limited or extensive by describing it as such in their documentation," Stout says.

Internal Use: Used part of this 2011 ONC article to for (second) clinical background paragraph: https://www.aapc.com/codes/coding-newsletters/my-oncology-hematology-coding-alert/esa-coding-j0881-and-j0885-are-commonly-reported-codes-master-their-uncommon-requirements-106944-article.