

Outpatient Facility Coding Alert

You Be the Coder: Assess Tenotomy and Debridement Coding

Question: Is it true that we cannot bill 23405 (Tenotomy, shoulder area; single tendon) with 29822 (Arthroscopy, shoulder, surgical; debridement, limited) unless it's a revision or a reconstruction?

Our surgeon did the following procedures:

Right shoulder arthroscopy with intraarticular debridement

Debridement of portion of the inferior labrum

Anterior labral repair

Superior labral repair

Rotator cuff repair

Subacromial decompression with acromioplasty

In addition, the operative note states:

"A biceps tenotomy was performed, as the biceps had a tendency to come in and out of the bicipital groove. Using 2 corkscrews and 4 sutures, the rotator cuff was repaired back to its insertion on the humerus." Do we report this with 23405?

Arizona Subscriber

Answer: The correct code for biceps tenotomy is 23440 (Resection or transplantation of long tendon of biceps).

You may report 23440 instead of 23405. You can report this with 29822. Tenotomy and debridement do not bundle with each other. You will report codes 29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy) LT, 23412 (Repair of ruptured musculotendinous cuff [e.g., rotator cuff] open; chronic) -59 (Distinct procedural service.....), 29822 -59, +29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament [i.e. arch] release , when performed [List separately in addition to code for primary procedure]) -59.

However, it is not clear if any of these procedures were performed open rather than arthroscopically. If your surgeon did the rotator cuff repair arthroscopically, you report 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) rather than 23412. Similarly, if the biceps tenotomy was done arthroscopically, you will consider this inclusive in debridement and report codes 29823 (Arthroscopy, shoulder, surgical; debridement, extensive) or 29822 depending upon the extent of debridement.

You may report 23440 instead of 23405. You can report this with 29822. Tenotomy and debridement do not bundle with each other. You will report codes 29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy) LT, 23412 (Repair of ruptured musculotendinous cuff [e.g., rotator cuff] open; chronic) -59 (Distinct procedural service.....), 29822 -59, +29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament [i.e. arch] release , when performed [List separately in addition to code for primary procedure]) -59.

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