

# CODING EDUCATION CORNER (2016-03)

## Orthopaedics

Welcome our monthly coding newsletter that is designed to keep the physicians and/or staff up to date on the ever changing world of coding. While this letter may not cover everything, we will touch on at least one topic each month for coding, denials, and clinic review. **This month we will focus on documentation needed for ICD-10 and Acromioplasty review (29826)**

### Documentation need for ICD-10

I'm reviewing diagnosis coding and documentation needed.

#### Acute vs. Chronic

I have reviewed some OP notes that reference both acute and chronic for the same diagnosis. Diagnosis listed in the diagnosis list area of the OP note should match the detailed diagnosis in the body of the note itself. If the diagnosis doesn't match, these will be sent back an addendum to be completed.

#### Co-surgery diagnosis

If there is a co-surgery, the diagnosis has to match for both OP notes.

#### Osteoarthritis

When coding for Osteoarthritis we will need the following to be documented within the OP note in order to code and process for billing within a timely manner. I know this is a repeat from last month, but we are starting to receive denials for the use of a more specific diagnosis code.

- Nature of Osteoarthritis (**Primary, Secondary, post-traumatic**)
- Laterality (**Left, Right, Bilateral**)
- Anatomical Location (**Hip, Knee, CMC, etc.**)

### What to code when only an Acromioplasty is performed alone(29826)

**29826** is defined as an Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure).

- This code can only be reported with other scope procedures
- It is not a stand alone code
- If this is the only procedure performed, you should report 29822/29823 per CPT and AAOS
- What to do if performed with an open procedure...
  - CPT 29826 should not be reported with any procedure other than those identified as appropriate parent codes. It is not an add-on code to CPT 23410 or 23412, and an unlisted code cannot be reported to reflect this work. Instead, you should report 29822 or 29823 as appropriate.

## Denials

### Coding for injections

For CPT-20610 & 20611 Injections that are performed during a Global period may be RELATED OR UNRELATED...need applicable Modifiers 58 or 79. We also should pay attention to the Dx codes as some payors have Medical Necessity criteria that must be met to be Deemed Medically necessary to pay.

If performing more than one injection at the same visit, be sure to append Mod-59 on the additional injections. Ex: CPT-20550 & 20610 put Mod-59 on 2<sup>nd</sup> injection to signify this is a separate injection.

## **Clinical review**

### **ICD-10 for Joint Replacement follow up visits**

- Diagnosis of OA is not used because the patient no longer has OA at that location.
- If complications are present, code the complication

#### **Scenario #1**

Visits during the active follow phase:

- 2 diagnosis codes are required
  - Z47.1-Aftercare following joint replacement surgery
  - 2. Code from subcategory Z96.6 to identify the specific joint and laterality
    - ✓ Ex Z96.641-Presence of right artificial hip joint.

For example, a patient who had a right total hip arthroplasty (THA) to treat severe primary osteoarthritis (OA) has a 6-week follow-up visit. The patient is asymptomatic, the wound is healing nicely, and the prosthesis is in good position without loosening, subsidence, or wear. The patient receives instructions on muscle-strengthening exercises to address a slight limp and is asked to return in 6 weeks.

#### **Scenario #2**

Visits after completed treatment (ie: annual exams):

- 2 diagnosis codes are required
  - Z09-Encounter for follow examination for conditions other than malignancy neoplasm
  - 2. Code from subcategory Z96.6 to identify the specific joint and laterality
    - ✓ Ex Z96.641-Presence of right artificial hip joint.

An example would be the patient seen 1 year following THA surgery for severe OA, who is asymptomatic with a normal gait, a nicely healed wound, and no signs of loosening, subsidence, or wear.

#### **References:**

Karen Zupko and Associates, March 2016 AAOS News  
ICD-10 coding book  
AAOS News Now

**Shelia K. Harper, CPC**  
Medical Coding Specialist  
Orthopaedics  
(919) 668-2019

**Melissa Pulliam, CPC**  
Medial Coder II  
Orthopaedics  
(919) 620-4697

**Erika Blackstone, MBA**  
Revenue Manager  
Department of Orthopaedics  
(919) 620-3292