

CODING EDUCATION CORNER (2016-05)

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 Shoulder coding.**

Billing of 29806 with 29807

29807 bundles with 29807

Bundling

Per NCCI, no modifier is allowed to unbundle these procedure when performed on the same shoulder.

Unbundling

Modifier XS is allowed to be used to unbundle when performed on the opposite shoulder.

Documentation needed for 29824 - Claviclectomy

29824 is defined as an Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface or Mumford procedure. This code can only be reported with other scope procedures

- Laterality needs to be included (left, right, bilateral)
- Size of excision needs to be included in the documentation
 - Carriers request to see at least an 8-10 mm excision for medical necessity. If under 8mm they may consider this as part of a debridement. As of today, debridement is bundled with other arthroscopy procedures

Denials

Cast applications

Casting codes

- 29605
- 29075
- 29085
- 29405
- 29425
- 29580

These CPT codes should not be billed with the initial closed reductions/treatment as the initial cast applications **are bundled** in the primary procedure.

Clinical review

E/M Tip – Medial Necessity

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation must support the level of service reported.

E/M Tip – Examination

A brief statement or notation indicating 'negative' or 'normal' is sufficient to document normal findings related to unaffected area(s) or asymptomatic organ system(s).

E/M Tip – HPI

- Brief and extended HPIs are distinguished by the amount of detail needed to accurately characterize the clinical problem(s).
- A brief HPI includes documentation of one to three HPI elements An extended HPI includes documentation for at least four HPI elements
- The HPI elements are:
 - Location
 - Quality
 - Severity
 - Duration
 - Timing
 - *Context*
 - Modifying Factors
 - Associated Signs and Symptoms

References:

NCCI

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