

THE CODING NETWORK, LLC
Confidential Coding Review For
 Ambulatory Surgery Center



Patient: 1	Date of Service: 01/04/07	Physician: X
<u>Original Coding</u> 23412-LT 29824-59-LT	<u>The Coding Network Coding</u> 23412-LT 29824-LT 29826-59-LT 29822-59-LT L8699	<u>Discussion</u> <ul style="list-style-type: none"> • Missed Procedure: Per the American Academy of Orthopaedic Surgeons' <i>Complete Global Service Data for Orthopaedic Surgery</i>, Volume I, the arthroscopic subacromial decompression with acromioplasty is not included in the rotator cuff tear. • Missed Procedure: Debridement of degenerative labrum should be separately reported as it is performed for a lesion other than the cuff tear, impingement of AC joint arthritis. • Missed Implant: 5 mm anchor.
<u>Diagnoses</u> 718.01 727.61	<u>Diagnoses</u> 718.01 726.10 716.91	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: The postoperative diagnosis is "Near complete rotator cuff tear." Code 727.61 is for a complete tear. • Missed Diagnosis: AC joint arthritis.

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Patient: 2	Date of Service: 05/07/07	Physician: X
<u>Original Coding</u> 28298-RT 28285-59-T6	<u>The Coding Network Coding</u> 28298-RT 28285-T6	<u>Discussion</u> <ul style="list-style-type: none">• Modifier: The toe modifier unbundles the hammertoe repair from the Aiken bunionectomy. The -59 modifier is not necessary to append.
<u>Diagnoses</u> 735.0 735.4	<u>Diagnoses</u> 735.0 735.4	<u>Discussion</u> <ul style="list-style-type: none">• Correct.

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Patient: 3	Date of Service: 05/04/07	Physician: X
<u>Original Coding</u> 29826-LT 24342-59-LT 29822-59-LT	<u>The Coding Network Coding</u> 23430-LT 29826-LT 29822-59-LT L8699	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Code: The operative note describes a tenodesis of the long head of the biceps at the shoulder; 24342 describes a distal repair (i.e. at the elbow). • Missed Implant: Suture anchor.
<u>Diagnoses</u> 726.10 726.12	<u>Diagnoses</u> 726.10 726.19	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: Tenosynovitis of the biceps is not a documented condition. The postoperative diagnosis is "partial tear and subluxation," of the biceps tendon.

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Patient: 4	Date of Service: 04/30/07	Physician: X
<u>Original Coding</u> 29821-RT 29819-59-RT	<u>The Coding Network Coding</u> 29823-RT	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Code: 29823 includes articular shaving (chondroplasty), synovectomy and removal of loose bodies through the same portals (i.e. incisions) per American Academy of Orthopaedic Surgeons' <i>Complete Global Service Data</i>, Volume I. • Unbundled: Removal of loose bodies through the same portals is included in both 29821 and 29823 per the above referenced publication.
<u>Diagnoses</u> 727.00 718.11	<u>Diagnoses</u> 727.00 718.11 715.91 718.01	<u>Discussion</u> <ul style="list-style-type: none"> • Missed Diagnosis x 2: Degenerative joint disease of the humeral head and chondral defect of the glenoid.

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Patient: 5	Date of Service: 01/05/07	Physician: X
<u>Original Coding</u> 29827-RT 23430-59-RT 29826-RT-59	<u>The Coding Network Coding</u> 23412-RT 29999	<u>Discussion</u> <ul style="list-style-type: none"> • Documentation Deficiency: Date of operation is not documented on operative report. • Wrong Code: The rotator cuff tear is repaired via mini-open technique, not via arthroscope. • Wrong Code: Biceps tenotomy (not open tenodesis) was performed arthroscopically.
<u>Diagnoses</u> 726.12 726.10	<u>Diagnoses</u> 726.12 726.10	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 6	Date of Service: 12/21/06	Physician: X
<u>Original Coding</u> 29877-LT 29875-59-RT	<u>The Coding Network Coding</u> 29877-LT 29884-RT	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Code: The surgeon excises fibrous adhesions from the right knee. • Modifier: The laterality modifiers unbundle the procedures; a -59 modifier is not necessary to append.
<u>Diagnoses</u> 733.92 719.26	<u>Diagnoses</u> 717.7 727.00 729.31 718.56	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: Chondromalacia is specified as being in the patellofemoral joint, which is coded to 717.7. • Wrong Diagnosis: Synovitis is not listed in the postoperative diagnosis title; reactive synovitis (727.00) is listed in the body of the note with the qualifier "mild." • Missed Diagnosis x 2: Arthrofibrosis of the knee and fibrosis of the retropatellar fat pad that is described as hypertrophied in the body of the note.

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Patient: 7	Date of Service: 12/08/06	Physician: X
<u>Original Coding</u> 29827-LT 29826-59-LT	<u>The Coding Network Coding</u> 29827-LT 29826-LT	<u>Discussion</u> <ul style="list-style-type: none"> • Modifier: The arthroscopic acromioplasty does not bundle into the arthroscopic rotator cuff tear per AAOS, CCI or AMA guidelines. A -59 modifier is unnecessary to append.
<u>Diagnoses</u> 726.10 727.62	<u>Diagnoses</u> 726.10 726.2	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: There is no documented biceps tear. • Missed Diagnosis: Impingement of the shoulder.

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Patient: 8	Date of Service: 02/02/07	Physician: X
<u>Original Coding</u> 29877-LT 20910-59-LT 250 x 2 270 x 37 370 x 2	<u>The Coding Network Coding</u> 29877-LT	<u>Discussion</u> <ul style="list-style-type: none"> • Billed but Not Done: There is no documented rib cartilage graft. The arthroscopic cartilage biopsy is included in the chondroplasty • Note: <i>Revenue codes are not reported on a HCFA 1500 claim form.</i>
<u>Diagnoses</u> 836.0 719.46	<u>Diagnoses</u> 733.90	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: There is no documented medial meniscal tear. • Missed Diagnosis: Chondral defect.

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Patient: 9	Date of Service: 01/12/07	Physician: X
<u>Original Coding</u> 23430-LT 29826-59-LT 23020-59-LT 23700-59-LT	<u>The Coding Network Coding</u> 29826-LT 29825-59-LT	<u>Discussion</u> <ul style="list-style-type: none"> • Documentation Discrepancy and Billed but Not Done: A biceps tenotomy is listed in the procedure title but is not described in the body of the note. • Wrong Code: The capsule is released via arthroscopy. Release of adhesive capsulitis via arthroscope is coded to 29825, which also includes manipulation. • Unbundled: Per the American Academy of Orthopaedic Surgeons' <i>Complete Global Service Data</i>, Volume I, manipulation under anesthesia (23700) is included in all shoulder arthroscopy codes.
<u>Diagnoses</u> 726.0 726.12 726.10	<u>Diagnoses</u> 726.0 726.12 726.2	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: Shoulder impingement is coded to 726.2 per ICD-9-CM Index (Volume II).

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Patient: 10	Date of Service: 01/18/07	Physician: X
<u>Original Coding</u> 31276-SG-RT 31276-SG-LT 31255-SG-RT 31255-SG-LT 31267-SG-LT 31267-SG-RT	<u>The Coding Network Coding</u> 31255-SG-RT 31255-SG-LT 31276-SG-RT 31276-SG-LT 31267-SG-RT 31267-SG-LT	<u>Discussion</u> <ul style="list-style-type: none"> • Modifier: 31255-SG-RT is reported twice for the bilateral procedure, one should be -LT. • Sequencing: Codes with higher Medicare ASC grouper rates should be listed before those with lower rates.
<u>Diagnoses</u> 473.1 473.2 473.0	<u>Diagnoses</u> 473.9	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis x 3: Neither the diagnosis titles nor the body of the note specify the sinuses are affected by chronic sinusitis.