

SHOULDER ARTHROSCOPY

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 03/01/2022

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for multiple shoulder arthroscopy procedures billed on the same day; by the same provider; for the same side of the body.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services guidelines.

The column 2 shoulder arthroscopy procedure will deny if reported with the column 1 shoulder arthroscopy code when performed on the same side, by the same provider, on the same member, and on the same date of service (regardless of modifier 59). Professional to Professional edits (PTP) are laid out in a Column 1 and Column 2 format based on the [CMS NCCI guidelines](#).

Applicable CPT Codes

Code	Description
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

Policy Definitions

Arthroscopy - A procedure for diagnosing and treating joint problems.

Prerequisite(s)

Not applicable

References

[National Correct Coding Initiative Policy Manual](#)

[PTP Coding Edits](#)

Regence of WA – [Bundling Edits](#) Payment Policy

Frequently Asked Questions

Q1: Will an arthroscopic shoulder debridement (29822, 29823) when performed at the same time as a more complex primary procedure be reimbursed?

A1: No. If performed at the same time as a more complex primary procedure the arthroscopic debridement is considered integral to the primary procedure and is not eligible for separate reimbursement. Even if the debridement is performed in a different area of the same shoulder.

Q2: Would the column 2 shoulder arthroscopy procedure reported be allowed with the column 1 shoulder arthroscopy code?

- A2:** Yes/No. The column 1/ Column 2 table does allow an override with modifier. However, per [CMS NCCI Guidelines](#) and this policy, if these procedures are performed in the same shoulder the column 2 code would be considered part of the column 1 code and would not be payable. These codes would only be payable if RT/LT was indicated to support the procedures were done on separate shoulders.
- Q3:** Can I bill CPT codes 29824 (Arthroscopic claviclectomy including distal articular surface), 29827 (Arthroscopic rotator cuff repair), and 29828 (Biceps tenodesis) with debridement code 29823?
- A3:** Yes. If the arthroscopic extensive debridement CPT 29823 is performed in a different area of the same shoulder.

Revision History

07/14/2021 - New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.