Assigning Arthroscopic Procedure Codes

Arthroscopy is a technique for examining and treating the interior of a joint. Surgeons make tiny incisions around the joint where they can insert an arthroscope, a small fiberoptic camera.

Head, Shoulders, Knees and Toes, Again

The codes in the Endoscopy/Arthroscopy section are divided by area of the body. They start at the top of the body with the tempromandibular joint in the jaw, with code 29800, move down to the shoulder, and then to the knee and the ankle. After finding the correct joint that received the service, the coder has to narrow down to the correct code by the type and extent of procedure.

To code a shoulder arthroscopy requires choosing between many codes. The diagnostic shoulder arthroscopy is code 29805. The surgical codes are a range between 29806 – 29828. The surgical repair procedure includes the diagnostic procedure, but not the other way around. One reason this may be tricky is that the office may schedule the diagnostic procedure, but the surgeon may decide to do the repair during it. Since the surgical procedure includes the diagnostic one, and the reimbursement level is higher, the coder has to be sure to code the whole surgery as an arthroscopic surgical repair. Refer to page 150 of your CPT manual for the different types of Arthroscopic procedures.

Part of the Procedure, or Separate?

Sometimes surgeons perform arthroscopy as a prelude to arthrotomy, making a larger opening in the joint to drain it. Sometimes, surgeons use an arthroscopic technique for treatment, as well. When arthrotomy and arthroscopy are performed together, add modifier -51.

When you are billing for arthroscopic procedures that are listed in the Endoscopy/Arthroscopy subheading in the Musculoskeletal codes, you may need to add modifier 51 to bill for separate procedures. If an arthroscopic
procedure is listed in the CPT Manual with the parenthetical note separate procedure it's because it's there to be coded as part of a more major procedure.