

SHOULDER DEBRIDEMENT

Policy # 72

Implementation Date: 1/1/17 Revision Dates: 10/1/20

Disclaimer:

- 1. Policies are subject to change without notice.
- 2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

The global package for surgical procedures includes debridement, done on (or in), the same anatomical structure during the same surgical session. For coding purposes, the shoulder is considered one anatomical structure.

In 2017, CMS determined that extensive debridement (29823) done with an arthroscopic claviculectomy (29824), a rotator cuff repair (29827), or biceps tenodesis (29828), may be allowed if the documentation supports the debridement was extensive and done in a different area of the shoulder.

Limited debridement (29822) remains included in the global surgical package and is not separately payable even if done on a different area of the shoulder or through a separate incision. The only exception would be a limited debridement done on the opposite shoulder.

Commercial Plan Policy

SelectHealth will NOT separately reimburse for limited arthroscopic debridement (29822) when done on the same shoulder as another arthroscopic shoulder procedure (29805-29824, 29827-29828).

CPT code 29822 can be billed as the primary procedure when performed with add-on CPT code 29826.

**On appeal, extensive arthroscopic debridement (29823) will be allowed with CPT code 29824, 29827, or 29828, if the documentation supports the debridement was extensive and performed in a different area of the shoulder.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy.

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy.

Billing/Coding Information CPT CODES

29822	Arthroscopy, shoulder, surgical; debridement, limited
	7 in the decept, endanger, eargical, destruction, in the

29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

HCPCS CODES

No specific codes identified

Key References

- 1. American Medical Association (2017) Current Procedural Terminology (CPT®)
- 2. CMS. National Correct Coding Initiative (NCCI), Chapter I, Section B, General Coding Principles. Revision January 2017. Retrieved from https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/
- CMS. National Correct Coding Initiative (NCCI), Chapter IV, Surgery: musculoskeletal system, CPT codes 20000-29999 (Revised January 1, 2017) Section E 4-7. Retrieved from https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SelectHealth.

"Intermountain Healthcare" and its accompanying logo, the marks of "SelectHealth" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and SelectHealth, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only - American Medical Association