Reporting Arthroscopic Lateral Retinacular Release

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This article provides a refresher on the appropriate reporting of arthroscopic lateral retinacular release procedures. This procedure uses an arthroscopic technique to release the lateral retinaculum that assists in stabilizing the patella or kneecap. The lateral retinaculum is divided from inside the knee joint, which will release the contracted lateral pericapsular tissues and help return the patella to its correct position. Arthroscopic release of the lateral retinaculum of the knee is indicated for patients who have patellofemoral (anterior knee) pain or a tight lateral retinaculum causing excessive pressure between the patella and the femur. This patellofemoral pain may result from trauma, instability, or overuse.

Code 29873, Arthroscopy, knee, surgical; with lateral release, is reported to identify surgical arthroscopy of the knee with lateral release. A parenthetical note following code 29873 noted the distinction in reporting the open-approach counterpart of arthroscopic lateral release (use 27425). Arthroscopic lateral release may be performed in combination with medially based stabilization procedures to correct patellar tracking; therefore, it may be necessary to additionally report other CPT codes.

Example

In arthroscopic knee surgery (see Figure 1), the knee is subdivided into the following three compartments: medial, lateral, and patello-femoral. From a CPT coding perspective, when the surgeon performs an arthroscopic lateral retinacular release (patella-femoral compartment), code 29873, Arthroscopy, knee, surgical; with lateral release, is reported.

The following clinical example provides further clarification of the arthroscopic lateral retinacular release procedure.

Clinical Example (29873)

A 16-year-old skeletally mature female returns to the office with persistent right knee pain. The knee pain has been persistent for 6 months despite aggressive quadriceps strengthening, hamstring stretching, and activity modification. Physical exam reveals a contracted lateral patellar retinaculum and pain with bent knee and resisted extension exercises. Routine office radiographs reveal a laterally tilted patella. Surgical intervention (lateral release) is recommended.

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Description of Procedure (29873)

The patient is taken to the operating room where an examination under anesthesia confirms a tight lateral patellar retinaculum. An anterior lateral portal is created. A comprehensive arthroscopic knee examination is performed. This includes evaluation and probing of the patellar and trochlear articular surfaces, the medial and lateral compartment articular surfaces, the medial and lateral menisci, the anterior and posterior cruciate ligaments, the posterior medial and lateral compartments, and the popliteus tendon and hiatus. Once this complete inspection is performed, the abnormally tight lateral patellar retinaculum is addressed. The tight lateral retinaculum causes the patella to tilt throughout the knee range of motion. The medial facet of the patella will not articulate with the trochlea until late in knee flexion, if at all. The arthroscope is transferred to an anterior medial portal and an electrocautery device is introduced through the lateral portal. Care must be exercised to avoid injury to the trochlear and patellar articular cartilage because the tight retinaculum forces the patella against the trochlea. The lateral retinaculum is incised from the inferior edge of the vastus lateralis, but not to injure the lateral portion of the quadriceps tendon, up to and slightly beyond the lateral portal. Hemostasis is ensured with the electrocautery probe. The incisions are closed.

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