

## Outpatient Facility Coding Alert

### You Be the Coder: Confirm Bi-Compartmental Synovectomy Before Billing 29881, 29876

**Question:** I'm working on a claim where the provider performs a right knee chondroplasty, a right lateral meniscectomy, and a right medial and lateral synovectomy. Would you code these procedures as 29877, 29881, and 29876, respectively?

California Subscriber

**Answer:** Whenever working on knee arthroscopies in which the surgeon performs multiple procedures, you must make sure to check for any Correct Coding Initiative (CCI) edits before submitting the charge. You also want to make sure to read the entire code description for each procedure involved. In this case, simply reading the code description for 29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed) would answer the question of whether or not a chondroplasty is separately billable with a meniscectomy. Additionally, a CCI edit check reveals that 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)) is mutually exclusive to 29881.

Next, you've got to address the coding of a medial and lateral synovectomy when performed alongside a lateral meniscectomy. Your coding options are either 29875 (Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)) or 29876 (Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)). When performing a CCI edit check, you see that 29875 requires an overriding modifier to bill with 29881, but you may bill 29876 without the use of a modifier.

That's because CCI bundles 29875 into 29881 when both procedures involve the same compartment. For example, if the provider performs a lateral meniscectomy and a lateral synovectomy, you would only bill out as 29881. However, if the provider performs a lateral meniscectomy and a medial synovectomy, you would be allowed to bill out 29881 in addition to 29875 with modifier 59 (Distinct procedural service) or XU (Unusual Non-Overlapping Service) depending on payer preference.

In this example, since the provider is performing a medial and lateral synovectomy, you may bill out both 29876 and 29881, since no CCI edit exists between the two codes.