

Aetna's CPB (Clinical Policy Bulletin) [#0673](#) regarding selected treatments for osteoarthritis of the knee effects two of our most common knee procedures. These most common CPTs are 29880 & 29881.

<u>29880</u>	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
<u>29881</u>	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

Per a revision made to the policy effective 04/18/14 "This CPB is revised to state that arthroscopic partial meniscectomy is considered medically necessary for traumatic meniscal tears. This CPB is revised to state that arthroscopic partial meniscectomy is considered experimental and investigational for degenerative meniscal tears.

Meniscectomies billed without a current injury ICD-10 S83.200+ - S83.289 will be denied as experimental and investigational.

**Acute traumatic versus chronic or recurrent musculoskeletal conditions**

Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions. Bone, joint or muscle conditions that are the result of a healed injury are usually found in chapter 13. Recurrent bone, joint or muscle conditions are also usually found in chapter 13. Any current, acute injury should be coded to the appropriate injury code from chapter 19. Chronic or recurrent conditions should generally be coded with a code from chapter 13. If it is difficult to determine from the documentation in the record which code is best to describe a condition, query the provider.

Acute traumatic bucket handle tear of right medial meniscus

**S83.211A Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter**

*Explanation:* Any current, acute injury is not coded in chapter 13. It should instead be coded to the appropriate injury code from chapter 19.

Documentation is key for these cases. Mencius tears documented without clarification regarding traumatic or degenerative will default to an old tear/injury ICD-10 M code. If the tear is in fact an old tear these claims will be denied and we will have no appeal recourse. If an amended op note or additional documentation signed by the provider is provided we will be able to correct the coding and submit a corrected claim.

See the attached example of an operative note that does not specify an acute or traumatic tear with the accompanied Aetna denial.

While these denials are easy to correct with an amended op note and corrected claim it is important to note that this process delays the revenue cycle process and ultimately effects our revenue stream.

Please remember the main piece required for correct coding on these cases is specifying either the tear is acute/traumatic or old/degenerative. Adding this verbiage to dictation will ensure we are coding to the highest level of specificity and getting clean claims to payers.

# Explanation Of Benefits



P.O. BOX 14079  
LEXINGTON KY 40512-4079  
USA

Please Retain for Future Reference

Printed: 03/14/2017  
Page: 1 of 1

SURGCENTER NSN, LLC  
PIN: 0000000000  
TIN: 0000000000  
NO PAY

SURGCENTER NSN  
4511 NORTH HINES  
SUITE 100  
TAMPA, FL 33614

## Special Message(s):

Get electronic payments and simplify your day! Sign up electronically through EnrollHub™, a CAQH Solution™ at <https://solutions.caqh.org>. Or get a paper enrollment form from our website.

## Patient Name: JANE A. DOE (self)

Claim ID: 00000000000000 Recd: 03/08/17 Member ID: W000000000 Patient Account: 0005555

Member: JANE A. DOE

Group Name: ACME, INC.

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: M2322/1, M948X6

Group Number: 000000-00-000 TB P1\$O(0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02/17	24	490		10,780.16			10,780.16	1			10,780.16	0.00
<b>TOTALS</b>				<b>10,780.16</b>			<b>10,780.16</b>				<b>10,780.16</b>	<b>0.00</b>

ISSUED AMT: NO PAY

## Remarks:

1 - Charges for or in connection with services or supplies that are, as determined by us, considered to be experimental or investigational are excluded from coverage under the member's plan. To obtain more information regarding coverage of this service, go to our website and enter the procedure code in the search field or go to NaviNet, select our plan, then "Claims", and "Code Editing, Clinical & Payment Policy Lookup". [776]

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$10,780.16

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.

**SURGCENTER NSN**  
4511 North Hines  
Suite 100  
Tampa, FL 33614  
Tel: (813)563-1800 Fax: (813)563-1801

## **OPERATIVE REPORT**

**PATIENT NAME:** DOE, JANE

**MEDICAL RECORD #:** 0005555

**SURGEON:** JOHN NO, M.D.

**DATE OF BIRTH:** 00/00/00

**DATE OF SURGERY:** 03/02/2017

**PREOPERATIVE DIAGNOSIS:**

Right medial meniscal tear.

**POSTOPERATIVE DIAGNOSIS:**

Right medial meniscal tear with grade 2 chondral changes of the medial femoral condyle.

**PROCEDURE PERFORMED:**

Diagnostic and surgical arthroscopy of the right knee with partial medial meniscectomy and associated chondroplasty.

**SURGEON:**

John No, M.D.

**ANESTHESIA:**

General plus local.

**INDICATIONS:** The patient is a 41-year-old female who has had persistent pain along the medial aspect of the right knee. It was giving out and buckling. She was brought to the operating room for elective arthroscopy.

**PROCEDURE:** After anesthesia, tourniquet was placed on the right lower extremity with a thigh post. The right lower extremity was prepped and draped in usual manner and exsanguinated with an Esmarch and tourniquet inflated. An inferolateral portal was placed for the scope and inferior and medial portal placed for instrumentation.

Diagnostic and surgical arthroscopy was performed. The associated patellofemoral alignment was intact and stable. The lateral compartment was pristine. The ACL was intact. There were chondral changes in the medial femoral condyle and a complex posterior horn tear which was trimmed with straight and up-biters and shaved with a whisker shaver to stable margins with limited associated femoral chondroplasty.

After irrigation, the instruments were removed. Inverted Monocryl was used with Steri-Strips and a bulky Jones dressing. The patient was stable to the recovery room.

X\_\_\_\_\_

John No, M.D.

JOB#: 000000

D: 03/05/2017

T: 03/06/2017

cc: John No, M.D.