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Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the industry, with positions including on-site coding, remote coding, travel coding, auditing, and more.

Welcome to the May issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for rotator cuff repair. Read on below to learn more.

Coding for Rotator Cuff Repair

A physician can repair a rotator cuff by three methods: arthroscopic, open, or mini-open.

Arthroscopic Repair

- If the repair is done via arthroscopy, assign code 29827. Code 29827 includes tears that are either acute or chronic in nature.
- If other shoulder procedures are done at the same time, check the National Correct Coding Initiative (CCI) edits to see if the codes can be billed together. CCI edits change quarterly, so be sure to always check the most recent edits.
- Currently, CCI edits allow arthroscopic rotator cuff repair to be billed with a subacromial space decompression (SAD) without a modifier 59.

Open Repair

The following codes are used for open rotator cuff repair:

- **23410** is used for an acute rotator cuff tear due to an injury.
- **23412** is used for a chronic tear that has occurred over time and is not directly related to an injury.
- **23420** is used when there is a complete avulsion of the rotator cuff, either acute or chronic. In order to assign this code, the surgeon must document in the operative report that all three muscles/tendons of the rotator cuff were repaired. The three muscles/tendons that must be repaired are:
 - Supraspinatus – runs over the top of the ball of the shoulder joint (humeral head);
 - Subscapularis – runs across the front of the humeral head; and
 - Infraspinatus and teres minor – run across the

back of the humeral head.

Tips for Open Repair (*Note: these tips apply to the current CCI edits. Be sure to always check the most recent edit before assigning multiple codes.*)

- Unlike arthroscopic repair, open repair cannot be coded with SAD.
- 23410 cannot be coded with SAD (23130) if the physician does the SAD in order to get to the area of the rotator cuff that needs repairing. In this case, only 23410 would be assigned.
- However, if a SAD is performed as a separate and distinct procedure from the rotator cuff repair, the two may be coded together with a modifier 59 attached to 23130 (SAD).

Mini-open Repair

- In a mini-open rotator cuff repair, the physician begins the procedure using a scope but is unable to complete the procedure with the scope. The physician then makes a small incision (commonly referred to as a "stab incision") that allows him to get to the area that he could not repair with the scope.
- The same codes and guidelines for open rotator cuff repair are used for mini-open repair. (The scope portion of the procedure is not coded separately.)

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