

cpt code for acl reconstruction with allograft

cpt code for acl reconstruction with allograft is a critical topic for orthopedic surgeons, medical coders, and healthcare professionals involved in the treatment and billing of anterior cruciate ligament (ACL) injuries. ACL reconstruction is a common surgical procedure aimed at restoring knee stability after ligament rupture. When using an allograft, tissue from a donor is employed rather than the patient's own tissue, which has distinct coding and billing implications. Understanding the correct CPT (Current Procedural Terminology) code for ACL reconstruction with allograft is essential for accurate medical documentation, reimbursement, and compliance with healthcare regulations. This article explores the relevant CPT codes, surgical techniques, clinical considerations, and documentation requirements related to ACL reconstruction using an allograft. The following sections will guide readers through the CPT coding specifics, procedure details, and insurance considerations to optimize coding accuracy and revenue cycle management.

- Understanding CPT Codes for ACL Reconstruction
- Details of ACL Reconstruction with Allograft
- Clinical Indications and Surgical Techniques
- Documentation and Coding Guidelines
- Insurance and Reimbursement Considerations

Understanding CPT Codes for ACL Reconstruction

The CPT code for ACL reconstruction with allograft is part of a broader category of codes describing ligament repair and reconstruction procedures. CPT codes are standardized by the American Medical Association and are used nationwide to report medical, surgical, and diagnostic procedures. Accurate coding ensures proper billing and compliance with healthcare regulations. For ACL reconstruction, the typical CPT code used is 29888, which denotes arthroscopically aided anterior cruciate ligament repair or reconstruction.

Primary CPT Code: 29888

CPT code 29888 specifically refers to arthroscopically aided reconstruction of the ACL, including graft harvesting when performed. This code applies regardless of whether an autograft (patient's own tissue) or allograft (donor tissue) is used. The use of an allograft does not change the primary procedural CPT code but may affect billing for graft procurement or implant fees separately.

Additional CPT Codes Related to Graft Use

While 29888 covers the primary reconstruction procedure, additional codes may be necessary to

capture the use of allograft material or any associated procedures. For example, codes for graft harvesting are typically omitted when an allograft is used, but implant or processing fees may be billed separately depending on payer policies.

Details of ACL Reconstruction with Allograft

ACL reconstruction with allograft involves replacing the torn ligament with donor tissue, which can be advantageous in certain clinical scenarios. Allografts eliminate the need for harvesting tissue from the patient, potentially reducing surgical time and postoperative morbidity.

Types of Allografts Used

Common allografts for ACL reconstruction include:

- Patellar tendon allograft
- Achilles tendon allograft
- Hamstring tendon allograft
- Posterior tibialis tendon allograft

The choice of allograft depends on surgeon preference, patient factors, and graft availability.

Advantages and Considerations

Using allografts provides several benefits such as decreased donor site morbidity and shorter operative times. However, potential risks include slower graft incorporation and a slightly increased risk of re-rupture compared to autografts. These factors influence surgical planning and patient counseling and may impact coding when additional procedures are performed.

Clinical Indications and Surgical Techniques

ACL reconstruction with allograft is indicated primarily for patients with complete ACL tears who require restoration of knee stability to resume daily activities or sports. It is particularly considered for revision surgeries, older patients, or those with contraindications to autograft harvesting.

Surgical Approach

The procedure typically involves arthroscopic visualization of the knee, preparation of the femoral and tibial tunnels, and fixation of the allograft in anatomic positions to replicate the native ACL. Fixation devices such as screws or buttons are utilized to secure the graft.

Postoperative Rehabilitation

Rehabilitation protocols following ACL reconstruction with allograft are critical for successful outcomes and include progressive weight-bearing, range of motion exercises, muscle strengthening, and functional training. The timeline may vary compared to autograft procedures due to graft incorporation rates.

Documentation and Coding Guidelines

Accurate and detailed documentation is essential for proper use of the CPT code for ACL reconstruction with allograft. Medical coders rely on operative reports, surgeon notes, and implant records to assign the correct codes.

Key Documentation Elements

- Confirmation of ACL tear diagnosis
- Description of the allograft type and source
- Details of the arthroscopic technique and fixation methods
- Any additional procedures performed concurrently
- Implant or graft processing fees, if applicable

Coding Best Practices

Coders should assign CPT code 29888 for the reconstruction procedure. They should review payer policies regarding graft fees or allograft processing charges, which may require separate billing. Modifier usage may be necessary if multiple procedures or bilateral reconstructions are performed.

Insurance and Reimbursement Considerations

Insurance coverage for ACL reconstruction with allograft generally aligns with coverage for ACL reconstruction using autografts; however, reimbursement rates and allowable charges may differ. Understanding payer-specific policies is crucial for optimizing reimbursement.

Reimbursement Challenges

Some insurers may scrutinize the use of allografts due to higher costs associated with donor tissue procurement and processing. Preauthorization and detailed medical necessity documentation often improve claim approval rates.

Strategies to Maximize Reimbursement

1. Ensure precise and thorough clinical documentation
2. Verify coverage policies for allograft materials before surgery
3. Use correct CPT codes and modifiers as required by payers
4. Submit implant and processing charges separately when allowed
5. Maintain communication with insurance providers for claim resolution

Frequently Asked Questions

What is the CPT code for ACL reconstruction using an allograft?

The CPT code for ACL reconstruction with an allograft is 29888.

Does CPT code 29888 specify the use of an allograft for ACL reconstruction?

No, CPT code 29888 covers arthroscopically aided ACL reconstruction in general and does not specify whether an autograft or allograft is used.

Are there any additional CPT codes required when performing ACL reconstruction with an allograft?

Typically, only CPT 29888 is needed for ACL reconstruction. However, if additional procedures such as meniscal repair are performed, separate codes may be reported.

Is there a modifier needed when billing CPT 29888 for ACL reconstruction with an allograft?

No specific modifier is required solely because an allograft is used. Documentation should clearly indicate the graft type for medical records.

How should the use of an allograft be documented when coding ACL reconstruction?

The surgical report should explicitly state that an allograft was used for ACL reconstruction to support clinical documentation, although it does not change the CPT code used.

Can CPT code 29888 be used for both primary and revision ACL reconstruction with allografts?

Yes, CPT 29888 can be used for both primary and revision ACL reconstructions regardless of graft type, including allografts.

Are there any specific ICD-10 codes paired with CPT 29888 for ACL reconstruction with allograft?

ICD-10 codes such as S83.511A (Sprain of ACL of right knee, initial encounter) are commonly used alongside CPT 29888 depending on the patient's diagnosis.

Is ACL reconstruction with allograft considered an outpatient or inpatient procedure?

ACL reconstruction with an allograft is typically performed as an outpatient arthroscopic procedure.

Additional Resources

1. Understanding CPT Codes for ACL Reconstruction with Allograft

This book serves as a comprehensive guide for medical coding professionals and orthopedic surgeons. It explains the specific CPT codes related to ACL reconstruction procedures using allografts. The text includes detailed coding scenarios, tips for accurate documentation, and common pitfalls to avoid in billing. It is an essential resource for ensuring proper reimbursement and compliance.

2. Orthopedic Surgery Coding: ACL Reconstruction and Beyond

Focused on orthopedic procedures, this book provides an in-depth look at coding for ACL reconstruction surgeries, including allograft techniques. It covers CPT codes, modifiers, and guidelines to help coders and surgeons navigate the complexities of surgical billing. Real-world case studies illustrate best practices and clarify coding nuances.

3. CPT Coding Handbook for Sports Medicine Procedures

Designed for sports medicine professionals, this handbook details the CPT codes applicable to procedures like ACL reconstruction with allografts. It includes explanations of code selection, documentation requirements, and payer-specific considerations. The book also discusses updates in CPT coding relevant to orthopedic sports injuries.

4. Medical Billing and Coding for Knee Ligament Repairs

This book addresses the medical billing and coding processes specifically related to knee ligament repairs, with emphasis on ACL reconstruction using allografts. It guides readers through the steps of accurate claim submission, reimbursement strategies, and compliance with insurance regulations. The text is useful for coders, billers, and healthcare administrators.

5. Comprehensive Guide to CPT and ICD-10 Coding for ACL Surgery

Providing a thorough overview of both CPT and ICD-10 codes, this guide helps healthcare professionals correctly document and code ACL surgeries involving allografts. It explains the interrelation between procedural and diagnosis codes and includes tips for avoiding common coding errors. The book is ideal for coding specialists dealing with orthopedic cases.

6. Billing and Coding Best Practices for Orthopedic Allograft Procedures

This resource offers best practice recommendations for billing and coding orthopedic procedures that utilize allografts, including ACL reconstruction. It covers documentation standards, code modifiers, and payer policies to optimize reimbursement. The book also addresses compliance issues and audit preparedness.

7. ACL Reconstruction Techniques and Coding Implications

This book combines a clinical overview of ACL reconstruction techniques with detailed discussions on coding implications. It explains how different surgical approaches, including the use of allografts, impact CPT code selection. The text supports surgeons and coders in aligning clinical documentation with accurate billing.

8. Practical Coding Guide for Knee Surgery and Ligament Reconstruction

Offering practical advice, this guide focuses on coding knee surgeries, particularly ACL ligament reconstruction with allografts. It features step-by-step coding instructions, sample operative reports, and coding exercises. The book is designed to improve accuracy and efficiency in orthopedic coding workflows.

9. Essential CPT Coding for Orthopedic Sports Injuries

This essential reference covers CPT coding for a range of orthopedic sports injuries, including ACL reconstruction using allografts. It highlights key coding updates, documentation tips, and reimbursement strategies. The book is tailored for coders, billers, and orthopedic healthcare providers aiming to enhance coding proficiency.

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CPT Code for ACL Reconstruction with Allograft: Demystifying the Billing Process

Are you struggling with the complexities of medical billing, specifically regarding ACL reconstruction using an allograft? The sheer number of CPT codes, modifiers, and potential for errors can feel overwhelming, leading to delayed payments, denials, and ultimately, financial strain on your practice. Accurate coding is crucial for successful reimbursement, and navigating the nuances of allograft procedures adds another layer of difficulty. This ebook cuts through the confusion, providing you with the precise knowledge you need to confidently bill for ACL reconstruction with allografts and ensure smooth financial operations.

This Comprehensive Guide: Mastering Allograft ACL Reconstruction Billing by [Your Name/Practice Name]

Introduction: Understanding the Importance of Accurate CPT Coding for Allograft Procedures.
Chapter 1: Anatomy of an Allograft ACL Reconstruction: Surgical Procedure Breakdown.
Chapter 2: Deciphering CPT Codes for Allograft Use: A Detailed Guide to Relevant Codes & Modifiers.
Chapter 3: Common Coding Errors and How to Avoid Them.
Chapter 4: Documentation Best Practices for Successful Reimbursement.
Chapter 5: Navigating Insurance Reimbursement Processes.
Chapter 6: Case Studies: Real-World Examples of Allograft ACL Reconstruction Billing.
Conclusion: Maintaining Compliance and Optimizing Your Billing Strategies.

Mastering Allograft ACL Reconstruction Billing: A Comprehensive Guide

Introduction: The Importance of Accurate CPT Coding for Allograft Procedures

Accurate CPT (Current Procedural Terminology) coding is critical for healthcare providers performing Anterior Cruciate Ligament (ACL) reconstruction surgeries, especially when using an allograft. Inaccurate coding can lead to claim denials, delayed payments, and ultimately, financial instability. Allograft procedures, which involve using tissue from a deceased donor, introduce unique complexities to the billing process, requiring a thorough understanding of specific codes and modifiers. This guide will equip you with the knowledge to confidently navigate these complexities and ensure accurate billing for every ACL reconstruction with an allograft. The financial health of your practice depends on it.

Chapter 1: Anatomy of an Allograft ACL Reconstruction: Surgical Procedure Breakdown

Before delving into the specific CPT codes, understanding the surgical procedure itself is crucial. ACL reconstruction with an allograft involves several distinct steps:

Preoperative Evaluation: This includes a comprehensive patient history, physical examination, and imaging studies (MRI, X-ray) to assess the extent of the ACL injury and determine the suitability of an allograft.

Allograft Procurement and Preparation: The selection and preparation of the allograft, which might involve specific processing and sterilization techniques, significantly impact the surgical procedure and the subsequent billing.

Surgical Technique: The actual surgical procedure involves harvesting the graft (if autograft is used, although this chapter focuses on allografts), creating bone tunnels in the femur and tibia, securing the allograft within the tunnels using fixation devices (screws, staples), and performing any

necessary meniscus repairs or other associated procedures.

Postoperative Care: Includes pain management, physical therapy, and follow-up appointments.

Understanding each step allows for precise identification of the services rendered and the appropriate CPT codes. Detailed documentation of these steps is essential for successful reimbursement.

Chapter 2: Deciphering CPT Codes for Allograft Use: A Detailed Guide to Relevant Codes & Modifiers

Several CPT codes are involved in billing for an ACL reconstruction with an allograft. These include codes for:

Arthroscopy: Often used to visualize and assess the knee joint during surgery (e.g., 29870, 29871, 29872, etc.). The selection will depend on the extent of the arthroscopic procedure performed.

ACL Reconstruction: Codes specifying the surgical repair of the ACL (e.g., 29888, 29889, etc.) will vary based on the method of fixation. These codes will need to be specified as being performed with an allograft.

Allograft Procurement and Implantation: Codes may be required to represent the specific allograft and its preparation (these codes can vary, so it is crucial to check the current CPT manual).

Other Procedures: Additional codes may be necessary if other procedures, such as meniscus repair or cartilage restoration are performed concurrently.

Modifiers: Modifiers provide additional information about the service provided. For allograft procedures, specific modifiers might be needed to indicate the type of allograft used, the use of an allograft versus autograft and the complexity of the procedure. These are crucial for proper reimbursement and must be used correctly. Consult the official CPT manual and your payer's guidelines to ensure accurate modifier selection.

Chapter 3: Common Coding Errors and How to Avoid Them

Common coding errors related to ACL reconstruction with allografts include:

Incorrect Code Selection: Using outdated or incorrect CPT codes is a major cause of claim denials. Always refer to the most current CPT manual.

Missing Modifiers: Omitting necessary modifiers can lead to incomplete or unclear billing information.

Inaccurate Documentation: Poor documentation makes it difficult for payers to understand the procedure performed. Detailed operative notes are crucial.

Unbundling or Bundling Errors: Unbundling (separately billing components that are part of a single

procedure) or bundling (combining distinct procedures into a single code) are both serious coding errors.

Lack of Allograft Specific Coding: Failure to specify the use of an allograft leads to incomplete information and may affect payment.

Avoiding these errors requires meticulous attention to detail, adherence to current coding guidelines, and regular updates on CPT code changes.

Chapter 4: Documentation Best Practices for Successful Reimbursement

Comprehensive and accurate documentation is the cornerstone of successful reimbursement for allograft ACL reconstruction. The documentation should include:

Detailed Preoperative Assessment: Clearly document the patient's history, physical examination findings, and imaging results.

Operative Report: This should include a precise description of the surgical procedure, the type of allograft used, including the manufacturer, lot number (if required), the specifics of the fixation method, and any other procedures performed.

Postoperative Notes: Document postoperative care, including pain management, physical therapy, and patient progress.

Use of approved medical terms: Ensure the use of official medical terminology to prevent any misinterpretations.

Consistency across records: Maintain consistent terminology and information across all patient records.

Well-documented charts significantly increase the likelihood of clean claims and timely payment.

Chapter 5: Navigating Insurance Reimbursement Processes

Understanding your insurance payer's specific requirements is essential. Each payer may have different guidelines regarding allograft procedures. This involves:

Pre-authorization: Some payers require pre-authorization for allograft procedures. Failure to obtain pre-authorization can result in claim denials.

Medical Necessity: Clearly demonstrate the medical necessity of the allograft procedure in your documentation.

Coding Guidelines: Understand and adhere to the payer's specific coding guidelines and requirements.

Appeals Process: Familiarize yourself with the payer's appeals process to address any denials.

effectively.

Regular communication with your billing staff and payers helps streamline the reimbursement process.

Chapter 6: Case Studies: Real-World Examples of Allograft ACL Reconstruction Billing

This chapter presents case studies illustrating successful billing for various allograft ACL reconstruction scenarios. These examples showcase proper documentation, coding practices, and effective communication with payers.

Conclusion: Maintaining Compliance and Optimizing Your Billing Strategies

Staying updated on CPT code changes, payer guidelines, and best practices is crucial for long-term success. Regular training for your billing staff and a proactive approach to coding and documentation significantly reduce the risk of claim denials and ensure efficient reimbursement for your allograft ACL reconstruction services. This guide provides the foundation for mastering the billing process, but continuous learning and adaptation are essential.

FAQs

1. What is an allograft? An allograft is tissue from a deceased donor used to replace damaged or diseased tissue in a recipient.
2. Why use an allograft for ACL reconstruction? Autografts (tissue from the patient) may not always be feasible, or the patient may have insufficient tissue quality.
3. What are the main CPT codes involved in allograft ACL reconstruction? This varies and is dependent on the procedures performed. Consult the current CPT manual.
4. What modifiers are commonly used with allograft ACL reconstruction codes? This varies by procedure and payer; consult your payer guidelines.

5. How important is proper documentation for reimbursement? Crucial. Poor documentation is a major cause of claim denials.
6. What are common reasons for claim denials related to allograft ACL reconstruction? Incorrect codes, missing modifiers, and insufficient documentation are the most common reasons.
7. How can I stay updated on CPT code changes and payer guidelines? Subscribe to updates from the AMA and your payers.
8. What resources are available for assistance with medical billing and coding? Many professional organizations and consulting firms offer assistance.
9. What is the appeal process if a claim is denied? This varies by payer, so review their specific instructions.

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Marx, 2013-09-05 Although anterior cruciate ligament (ACL) reconstruction has a high success rate, a substantial number of patients are left with unsatisfactory results. *Revision ACL Reconstruction: Indications and Technique* provides detailed strategies for planning and executing revision ACL reconstructions. Concise chapters by a leading group of international orthopedic surgeons cover the diagnosis of failed ACL reconstruction, patient evaluation, preoperative planning for revision ACL surgery and complex technical considerations.

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Chapter openers deliver an overview of the anatomical system(s) to provide a basic understanding of pathophysiology that may affect code selection - Written by Sheri Poe Bernard who has a 20-year history developing coding education and training tools, including serving as vice president of clinical coding content at AAPC

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tibia, or shinbone, is the most fractured long bone in the body. In recent years, high-energy accidents result in comminuted tibia fractures or intraarticular fractures of the knee (plateau) or ankle (platform) that need immediate open reduction and internal fixation with anatomical plates or intramedullary nails. Intraarticular fractures with comminution or fractures with non-appropriate internal fixation predispose to post-traumatic knee or ankle arthritis. Conservative current therapies (injections of plate-rich plasma or stems cells) or high tibia osteotomies may delay the need of total knee arthroplasty. *Tibia Pathology and Fractures* analyzes all the up-to-date internal fixation or other operative or conservative therapies.

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divided thematically into five sections, though any chapter can stand on its own to guide the clinician in specific situations. Part I covers general principles and techniques, including etiology, clinical evaluation, imaging as well as different surgical methods. Part II, covering related concepts and management options, discusses soft tissue contractures, amputations and working in austere and resource-challenged settings. Underlying conditions comprise part III – specific metabolic, neuromuscular and tumor-related conditions, along with arthrogryposis, Osteogenesis Imperfecta and various skeletal dysplasias. Part IV presents congenital and developmental disorders, such as congenital femoral deficiency, hemimelias, tibial pseudoarthrosis and Blount disease, while part V rounds out the book with chapters on sequelae related to different etiologies and their treatment. Covering all aspects of the management of pediatric lower limb deformities and written by renowned experts in the field, this textbook will be an invaluable resource for orthopedic surgeons and trainees worldwide.

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E-Book Bernard F. Morrey, Joaquin Sanchez Sotelo, Mark E. Morrey, 2017-05-05 Revised to include the most up-to-date surgical techniques and their outcomes, Morrey's The Elbow and Its Disorders, 5th Edition, is an essential reference for today's orthopaedic surgeons, appealing both to those in general practice and those with a subspecialty interest in elbow surgery. This edition by Drs. Bernard Morrey, Mark Morrey, and Joaquin Sanchez-Sotelo, provides a practical focus on technique – both in the text and on dozens of high-quality instructional videos produced at the Mayo Clinic. Authoritative guidance from leading experts enables you to provide optimal care to your patients – even those with the most challenging elbow problems. - Covers all major areas of elbow surgery, including arthroscopy, trauma, sports, pediatrics, arthroplasty, and salvage procedures. - Supplements the text with full-color-photos, illustrations, and diagrams for a more instructive and visually appealing approach. - Provides expanded coverage of key topics in trauma, soft tissue procedures, joint replacement techniques, and innovative techniques for addressing cartilage lesions and restoring joint motion. - Includes over 2 hours of exam and procedural videos – such as arthroscopic procedures, fracture fixation, arthroplasty, and other reconstructive techniques – performed by the experts online for step-by-step guidance. - Features a new section on arthroscopic surgical procedures, now with expanded indications and evolving techniques. - Expert Consult™ eBook version included with purchase. This enhanced eBook experience allows you to search all of the text, figures, Q&As, and references from the book on a variety of devices.

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Brian J. Cole, M. Mike Malek, 2013-11-11 Drs. Cole and Malek, recognized leaders in the field, wrote this cutting-edge text to fill the void in the literature regarding the management of articular cartilage disease and meniscal deficiency. The book enables orthopedic surgeons to develop an evidence-based decision-making framework that guides the management of articular cartilage lesions. Carefully chosen contributors provide readers with a practical background in articular lesions, patient assessment, and management strategies. Subsequent chapters address the gamut of current surgical techniques, from arthroscopy and debridement to unicondylar arthroplasty, in a step-by-step manner. More than 500 detailed illustrations, many in color, help readers understand and master treatments. Case studies, which include preoperative planning and postoperative outcomes, reinforce the decision-making process. Nearly every permutation and treatment option is covered, making this text a prime resource for surgeons committed to exercising sound judgement.

cpt code for acl reconstruction with allograft: Traumatic Disorders of the Knee

John M. Siliski, 1994-06-24 Traumatic Disorders of the Knee is a must for orthopedic surgeons with an interest in knee injuries, sports medicine, and arthroplasty. It covers: knee anatomy; acute management of trauma; late reconstructive procedures; fractures and ligament injuries; knee dislocations; allografts in knee trauma; use of external fixators; articular cartilage injury and repair; osteochondral and chondral fractures; extensile exposure of the knee; distal femoral fractures; tibial plateau fractures; patellar fractures; extensor mechanism disruption; anterior and posterior cruciate ligament injuries; collateral ligament injuries; meniscal injury and repair; malunions and nonunions

of the knee; total knee replacement for posttraumatic arthritis; patellar fractures and extensor mechanism disruption in total knee replacement. Contributors include prominent surgeons from throughout North America. Features over 300 clear line drawings created especially for this book, plus 400 clear, informative radiographs and operative photographs.

cpt code for acl reconstruction with allograft: *Dictionary of Medical Acronyms and Abbreviations* Stanley Jablonski, 2004-09 This dictionary lists acronyms and abbreviations occurring with a reasonable frequency in the literature of medicine and the health care professions. Abbreviations and acronyms are given in capital letters, with no punctuation, and with concise definitions. The beginning sections also include symbols, genetic symbols, and the Greek alphabet and symbols.

cpt code for acl reconstruction with allograft: *Balloon Kyphoplasty* Stephan Becker, Michael Ogon, 2008-04-05 This is the first book to cover minimal-invasive treatment of osteoporotic, tumorous and traumatic vertebral fractures in the English language. In addition to detailed descriptions of the techniques, including tips and tricks from experts, the book contains a chapter about the medical treatment of osteoporosis, which is indispensable in the interdisciplinary approach to osteoporosis. This acclaimed innovative concept unites several treatment aspects. More conservative treatment methods are also presented in this work. All chapters reflect new developments and clinical findings in the field of orthopaedics, surgery, traumatology and neurosurgery.

cpt code for acl reconstruction with allograft: Minimally Invasive Surgery of the Foot and Ankle Nicola Maffulli, Mark Easley, 2010-12-25 Minimally Invasive Surgery of the Foot and Ankle represents a novel approach to treatment of orthopedic problems in the foot and ankle. The gradual change of philosophy in the management of foot and ankle surgery means that patients require a less invasive approach to surgery and a consequent improvement in recovery time. Describing the techniques and, importantly, the indications for minimally invasive procedures for the management of foot and ankle ailments, this book will explain the management of various conditions and how they can be approached using minimally invasive techniques. However, rather than only concentrating on minimally invasive surgery of the foot and ankle, the authors will be examining the options open to surgeons operating in this area - both open surgical and arthroscopic - and explaining the benefits of each. Extensive radiographs, diagrams, and intra-operative pictures will illustrate the procedures described.

cpt code for acl reconstruction with allograft: ICD-10-CM Official Guidelines for Coding and Reporting - FY 2021 (October 1, 2020 - September 30, 2021) Department Of Health And Human Services, 2020-09-06 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

cpt code for acl reconstruction with allograft: *Lumbar Interbody Fusion* Paul M. Lin, Kevin

Gill, 1989

cpt code for acl reconstruction with allograft: CPT Professional 2019 American Medical Association, 2018-09-25 CPT(R) 2019 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services.

cpt code for acl reconstruction with allograft: Textbook of Orthopedics and Trauma (4 Volumes) GS Kulkarni, 2016-01-20

cpt code for acl reconstruction with allograft: Joint Arthroplasty Shinichi Imura, Makoto Wada, Hironori Omori, 2012-12-06 The introduction of total joint arthroplasty throughout the world has contributed manifold benefits to patients who suffer from joint diseases. Concurrently, however, there has been an increase in revision surgery. Many orthopedic surgeons agree that durability of prostheses is an eternal problem. In particular, periprosthetic osteolysis recently has been identified as one of the serious problems affecting prosthetic durability. To improve durability, osteolysis and many other problems must be investigated and solved both experimentally and clinically with respect to such aspects as prosthetic material, design, and biological and biomechanical behavior. This book comprises 37 papers that were presented by orthopedic surgeons and biomedical engineers at the 28th Annual Meeting of the Japanese Society for Replacement Arthroplasty, held in March 1998 in Kanazawa, Japan. The volume is thus a compilation of the latest knowledge about the pathogenesis and reduction of osteolysis and wear, newly developed total hip prostheses, and other current topics of total knee arthroplasty. We earnestly hope that this book will be of benefit to clinicians and researchers, and that it will contribute to the creation of more durable total joint prostheses in the future. SHINICHI IMURA v Contents Preface ' V List of Contributors. XI Part 1 Wear and Pathogenesis of Osteolysis Friction and Wear of Artificial Joints: A Historical Review N. AKAMATSU , 3 Matrix Degradation in Osteoclastic Bone Resorption Under Pathological Conditions .

cpt code for acl reconstruction with allograft: Tendinopathy in Athletes Savio L-Y. Woo, Per A. F. H. Renström, Steven P. Arnoczky, 2008-04-15 This concise volume in the Encyclopaedia of Sports Medicine series, published under the auspices of the International Olympic Committee, provides a dependable source of current knowledge available on tendinopathy and covers both the basic science and clinical aspects of the subject. Despite its high incidence, the precise etiopathogenesis and effective treatment of tendinopathy remain elusive. Tendinopathy in Athletes draws on the expertise of an international and prolific collection of contributors, both clinicians and scientists, who provide new insights into this specialized area. This book: provides a comprehensive resource for both clinicians and researchers with information organized logically, with an easy-to-follow progression from the basic scientific findings to clinical applications discusses the full range of treatment modalities, including new molecular and biological approaches, plus surgical and alternative approaches to tendinopathy contains "What We Need to Know" sections that suggest future areas of research for young investigators. As tendinopathy remains one of the most common injuries encountered, both in sports and at the workplace, this essential volume is sure to be a source of frequent consultation.

cpt code for acl reconstruction with allograft: The Care of the Teeth Arthur Thomas Pitts, 1916

cpt code for acl reconstruction with allograft: Knee Arthroscopy Brian P. McKeon, James V. Bono, John C. Richmond, 2009-04-11 This book serves as a technique-oriented how-to guide to knee arthroscopy. Renowned authorities present advances in meniscal transplantation, articular cartilage repair, anterior cruciate ligament treatment and other procedures. Chapters are comprehensive, and readers are led step-by-step through techniques. Anatomy, indications, and complications for each approach are highlighted, and clinical pearls are featured throughout. Case studies facilitate the integration of concepts into practice. Orthopedic surgeons, orthopedic residents, and sports medicine physicians will find this thorough text invaluable.

cpt code for acl reconstruction with allograft: Operative Techniques: Knee Surgery E-Book

Mark D. Miller, Brian J. Cole, Andrew Cosgarea, Brett D. Owens, James A Browne, 2017-01-29 Ideal for orthopaedic residents, fellows, and practicing surgeons alike, *Operative Techniques: Knee Surgery* offers all the step-by-step guidance you need to perform the latest techniques in knee surgery. As part of the highly visual *Operative Techniques* series, it boasts brief bulleted descriptions and a clean layout for ease of use, while clinical pearls help you optimize outcomes and obtain the best results. - Highly visual atlas-style text features brief bulleted descriptions and a clean layout for ease of use. - Clinical pearls help you optimize outcomes and obtain the best results. - Outlines positioning, exposures, instrumentation, and implants to give you a step-by-step guide for every procedure. - Provides information on post-operative care and expected outcomes, including potential complications. - Brief notes and supporting evidence on controversies offers important details about patient-focused surgery. - Fully updated procedural videos and figures provide enhanced visual guidance. - Features combined coverage of sports knee surgery, arthroscopy, and total knee replacement. - Discusses trochyioplasty, a controversial new innovation, as well as NPSL technique. - Boasts updated coverage of key procedures and techniques in sports knee surgery. - Expert Consult eBook version included with purchase. This enhanced eBook experience allows you to search all of the text, figures, images, videos, and references from the book on a variety of devices.

cpt code for acl reconstruction with allograft: Annual Research Progress Report , 1979

cpt code for acl reconstruction with allograft: Modern Hip Resurfacing Derek J. W. McMinn, 2009-02-02 Hip replacement surgery is a radical and traumatic procedure that has enormous disadvantages to the patient in terms of postoperative mobility and morbidity. Hip resurfacing is a more conservative approach resulting in less of the patient's hip and femur being lost, which has great advantages to a younger patient group. The author of *Hip Resurfacing* is the world's leading authority on this surgery, making this the definitive resource in hip resurfacing

cpt code for acl reconstruction with allograft: The Knee Joint Michel Bonnin, Ned Annunziato Amendola, Johan Bellemans, Steven J. MacDonald, Jacques Menetrey, 2013-07-04 Pushed by the progress of biology, technology and biomechanics, knee surgery has dramatically evolved in the last decades. This book is a state of the art concerning all aspects of knee surgery from ligament reconstruction to Total Knee Arthroplasty. An international panel of renowned authors have worked on this didactic fully illustrated book. It will help young surgeons to understand basic sciences and modern surgical techniques. The experienced surgeon will find help to deal with difficult cases and clarifications in recent technologic advances such as cartilage surgery, navigation and mini invasive surgery.

cpt code for acl reconstruction with allograft: Total Knee Arthroplasty James Alan Rand, 1993 This comprehensive reference on total knee arthroplasty describes all surgical techniques and prosthetic designs for primary and revision arthroplasty, discusses every aspect of patient selection, preoperative planning, and intraoperative and postoperative care.

cpt code for acl reconstruction with allograft: Drug-Induced Sleep Endoscopy Nico de Vries, Ottavio Piccin, Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep-related breathing disorder, impacting an estimated 1.36 billion people worldwide. In the past, OSA was almost exclusively treated with Continuous Positive Airway Pressure (CPAP), however, dynamic assessment of upper airway obstruction with Drug-Induced Sleep Endoscopy (DISE) has been instrumental in developing efficacious alternatives. *Drug-Induced Sleep Endoscopy: Diagnostic and Therapeutic Applications* by Nico de Vries, Ottavio Piccin, Olivier Vanderveken, and Claudio Vicini is the first textbook on DISE written by world-renowned sleep medicine pioneers. Twenty-four chapters feature contributions from an impressive group of multidisciplinary international experts. Foundational chapters encompass indications, contraindications, informed consent, organization and logistics, patient preparation, and drugs used in DISE. Subsequent chapters focus on treatment outcomes, the role of DISE in therapeutic decision making and upper airway stimulation, pediatric sleep endoscopy, craniofacial syndromes, advanced techniques, and more. Key Highlights

Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics, from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents, fellows, and surgeons. Clinicians in other specialties involved in sleep medicine will also benefit from this reference, including pulmonologists, neurologists, neurophysiologists, maxillofacial surgeons, and anesthesiologists.

cpt code for acl reconstruction with allograft: *Limb Lengthening and Reconstruction Surgery* S. Robert Rozbruch, Svetlana Ilizarov, 2006-10-25 An illustrative and in-depth overview of the many available applications and techniques for limb lengthening and reconstruction, this guide provides step-by-step details on the latest surgical procedures for the correction of limb deformities due to congenital defects, growth disturbances, infection, and trauma in both children and adults. Supplyin

cpt code for acl reconstruction with allograft: *Allograft Procurement, Processing And Transplantation: A Comprehensive Guide For Tissue Banks* Abdul Aziz Nather, 2010-08-30 This book is written as a comprehensive guide for all tissue bank operators to procure and process bone and soft tissue allografts of highest quality standards for safe tissue transplantation practice in patients who require musculoskeletal tissue allograft transplantation. This comprehensive guide includes donor selection criteria, aseptic procurement techniques, laboratory testing and processing of grafts by deep freezing or freeze drying. It also includes sterilization of tissue grafts using gamma irradiation. Quality controls of tissue grafts are discussed in depth. The clinical transplantation of bone and soft tissue allografts is also discussed, with special consideration given to potential complications. Principles of sterile technique in the operating theater are described. The book also incorporates the basic sciences of tissue banking including anatomy, biomechanics, microbiology and immunology. It also covers radiation science so that the reader can better understand radiation sterilization of tissue grafts. Included in the book is a guide for public awareness programmes, radiation code of practice and general standards for tissue banking as recommended by the International Atomic Energy Agency.

cpt code for acl reconstruction with allograft: *Hip Joint Restoration* Joseph C. McCarthy, Philip C. Noble, Richard N. Villar, 2016-10-18 Hip Joint Restoration is a comprehensive yet practical guide to the basic science and clinical applications of arthroscopy, arthroplasty, osteotomy and preservation surgery for the treatment of diseases and conditions of the hip. This generously illustrated text offers a comprehensive introduction to essential features of hip evaluation, the medical management of hip procedures, and treatment of specific conditions, and covers practical topics such as surgical anatomy of the hip, surgical approaches, instrumentation, and indications for arthroscopy and other surgical procedures aimed at restoration of the hip joint. Additional chapters cover clinical outcomes and equality of life following hip surgery, the current state of research and education of arthroscopic hip procedures throughout the world, other topics such as complications and rehabilitation in different patient populations. This book will be a useful resource for Orthopedic Surgeons and Osteopaths who perform open and arthroscopic hip preservation and total joint replacement, as well as for orthopedic residents and researchers.

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