**Appeal Letter Shoulder Code 29826**

[Date]

Patient: [Name]

DOB: [xx-xx-xx]

Insurance ID#: [xxxx]

Group#: [xxxx]

Date of Service: [XX-XX-XX]

To Whom it may concern,

This is an appeal for the inappropriate denial of CPT add-on code **29826**, *Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure),* reported in conjunction with code [**29824**, *Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure),* **29827**, *Arthroscopy, shoulder, surgical;* *with rotator cuff repair,* **29828**, *Arthroscopy, shoulder, surgical; biceps tenodesis*]. Denial of code 29826 is in direct conflict with AMA CPT Guidelines which designate CPT code 29826 as an add-on code that must be *listed separately in addition to the code for the primary procedure.* The CPT parenthetical instruction further states that code 29826 is to be reported in conjunction with codes 29806-29825, 29827, and 29828.

Effective January 1, 2020, the Centers for Medicare and Medicaid Services (CMS) deleted language from the National Correct Coding Initiative (NCCI) Policy Manual which previously stated that the shoulder is a single anatomic structure. There are no existing NCCI edits in place for these code pairs which would preclude one from reporting these codes together.

The shoulder should be recognized as four anatomic areas: glenohumeral, acromioclavicular, sternoclavicular and the bursal space. Approaches to each of these spaces is unique and different excisions are required to access each space. These are identifiable with unique ICD10 codes and corresponding CPT codes.  The American Academy of Orthopaedic Surgeons Global Service Data Guide for Orthopaedic Surgery (GSD) states specifically that codes 29824, 29826, 29827, and 29828 are separately reportable (attached).

As the ultimate advocate for our patients, we must insist that the surgical treatment decision is left in the hands of the physician, as intended by Medicare.Therefore, since CMS recognizes the shoulder as more than a single anatomic structure, as well as the fact that NCCI and CPT guidelines allow these procedures to be performed and reimbursed when performed in the same shoulder, we request a reprocessing of this claim in order to obtain the accurate reimbursement due for performing the procedures for this patient on the date listed above.

Sincerely,