

Western Australian Coding Rule

0722/05 Bursectomy performed with subacromial decompression (SAD)

In Twelfth Edition bursectomy has been added as an Inclusion in the ACHI Tabular List for subacromial decompression and some other shoulder procedures.

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0316/03 Bursectomy performed with subacromial decompression (SAD)

Q.

Should a bursectomy performed with a subacromial decompression be coded separately, or is it inherent in the SAD procedure code?

A.

Subacromial impingement syndrome (SAIS) is the most common disorder of the shoulder, accounting for 44-65% of all shoulder complaints. SAIS encompasses a spectrum of subacromial space pathologies including partial thickness rotator cuff tears, rotator cuff tendinosis, calcific tendinitis, and subacromial bursitis. The main consequences of SAIS are pain, weakness and reduced range of movement. The aetiology of subacromial impingement is controversial, with two main theories described: A degenerative (intrinsic) theory, where symptoms are thought to result from overload on degenerating rotator cuff tendons; and a mechanical (extrinsic) theory, where symptoms are caused by compression of the rotator cuff by the acromion. Conservative management is often successful but when it fails, current surgical treatment is generally arthroscopic subacromial decompression (SAD).

The SAD procedure is based on the theory that primary acromial pathology (an extrinsic cause) is the initiating factor leading to the dysfunction and eventual tearing of the rotator cuff. SAD includes acromioplasty (removing the anterior inferior part of the acromion), and bursectomy (excision/debridement of the subacromial bursa). Other components are also performed as required such as division/resection of the coraco-acromial ligament and resection of any osteophytes from the acromio-clavicular joint that are thought to be contributing to impingement.

Clinical advice indicates that a subacromial decompression procedure would normally include a bursectomy. The aim of an SAD is to decompress the sub-acromial space and any or all of the preceding component procedures would be inherent in doing so.

DECISION

Bursectomy is inherent in a subacromial decompression procedure and should not be coded separately when performed in the same operative episode.

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