

Coding for Amputations

Get it Right with No Second Guessing

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Reference

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Appropriate Diagnosis Options

Gangrene

Osteomyelitis

Abscess

Cellulitis

Neoplasm

Gangrene

A48.0 Gas Gangrene

I70.261 Atherosclerosis of native arteries of extremities with gangrene, right leg

I70.262 Atherosclerosis of native arteries of extremities with gangrene, left leg

I70.263 Atherosclerosis of native arteries of extremities with gangrene, bilateral legs

I96 Gangrene, not elsewhere classified

Diabetes

E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene

E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

Osteomyelitis

Acute

< 2 week duration

Subacute

2-6 week duration

Chronic

>6 week duration

Osteomyelitis, Acute

M86.071 Acute hematogenous osteomyelitis, right ankle and foot

M86.072 Acute hematogenous osteomyelitis, left ankle and foot

M86.171 Other acute osteomyelitis, right ankle and foot

M86.172 Other acute osteomyelitis, left ankle and foot

Osteomyelitis, Subacute

M86.271 Subacute osteomyelitis, right ankle and foot

M86.272 Subacute osteomyelitis, left ankle and foot

Osteomyelitis, Chronic

M86.371 Chronic multifocal osteomyelitis, right ankle and foot

M86.372 Chronic multifocal osteomyelitis left ankle and foot

M86.471 Chronic osteomyelitis with draining sinus, right ankle and foot

M86.472 Chronic osteomyelitis with draining sinus, left ankle and foot

Osteomyelitis, Chronic (cont.)

M86.571 Other chronic hematogenous osteomyelitis, right ankle and foot

M86.572 Other chronic hematogenous osteomyelitis, left ankle and foot

M86.671 Other chronic osteomyelitis, right ankle and foot

M86.672 Other chronic osteomyelitis, left ankle and foot

Abscess

L02.611 Cutaneous abscess of right foot

L02.612 Cutaneous abscess of left foot

Cellulitis

L03.115 Cellulitis of right lower limb

L03.116 Cellulitis of left lower limb

L03.031 Cellulitis of right toe

L03.032 Cellulitis of left toe

Diagnosis Neoplasm

C40.21 Malignant neoplasm of long bones of right lower limb

C40.22 Malignant neoplasm of long bones of left lower limb

C43.71 Malignant melanoma of right lower limb, including hip

C43.72 Malignant melanoma of left lower limb, including hip

Procedures

Partial bone

Toe

MPJ

Ray

TMA

Partial Bone Removal

CPT 28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

CPT 28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

CPT 28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe

Toe

CPT 28825 Amputation, toe; interphalangeal joint

CPT 28820 Amputation, toe; metatarsophalangeal joint

Partial Ray Resection

CPT 28810 Amputation, metatarsal, including toe, single

Total Ray Resection

CPT 28810 Amputation, metatarsal, including toe, single

Transmetatarsal Amputation

CPT 28805 Amputation, foot; transmetatarsal

TMA Revision

CPT 28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

CPT 28122 x __ units

Depending on the payer may need to place codes on separate lines

May need 59 modifier

RT/LT modifiers may be appropriate

If inside global be sure to use modifier 58 or 78

Midtarsal Amputation

CPT 28800 Amputation, foot; midtarsal (eg. Chopart type procedure) spares the talus and calcaneus

Ankle Amputation

CPT 27889 Ankle disarticulation

Transmalleolar Amputation

CPT 27888 Amputation, ankle, through malleoli of tibia and fibula (eg. Syme, pirogofftype procedures), with plastic closure and resection of nerves

Additional Amputation Codes

CPT 27882 Amputation, leg, through tibia and fibula; open, circular (guillotine)

CPT 27884 Amputation, leg, through tibia and fibula; secondary closure or scar revision

CPT 27886 Amputation, leg, through tibia and fibula; re-amputation

Pertinent additional codes

CPT 20220 Biopsy, bone, trocar, or needle; superficial (eg. Ilium, sternum, spinous process, ribs)

Pertinent additional codes

CPT 14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sqcm or less

CPT 14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sqcm to 30.0 sqcm

Pertinent additional codes

CPT 27686 Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each

CPT 27687 Gastrocnemius recession (eg, Strayer procedure)

Modifier 58

Staged or Related Procedure or Service by the Same Physician During the Postoperative Period:

It may be necessary to indicate that the performance of a procedure or services during the post operative period was (a) planned or anticipated (staged); (b) more extensive than original procedure; or ©for the therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure.

Note: For treatment of a problem that requires a return to the operating room or procedure room, see modifier 78

Modifier 78

Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure During the Postoperative Period.

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first and requires the use of an operating or procedure room, it may be reported by adding modifier 78 to the related procedure.

Case Study 1

Distal part of 2nd toe is disarticulated at the PIPJ and bone is excised to the level of the proximal phalanx shaft

CPT 28825 Amputation, toe; interphalangeal joint

Case Study 2

Partial 1st ray resection to the level of the surgical neck of the 1st metatarsal

CPT 28810 Amputation, metatarsal, including toe, single

Case Study 3


5th ray resection with traditional flap failure/insufficiency so you performed a birotational flap

CPT 28810 Amputation, metatarsal, including toe, single
and

CPT 14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sqcm or less

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Medicare National Correct Coding Initiative Edits (v25.2)

Enter the two procedures performed to find if there is a code pair edit and, if so, what type.

Code 28810 : (Return to code)

Amputation, metatarsal, with toe, single

Code 14040 : (Return to code)

Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

The lists below shows the coding pairs associated with codes 28810 and 14040.

No coding pairs were found

FEEDBACK / COMMENTS

Please note: APMA does not provide specific coding, billing, or reimbursement advice. For more information [click here](#).

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Case Study 4

TMA with TAL lengthening

CPT 28805 Amputation, foot; transmetatarsal
and

CPT 27685 Lengthening or shortening of tendon, leg or ankle; single
tendon (separate procedure)

Questions?