Coding for Amputations

Get it Right with No Second Guessing

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Reference

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 postoperative 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
Modifiers 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 2\textsuperscript{nd} toe is disarticulated at the PIPJ and bone is excised to the level of the proximal phalanx shaft

\textbf{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
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

14040

Go

Code 28810

(Proximal to code)
Ampullation, incisional, with toe, single

Code 14040

(Distal to code)
Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axilla, genitalia, hands and/or feet, defect to 1 sq cm or less

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

No coding pairs were found.
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?