THE CODING SEMINAR, PRESENTED BY APMA

Saturday, March 30, 2019
Boston, MA
Michael G. Warshaw, DPM, CPC



ICD-10 AND CPT CODING FOR FIRST RAY SURGERY



28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
	proximal phalanx osteotomy, any method
28299	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double
	osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

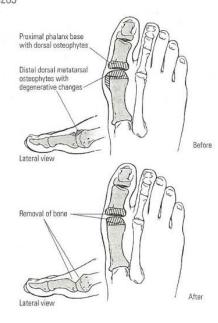
Correct Coding Edits:

hese codes will not be paid if billed with procedure code 28289							
11420	11421	11422	11423	11424	11426	11730	11750
12001	12002	12004	12005	12006	12021	12041	12042
12044	12045	12046	12047	13131	13132	20550	20551
20552	20553	20600	20605	20610	28022	28024	28052
28054	28080	28090	28104	28108	28111	28122	28124
28126	28150	28153	28160	28230	28232	28234	28240
28270	28285	28288	28306	28307	28308	28315	29540
295550	64450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Rigidus Correction 28289



28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

first metatarsal and medial cuneiform arthrodesis, any method

proximal phalanx osteotomy, any method

Sesamoidectomy, first toe separate procedure)

osteotomy, any method

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant Hallux rigidus correction, with cheilectomy, debridement and capsular release of the 28291 first metatarsophalangeal joint; with implant Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with 28292 resection of proximal phalangeal base, when performed, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with 28295 proximal metatarsal osteotomy, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, 28296 with distal metatarsal osteotomy, any method

Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with

Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with

Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double

	28315	
Imp	ortant Note	es:

28297

28298

28299

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code. 28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

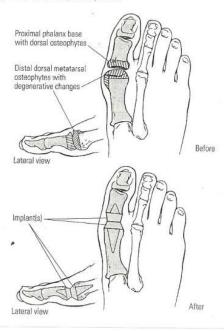
hese codes will not be paid if billed with procedure code 28289							
11420	11421	11422	11423	11424	11426	11730	11750
12001	12002	12004	12005	12006	12021	12041	12042
12044	12045	12046	12047	13131	13132	20550	20551
20552	20553	20600	20605	20610	28022	28024	28052
28054	28080	28090	28104	28108	28111	28122	28124
28126	28150	28153	28160	28230	28232	28234	28240
28270	28285	28288	28306	28307	28308	28315	29540
295550	64450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Rigidus Correction with Implant 28291

A single- or double-stem implant may be used





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
28299	proximal phalanx osteotomy, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code. 28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

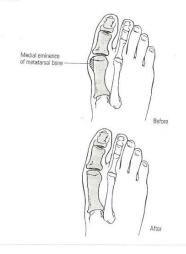
Correct Coding Edits:

These codes w	ill not be paid	if billed with	h procedure	code 28289			
11420	11421	11422	11423	11424	11426	11730	11750
12001	12002	12004	12005	12006	12021	12041	12042
12044	12045	12046	12047	13131	13132	20550	20551
20552	20553	20600	20605	20610	28022	28024	28052
28054	28080	28090	28104	28108	28111	28122	28124
28126	28150	28153	28160	28230	28232	28234	28240
28270	28285	28288	28306	28307	28308	28315	29540
295550	64450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

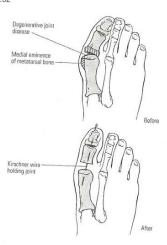


Hallux Valgus Correction 28292



Hallux Valgus Correction with Proximal Phalanx Base Resection

28292





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the
	first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
	proximal phalanx osteotomy, any method
28299	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double
	osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

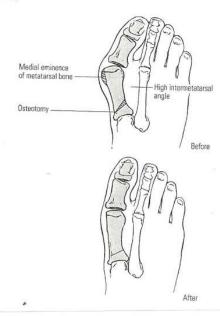
Correct Coding Edits:

These codes will not be paid if billed with procedure code 28289								
11420	11421	11422	11423	11424	11426	11730	11750	
12001	12002	12004	12005	12006	12021	12041	12042	
12044	12045	12046	12047	13131	13132	20550	20551	
20552	20553	20600	20605	20610	28022	28024	28052	
28054	28080	28090	28104	28108	28111	28122	28124	
28126	28150	28153	28160	28230	28232	28234	28240	
28270	28285	28288	28306	28307	28308	28315	29540	
295550	64450	64455	69990					

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Valgus Correction with Proximal First Metatarsal Osteotomy 28295





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315
Follow-up days	90 days

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
28299	proximal phalanx osteotomy, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

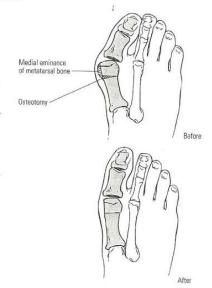
hese codes will not be paid if billed with procedure code 28289								
11420	11421	11422	11423	11424	11426	11730	11750	
12001	12002	12004	12005	12006	12021	12041	12042	
12044	12045	12046	12047	13131	13132	20550	20551	
20552	20553	20600	20605	20610	28022	28024	28052	
28054	28080	28090	28104	28108	28111	28122	28124	
28126	28150	28153	28160	28230	28232	28234	28240	
28270	28285	28288	28306	28307	28308	28315	29540	
295550	64450	64455	69990					

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. –LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Valgus Correction with Distal First Metatarsal Osteotomy 28296

A single or multiple plane osteotomy originating through the distal aspect of the first metatarsal





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315
Follow-up days	90 days

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the
	first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
	proximal phalanx osteotomy, any method
28299	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double
	osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

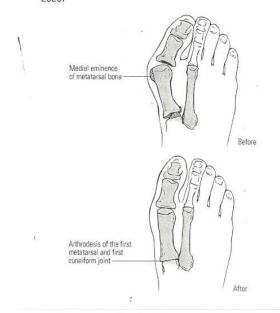
28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

These codes will not be paid if billed with procedure code 28289								
11420	11421	11422	11423	11424	11426	11730	11750	
12001	12002	12004	12005	12006	12021	12041	12042	
12044	12045	12046	12047	13131	13132	20550	20551	
20552	20553	20600	20605	20610	28022	28024	28052	
28054	28080	28090	28104	28108	28111	28122	28124	
28126	28150	28153	28160	28230	28232	28234	28240	
28270	28285	28288	28306	28307	28308	28315	29540	
295550	64450	64455	69990					

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

Hallux Valgus Correction with Metatarsal-Medial Cuneiform Joint Arthrodesis 28297





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
28299	proximal phalanx osteotomy, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

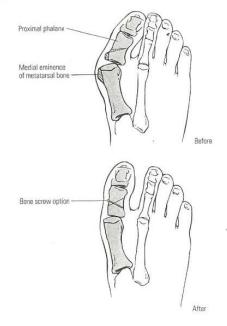
hese codes w	ill not be paid	if billed with	h procedure	code 28289			
11420	11421	11422	11423	11424	11426	11730	11750
12001	12002	12004	12005	12006	12021	12041	12042
12044	12045	12046	12047	13131	13132	20550	20551
20552	20553	20600	20605	20610	28022	28024	28052
28054	28080	28090	28104	28108	28111	28122	28124
28126	28150	28153	28160	28230	28232	28234	28240
28270	28285	28288	28306	28307	28308	28315	29540
295550	64450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Valgus Correction with Proximal Phalanx Osteotomy

28298





28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315		
Follow-up days	90 days		

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
28299	proximal phalanx osteotomy, any method Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

hese codes will not be paid if billed with procedure code 28289								
11420	11421	11422	11423	11424	11426	11730	11750	
12001	12002	12004	12005	12006	12021	12041	12042	
12044	12045	12046	12047	13131	13132	20550	20551	
20552	20553	20600	20605	20610	28022	28024	28052	
28054	28080	28090	28104	28108	28111	28122	28124	
28126	28150	28153	28160	28230	28232	28234	28240	
28270	28285	28288	28306	28307	28308	28315	29540	
295550	64450	64455	69990					

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.



Hallux Valgus Correction with Double Osteotomy 28299

These illustrations depict medial resection of the first metatarsal along with several first ray double osteotomy options for hallux valgus and metatarsus primus adductus (high intermetatarsal angle) correction.

Surgical Option 1

PREOP

POSTOP

Angular deformity of proximal phalanx
Medial eminence of metatarsal bone



Surgical Option 2

PREOP

POSTOP



Double osteotomy of the metatarsal with internal fixation

Note: Internal fixation is not depicted, but would include screw(s), pin(s), wire(s), as needed.

Surgical Option 3

PREO

POSTOP

Angular deformity of proximal phalanx ___

Medial eminence of metatarsal bone

Angular deformity at the first metatarsal base



proximal first metatarsal

Note: Internal fixation is not denirted

Note: Internal fixation is not depicted, but would include screw(s), pin(s), wire(s), as needed.



These codes will not be paid if billed with procedure code 28291								
11421	11422	11424	11730	11750	12201	14040	14041	
20550	20551	20552	20553	20650	20690	28022	28024	
28054	28080	28090	28104	28108	28122	28124	28126	
28150	28153	28160	28234	28240	28270	28285	28288	
28306	28307	28308	28310	28351	28476	28485	28645	
29540	92550	64450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

hese codes will not be paid if billed with procedure code 28292									
11420	11421	11422	11423	11424	11730	11750	14040		
14041	20550	20551	20552	20553	20600	20605	20610		
20650	20690	28010	28011	28022	28024	28052	28054		
28072	28080	28090	28092	28104	28108	28111	28122		
28124	28126	28150	28153	28190	28208	28234	28240		
28270	28285	28288	28290	28306	28307	28310	28310		
28476	28485	28645	29425	29540	29550	29580	64455		
64455	69990								

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

1			
	 		-
			19

These codes w	hese codes will not be paid if billed with procedure code 28295								
11420	11421	11422	11423	11424	11730	11750	14040		
11401	20550	20551	20552	20553	20650	20690	27690		
27691	28010	28011	28022	28024	28052	28054	28072		
28080	28090	28092	28104	28108	28122	28124	28126		
28150	28513	28160	28234	28240	28270	28285	28288		
28290	28292	28298	28306	28307	28308	28310	28315		
28476	28485	28645	29425	29540	29550	64450	64455		
69990									

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

hese codes will not be paid if billed with procedure code 28296									
11420	11421	11422	11423	11424	11730	11750	1040		
14041	20550	20551	20552	20553	20650	20690	28010		
28011	28022	28024	28052	28054	28072	28080	28090		
28092	28104	28108	28122	28124	28126	28150	28234		
28240	28270	28285	28288	28290	28292	28298	28306		
28307	28310	28315	28476	28485	28645	29405	29425		
29515	29540	29550	64450	64455	69990				



If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. –LT, –RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

hese codes w	nese codes will not be paid if billed with procedure code 28297									
11420	11421	11422	11423	11424	11730	11750	14040			
14041	20550	20551	20552	20553	20665	20690	28010			
28011	28022	28024	28052	28054	28072	28080	28090			
28092	28104	28108	28122	28124	28126	28150	28153			
28160	28234	28240	28270	28285	28288	28290	29792			
28293	28294	28296	28298	28299	28304	28306	28307			
28308	28310	28315	28476	28485	28645	29540	29550			
64450	64455	69990								

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

These codes w	hese codes will not be paid if billed with procedure code 28298									
11420	11421	11422	11423	11424	11730	11750	14040			
14041	20550	20551	20552	20553	20650	20690	28010			
28011	28022	28024	28052	28054	28072	28080	28090			
28092	28104	28122	28124	28126	28150	28150	28153			
28234	28240	28270	28285	28288	28290	28290	28296			
28307	28308	28310	28315	28476	28485	28476	28485			
29550	64450	64455	69990			64455	69990			

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

11420	11421	11422	11423	11424	11730	11750	14040
14041	20550	20551	20552	20553	20650	20690	28010
28011	28022	28024	28052	28054	28072	28080	28090
28092	28104	28108	28122	28124	28126	28150	28153
28160	28234	28240	28270	28285	28288	28290	28296
28306	28307	28310	28312	28313	28315	28476	28485
28645	29405	29425	29540	29550	64450	64455	69990

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

These codes will not be paid if billed with procedure code 28315									
11055	11719	13131	20550	20551	20552	20553	28022		
29425	29540	29550	6450	64455	69990				

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. –LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.

Additional ICD-10-CM Codes for 2017 M21.611 Bunion of right foot M21.612 Bunion of left foot



28289 28291 28292 28295 28296 28297 28298 28299 28315

Code Quick Reference:

Assistant Surgeon	Covered except for 28290 and 28315
Follow-up days	90 days

ICD-10 codes for Hallux rigidus: M20.21 Hallux rigidus, right foot; M20.22 Hallux rigidus, left foot Code Description: ICD-10 codes for Hallux valgus: M20.11 Hallux valgus, right foot; M20.12 Hallux valgus, left foot

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the
	first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction, with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed with resection of proximal phalangeal base, when performed, any method
28295	Correction, hallux valgus [bunionectomy], with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus [bunionectomy], with sesamoidectomy; when performed, with first metatarsal and medial cuneiform arthrodesis, any method
28298	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with
	proximal phalanx osteotomy, any method
28299	Correction, hallux valgus [bunionectomy], with sesamoidectomy, when performed, with double
	osteotomy, any method
28315	Sesamoidectomy, first toe separate procedure)

Important Notes:

A bunion correction includes those collective procedures that constitute a total correction. The "Correct Coding Edits" list all the individual procedure codes considered included in a specified bunionectomy. Medicare will not pay for them if billed with the specified bunion code.

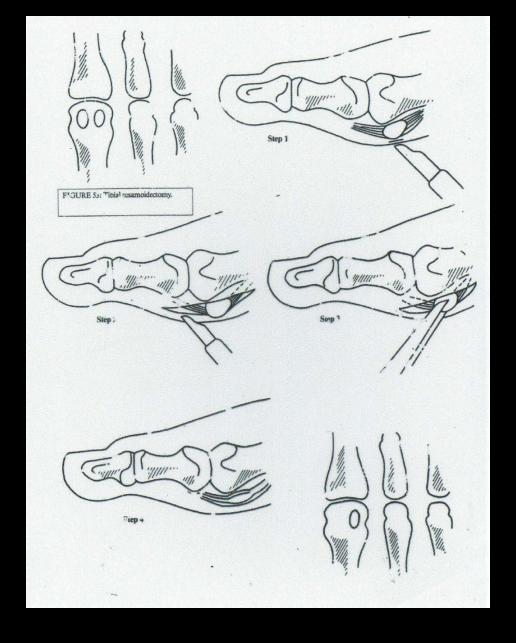
28315 if performed as a single procedure is appropriate for a total or partial sesamoidectomy

Correct Coding Edits:

These codes will not be paid if billed with procedure code 28289										
11420	11421	11422	11423	11424	11426	11730	11750			
12001	12002	12004	12005	12006	12021	12041	12042			
12044	12045	12046	12047	13131	13132	20550	20551			
20552	20553	20600	20605	20610	28022	28024	28052			
28054	28080	28090	28104	28108	28111	28122	28124			
28126	28150	28153	28160	28230	28232	28234	28240			
28270	28285	28288	28306	28307	28308	28315	29540			
295550	64450	64455	69990							

If one of these procedure codes is performed on a separate toe, foot, or site, use the appropriate Anatomic Modifier (i.e. -LT, -RT, -TA, -T1, etc.) to notify Medicare that is should be paid.







First Ray Procedures that are Solely Osteotomies



CPT Code 28306

Osteotomy, with or without lengthening, shortening, or angular correction, metatarsal; first metatarsal



CPT Code 28310

Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)



Arthrodesis/Fusion



CPT 28740

Arthrodesis, midtarsal or tarsometatarsal, single joint



CPT 28750

Arthrodesis, great toe; metatarsophalangeal joint



Combinations



Lapidus and Reverdin

CPT 28296 and CPT 28740



Lapidus and Akin

CPT 28298 and CPT 28740



Lapidus and Reverdin and Akin

CPT 28299 and CPT 28740



Hallux Varus Repair



- <u>CPT 28313 Reconstruction, angular deformity of toe, soft tissue</u> <u>procedures only (eg, overlapping second toe, fifth toe, curly toes)</u>
- <u>CPT 28270 Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)</u>
- CPT 28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
- CPT 28306 Osteotomy, with or without lengthening, shortening, or angular correction, metatarsal; first metatarsal



Questions?



Thank You So Much!!!

