Coding for Plantar Plate Repair

Sarah M. Abshier, DPM
Disclaimer

CPT codes and their descriptions and the policies discussed in this webinar do not reflect or guarantee coverage or payment. Just because a CPT code exists, payment for the service it describes is not guaranteed. Coverage and payment policies of governmental and private payers vary from time to time and for different areas of the country. Questions regarding coverage and payment by a payer should be directed to that payer. The coding advice provided in this webinar reflects only the opinions of the speaker. APMA and the speaker and NYSPMA do not claim responsibility for any consequences or liability attributable to the use of the information contained in this presentation.

Reference

Plantar Plate Dysfunction

Plantar plate dysfunction is the attrition or frank rupture of the plantar plate.

It leads to plantar MTP joint instability with sagittal and frequently transverse plane subluxation and dislocation.
Surgical Anatomy of the Plantar Plate Complex

It is designed to withstand compressive and tensile loads

Originates loosely from the metatarsal head; strongly attaches to the proximal phalanx base

The plantar plate is a flexible, sturdy, fibrocartilaginous structure composed primarily of type 1 collagen.

Receives insertional fibers from the lumbricals and interosseous tendons
In addition, the plantar plate also supplies the most significant distal attachments of the plantar fascia
Surgical Anatomy of the Plantar Plate Complex

The ligamentous anatomy of the lesser MTP joint is analogous to the first MTP joint and is similarly stabilized by the proper collateral ligaments (PCL)

And accessory collateral ligaments (ACL)

The PCL provide primarily transverse plane stability, and their insufficiency has been linked to toe crossover
Anatomy of the Plantar Plate

Illustration: Australasian Academy of Podiatric Sports Medicine, December 3, 2013
Anatomy of the Plantar Plate

Illustration: Australasian Academy of Podiatric Sports Medicine, December 3, 2013
Anatomy of the Plantar Plate

Illustration: Australasian Academy of Podiatric Sports Medicine, December 3, 2013
Diagnosis Codes for Plantar Plate Ruptures and Injuries

- Adjacent Structure Deformity
- Biomechanics of the Ray
- Steroid Injection/iatrogenic
- Trauma

NY20
Bunions can increase pressure on the plantar plate. Large bunions that push on the 2\textsuperscript{nd} toe can eventually underlap the toe, causing it to dislocate. This dislocation is caused by the thinning and stretching of the plantar plate resulting from the pressure generated by the bunion.

\textbf{M20.1}- Hallux Valgus  
\textbf{M21.6}- Bunion  
\textbf{M20.4}-Other hammertoe (s) [acquired]  
\textbf{M20.6}- Acquired deformities of toe(s), unspecified  
\textbf{M24.87}-Other specific joint derangements of foot, not elsewhere classified

"-" signifies that more characters are required to complete the code
DX: Biomechanics of the Associated Ray

Biomechanical abnormalities include a short or elevated 1st metatarsal, or a long 2nd or 3rd metatarsal. These abnormalities put constant pressure on the plantar plate and contribute to its degeneration.

M21.6X- Other acquired deformities of foot
M20.4- Other hammertoe(s) [acquired]
M24.57- Contracture, ankle and foot [acquired]
Q68.8 Other specified congenital musculoskeletal deformities

“-” signifies that more characters are required to complete the code
Steroid injections can occasionally cause weakening and thinning of the plantar plate ligament. Patients who have steroid injections to help relieve pain in the ball of the foot may have noticed increasing deviation of the affected toe after the injection.

M66.37- Spontaneous rupture of flexor tendons, ankle and foot
M66.87- Spontaneous rupture of other tendons, ankle and foot

“-” signifies that more characters are required to complete the code
DX: Trauma

Acute rupture or injury

**S96.21**- Unspecified injury of intrinsic muscle and tendon at ankle and foot level

**S96.29**- Other specified injury of intrinsic muscle and tendon at ankle and foot level

Old or previous ligamentous injury

**M24.27**- Disorder of ligament, foot

“-” signifies that more characters are required to complete the code
CPT Codes for Plantar Plate Repair
There is currently no CPT code for billing a complete plantar plate repair

What was repaired?
- Ligament?
- Tendon?
- Ligament and tendon?
- Reconstructive osseous work?
- Grafting involved?
CPT Codes for Plantar Plate Repair

For chronic synovitis without significant instability that is unresponsive to non-operative treatment, extensor longus lengthening, synovectomy and dorsal capsulotomy can be performed.

**CPT 28270** Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
Transfer of the flexor tendon to the extensor and extensor digitorum brevis tendon transfer are other options to strengthen and stabilize the MTP joint and to correct any hammertoe or cross over toe deformity.

**CPT 28313** Reconstruction, angular deformity of toe, soft tissue procedure only (e.g., overlapping second toe, fifth toe, curly toes)

With hammertoe correction

**CPT 28285** Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
Where does the modifier go?
Where does the modifier go?
CPT Codes for Plantar Plate Repair

Plantar plate repair with a metatarsal osteotomy (weil-type)

Option 1:

**CPT 28200** Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon

&

**CPT 28308** Osteotomy, with or without lengthening, shortening, or angular correction, metatarsal; other than first metatarsal, each

Note: The appropriate diagnosis codes must be used to justify the use of these two codes since many payers may consider this “unbundling.”
CPT Codes for Plantar Plate Repair

Plantar plate repair with a metatarsal osteotomy (weil-type)

Option 2:
**CPT 28899** (unlisted foot/toe procedure)

If you choose this, you would need to submit an operative report with a manual claim and request a peer to peer review.

Please note there is no plantar plate repair CPT code, so it is incumbent upon you to decide what best represents your procedure and if none of the options are pertinent, then you must use CPT 28899.
CPT Codes for Plantar Plate Repair

Plantar plate repair with a weil osteotomy and fusion of hammertoe

**CPT 28200** Repair, tendon, flexor, foot; primary or secondary without free graft, each tendon

&

**CPT 28308** Osteotomy, with or without lengthening, shortening, angular correction, metatarsal; other than first metatarsal, each

&

**CPT 28285** Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
CPT Codes for Plantar Plate Repair

Other CPT codes used for plantar plate repair:

**CPT 28202** Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)

**CPT 28220** Tenolysis, flexor, foot; single tendon

**CPT 28022** Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
CPT codes for Plantar Plate Repair

Summary:
There is no plantar plate repair CPT code, so it is incumbent upon you to decide what best represents your procedure and if none of the options are pertinent, then you must use CPT 28899.

The coding of a plantar plate repair is based on what was actually repaired and documented.

The appropriate diagnosis codes must be used to justify the use of these codes since many payers may consider certain code-sets “unbundling.”
Questions?