Coding for Plantar Plate Repair

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Reference

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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

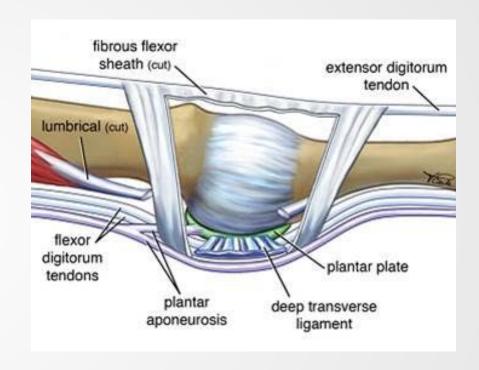


Illustration: Australasian Academy of Podiatric Sports Medicine, December 3, 2013





Anatomy of the Plantar Plate

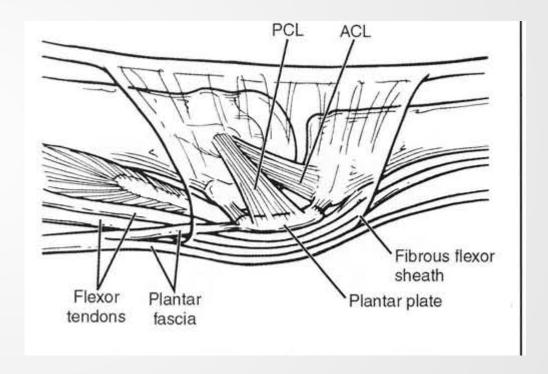
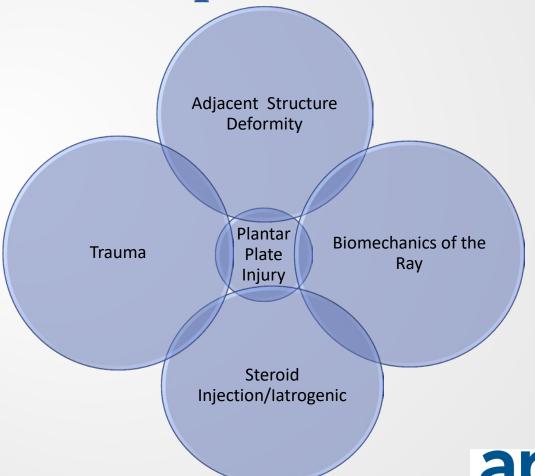


Illustration: Australasian Academy of Podiatric Sports Medicine, December 3, 2013





Diagnosis Codes for Plantar Plate Ruptures and Injuries







Dx:Biomechanics of an Adjacent Structure

Bunions can increase pressure on the plantar plate. Large bunions that push on the 2nd 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.

M20.1- Hallux Valgus

M21.6- Bunion

M20.4-Other hammertoe (s) [acquired]

M20.6- Acquired deformities of toe(s), unspecified

M24.87-Other specific joint derangements of foot, not elsewhere classified





DX: Biomechanics of the Associated Ray

Biomechanical abnormalities include a short or elevated 1^{st} metatarsal, or a long 2^{nd} or 3^{rd} 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





DX: Steroids/Iatrogenic

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





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









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?





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)





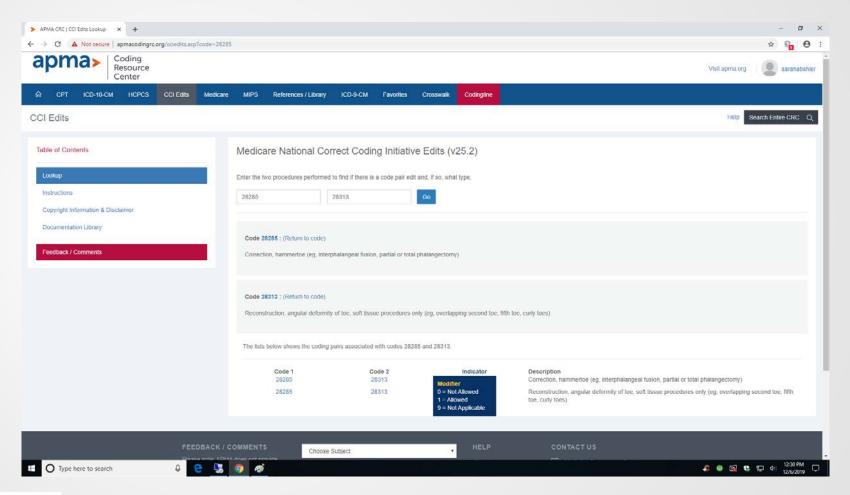
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	Code 28313: (Return to code) Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)			
	The lists below shows the coding pairs associated with codes 28285 and 28313.			
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Where does the modifier go?







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."





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.





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)





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





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?



