Coding Hot Topics

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Quick Index

- **R29.2**: Abnormal reflex (e.g., knee, Achilles, or plantar foot)
- **S90.51-**: Abrasion (ankle)
- **S90.51-**: Abrasion (ankle), (also code L08.89 or L08.9) with infection
- **S90.81-**: Abrasion (foot)
- **S90.81-**: Abrasion (foot) (also code L08.89 or L08.9) with infection
- **S80.81-**: Abrasion (lower leg)
- **S80.81-**: Abrasion (lower leg), (also code L08.89 or L08.9) with infection
- **S90.41-**: Abrasion (toe)
- **S90.41-**: Abrasion (toe) (also code L08.89 or L08.9) with infection
- **M86.17-**: Abscess (bone) (acute), ankle and foot
- **M86.19**: Abscess (bone) (acute), multiple sites
- **M86.16-**: Abscess (bone) (acute), tibia and fibula
11755

- Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

- CPT Assistant December, 2002:
  - Not a nail clipping
  - When a biopsy of the nail bed is performed after avulsion of the nail plate, it is inclusive of the avulsion procedure and is not coded separately
Three examples of are given in
CPT Assistant article, December, 2002
First example given in CPT Assistant article
December, 2002

- Punch through nail plate into nail bed
  - The punch is placed on the nail plate and pushed downward through the plate and into the nail bed. The punch is removed and the specimen is gently pried out of the hole with a small needle and then cut out with scissors.
11755

Second example given in CPT Assistant article
December, 2002

• Remove nail plate
• Longitudinal incision over affected area down to periosteum
• Remove specimen
• Suture closure
Third example given in CPT Assistant article December, 2002 (matrix biopsy)

- Short longitudinal incisions made on either side of the proximal nail fold in line with the lateral nail folds
- The tissue is elevated off proximal nail plate
- Remove portion of this tissue to expose nail matrix
- Piece of matrix removed with punch or scalpel
- Suture closure
Biopsy Diagnosis for Skin, Soft Tissue, Bone

• When sending in pathology whether skin, soft tissue or bone which is the right diagnosis to send so the pathologist can then determine the most appropriate diagnosis?“

• "Confusion" between:
  D48.5 Neoplasm of uncertain behavior of skin
  D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
What is the difference in the diagnoses?

- **Uncertain behavior**: a pathology diagnosis that indicates the tissue is morphologically a well-defined neoplasm, but its subsequent behavior cannot be predicted from its present histologic appearance.
- **Unspecified behavior**: a skin lesion which has been excised, but for which no pathology report is yet available and is awaiting pathologic verification.
CPT 15002 / 15003

- **15002**  Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

- **15003**  each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) *(add-on code)*
15004 / 15005

- **15004** Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children

- **15005** each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) *(add-on code)*
Check your LCD for coverage limitations

**Coding Tip:** Preparation for Wound Healing by Secondary Intention. Do not report 15002-15005 for removal of nonviable tissue/debris in a chronic wound (eg, venous or diabetic) when the wound is left to heal by secondary intention. See active wound management codes (97597-97598) and debridement codes (11042-11047), for this service.
15002 / 15003 / 15004 / 15005

• But...

• From Novitas and CGS Bioengineered Skin Substitutes LCD: Repeat use of surgical preparation services (CPT codes 15002, 15003, 15004, and 15005) in conjunction with skin substitute application codes will be considered not reasonable and necessary. It is expected that each wound will require the use of appropriate wound preparation code at least once at initiation of care prior to placement of the skin substitute graft.
Repair of subchondral bone defects

• New engineered material available to fill defects
• Traditional procedure with bone chips or bone grafts and bone marrow aspirates
• If done in conjunction with another procedure and this is an ancillary finding, no separate coding of fee
• If this is the only procedure performed, code as 28899 (Unlisted procedure, foot or toes)
97760 and 97762

- **97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes

- **97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97760 and 97762

- An orthotic is NOT from this DME coding perspective an L300x type item. It can be any item in the “L” series of codes that include AFOs, KAFOs, back braces as well as all manner and type of prosthesis. These are the devices that need fitting, training and checking, not the L300x items.
S0395

- Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic (definition in HCPCS)

- Impression of a foot obtained via impression foam, plaster, fiberglass, or scanned image which ultimately produces a true three-dimensional model or image of the foot (either physical or virtual.) Performed by a practitioner other than the manufacturer of the orthotic. (Agreed upon definition by APMA, AAOS, PFOLA, AOPA, APTA, AOTA to be submitted to HCPCS Work Group)
A4580, 95851

- **A4580** Cast supplies (e.g., plaster)
- **95851** Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

- Notice from audits that these codes are being abused and/or misapplied
28190 / Foreign Bodies

• Puncture wound of the foot with an imbedded foreign body is to be coded as 28190 (removal of foreign body, foot; subcutaneous)

• if an incision is made through the skin and into the subcutaneous tissues and closure is needed
28192

- If the foreign body removal takes place from tissues below the subcutaneous tissues of the foot or heel, the code is 28192 (Removal of foreign body, foot; deep)
10120 and 10121

Do not code

• **10120** foreign body removal (incision and removal of foreign body, subcutaneous tissue; simple)

  or

• **10121** (incision and removal of foreign body, subcutaneous tissues; complicated)

  • if no incision was needed and there was no wound closure

  • if the fascia was penetrated and the foreign body was within the fascia, subfascial or muscle.
Foreign Body / Diagnosis Coding

• If the foreign body is lodged only superficially without causing an open wound
  code:
  7+ S90.851- (superficial foreign body, right foot)
  or
  7+ S90.852- (superficial foreign body, left foot)
  A initial encounter
  D subsequent encounter
  S sequela
Foreign Body / Diagnosis Coding

- If there is an open wound code
  7+ S91.33- (puncture wound without foreign body of foot) [need laterality as 6th character]
  or
  7+ S91.34- (puncture wound with foreign body of foot) [need laterality as 6th character]

Code also any associated wound infection
Retained foreign body fragments

- **Z18** - Retained foreign body fragments
- **Includes:** embedded fragment (status); embedded splinter (status); retained foreign body status
- **Excludes1:** artificial joint prosthesis status (Z96.6-)
  - foreign body accidentally left during a procedure (T81.5-)
  - foreign body entering through orifice (T15-T19)
  - personal history of retained foreign body fully removed (Z87.821)

  superficial foreign body (non-embedded splinter) - code to superficial foreign body, by site
DIAGNOSIS CODING
ICD-10 / Neuroma

- Ongoing issue: *Neuroma* codes need to fixed/merged.

**G57.6** Lesion of plantar nerve

  Inclusion Term: Morton's metatarsalgia

**G57.60** Lesion of plantar nerve, unspecified lower limb

**G57.61** Lesion of plantar nerve, right lower limb

**G57.62** Lesion of plantar nerve, left lower limb

**G57.63** Lesion of plantar nerve, bilateral lower limbs
ICD-10 /Neuroma

**G57.8** Other specified mononeuropathies of lower limb

  Inclusion Term: Interdigital neuroma of lower limb

**G57.80** Other specified mononeuropathies of unspecified lower limb

**G57.81** Other specified mononeuropathies of right lower limb

**G57.82** Other specified mononeuropathies of left lower limb

**G57.83** Other specified mononeuropathies of bilateral lower limbs
Questions?

Thank you!

www.apma.org/backtobasics
2018 Bunionectomy Code Changes & Other Coding Stuff

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Questions?

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ICD – 10 CM: Bunions and HAV

- M21.61 - Bunion, aquired
- M21.62 - Bunionette
- Q66.89 - Bunion, congenital
- M21.6X - Other acquired deformities of foot
ICD – 10 CM: Bunions and HAV

- M20.4- Hallux malleus (hallux hammertoe) (acquired)
- M20.2- Hallux rigidus/limitus
- M20.1- Hallux valgus (acquired)
- Q66.6- Hallux valgus, congenital
- M20.3- Hallux varus (acquired)
- M20.5X- Other deformities of toe(s) (acquired)
- M20.6- Acquired deformities of toe(s), unspecified
2017 Bunionectomy Codes
CPT 28289 Revised

• 28289  Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint

• 28289  Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
CPT 28289

Proximal phalanx base with dorsal osteophytes
Distal dorsal metatarsal osteophytes with degenerative changes

Lateral view

Before

Removal of bone

Lateral view

After
CPT 28291 New

- 28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; **with implant**
CPT 28291

Praximal phalanx base with dorsal osteophytes

Distal dorsal metatarsal osteophytes with degenerative changes

Lateral view

Implant(s)

Lateral view

Before

After
CPT 28290

• **28290**  Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g., Silver type procedure)
CPT 28290 Deleted
Proper Named Procedures

• Silver, Keller, McBride, Mayo, Joplin, Mitchell, Lapidus
Proper Named Procedures - Deleted

goodbye, coda, goodbye, Auf-wiedersehen, thank you, regards, farewell, cheers, Sayonara, adieu, cheers, so long, conclusion, leave-taking, Au-revoir, adios.

BACK to BASICS

APMA | CODING SEMINARS
CPT 28292 Revised

• 28292 Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure

• 28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
CPT 28292

Medial eminence of metatarsal bone

Before

After
CPT 28292
CPT 28293

- **28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
CPT 28293 Deleted

• See CPT 28291
CPT 28294

• 28294 Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (e.g., Joplin type procedure)
CPT 28294 Deleted
CPT 28296 Revised

• 28296  Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (e.g., Mitchell, chevron, or concentric type procedure)

• 28296  Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with **distal metatarsal osteotomy, any method**
CPT 28296
CPT 28295 New

- **28295** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with *proximal metatarsal osteotomy, any method*
CPT 28295
CPT 28297 Revised

• 28297 Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure

• 28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
CPT 28297

Medial eminence of metatarsal bone

Arthrodesis of the first metatarsal and first cuneiform joint

Before

After
CPT 28298 Revised

- **28298** Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalangeal osteotomy

- **28298** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
CPT 28298
CPT 28299

- 28299 Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy

- 28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
CPT 28299

PREOP

Angular deformity of proximal phalanx
Medial eminence of metatarsal bone

POSTOP

Osteotomy proximal phalanx
Osteotomy distal first metatarsal

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

Surgical option 1
CPT 28299

**PREOP**

Medial eminence of metatarsal bone

**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 2
CPT 28299

**PREOP**
- Angular deformity of proximal phalanx
- Medial eminence of metatarsal bone
- Angular deformity at the first metatarsal base

**POSTOP**
- Osteotomy proximal phalanx
- Osteotomy proximal first metatarsal bone
- Internal fixation is not depicted, but would include screw(s), pin(s), wire(s), as needed.

*Surgical option 3*
Other CPT Revisions, Deletions

- CPT 20240 – Revision

Biopsy, bone, open; superficial (e.g., ilium, sternum, spinous process, rib, sternum, patella, spinous, olecranon process, calcaneus, tarsal, rib, metatarsal, trochanter of femur, carpal, metacarpal, phalanx)
Other CPT Revisions, Deletions

- CPT 20240 - Revision

20240: Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
Other CPT Revisions, Deletions

• CPT 20245 – Revision
Other CPT Revisions, Deletions

• CPT 20245 - Revision
Other CPT Revisions, Deletions

- CPT 77002 – Revision – Now an Add-On Code
Other CPT Revisions, Deletions

- 0019T – Deletion

*Category III Codes*

0019T Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy
QUESTIONS?