Coding an Evaluation and Management with a Procedure

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Types of visits

Diagnosis code → Treatment Code

E +M → Procedure
E & M
Procedure
When is it OK to do both?

When E/M is SEPARATELY IDENTIFIABLE from the procedure

- One problem gets E&M and another problem gets procedure (Two different diagnoses)
- New patient (most of the time)
- Established patient with a new problem
- Change in existing problem
25 Modifier

- Significant, separately identifiable E&M at same encounter as a procedure
- Goes on the E&M code
- No equivalent that goes on procedure code
One problem gets E&M and another problem gets procedure

- Patient scheduled for at risk foot care who is found to have tinea pedis.

- Procedure for trim toenails

- E&M Tinea Pedis

1 – I70.293
1,2 – G0127 Q8
2 – L60.2
3 – B35.3
3 – 99212 – 25 Modifier
One problem gets E&M and another problem gets procedure

- Patient scheduled for biopsy and they say heel has been hurting.
- Procedure for biopsy
- E&M plantar fasciitis with stretching, ice, and dispense insert
  - 1 – D49.2   1 – 11100
  - 2 – M72.2   2 – 99213 25 mod
New patient

- Ingrown toenail with removal

- 1 – L60.8 1 – 99202
- 2 – L60.0 2 – 11730 - TA
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Work RVU</th>
<th>FAC RVU</th>
<th>NF RVU</th>
<th>GP</th>
<th>Assist</th>
<th>CCI Edits</th>
</tr>
</thead>
<tbody>
<tr>
<td>11730</td>
<td>Avulsion of nail plate, partial or complete, simple; single</td>
<td>1.1</td>
<td>1.44</td>
<td>2.79</td>
<td>0</td>
<td>N</td>
<td><a href="#">CCI Edits</a></td>
</tr>
<tr>
<td>11732</td>
<td>Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure) (add-on code)</td>
<td>0.44</td>
<td>0.58</td>
<td>1.01</td>
<td>Z</td>
<td>Z</td>
<td><a href="#">CCI Edits</a></td>
</tr>
<tr>
<td>11740</td>
<td>Evacuation of subungual hematoma</td>
<td>0.37</td>
<td>0.93</td>
<td>1.4</td>
<td>0</td>
<td>N</td>
<td><a href="#">CCI Edits</a></td>
</tr>
<tr>
<td>11750</td>
<td>Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;</td>
<td>2.5</td>
<td>4.94</td>
<td>6.33</td>
<td>0</td>
<td>N</td>
<td><a href="#">CCI Edits</a></td>
</tr>
<tr>
<td>11752</td>
<td>Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx</td>
<td>3.63</td>
<td>7.51</td>
<td>9.2</td>
<td>0</td>
<td>N</td>
<td><a href="#">CCI Edits</a></td>
</tr>
<tr>
<td>11755</td>
<td>Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medicare National Correct Coding Initiative Edits (v21.0)

Enter Code: 11730  Lookup

**Code 11730:**  \(\text{click to return to code}\)
Avulsion of nail plate, partial or complete, simple; single

The lists below show the coding pairs associated with code 11730.
Scroll down to see each list or click on any of the options below to jump directly to the specific list.

- Code 11730 is considered a Column1 Code to...
- Code 11730 is considered a Column2 Code to...

<table>
<thead>
<tr>
<th>Column1</th>
<th>Column2</th>
<th>Indicator</th>
<th>Column2 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11730</td>
<td>10030</td>
<td>1</td>
<td>Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous</td>
</tr>
<tr>
<td>11730</td>
<td>10060</td>
<td>9</td>
<td>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single</td>
</tr>
<tr>
<td>11730</td>
<td>10061</td>
<td>9</td>
<td>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous</td>
</tr>
<tr>
<td>Code</td>
<td>CPT</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------</td>
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<td></td>
</tr>
<tr>
<td>11730</td>
<td>99149</td>
<td>Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older; first 30 minutes intra-service time.</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>99150</td>
<td>Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service) (add-on code).</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>99211</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>99212</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>99213</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>99214</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.</td>
<td></td>
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</tbody>
</table>
New patient

- Neuroma with injection

1 – G57.61
1 – 99202
1 – 64455 – LT
1 – Steroid (J3301 X units)
Established patient with a new problem

- Someone treated for plantar fasciitis 8 months ago comes in with an ingrown

- 1 – L60.8  1 – 99212 – 25 mod
- 2 – L60.0  2 – 11730 – TA
Established patient with a new problem

- Type 2 diabetic on insulin who comes every 2 months for at risk foot exam has a new ulcer

- Nail debridement, ulcer debridement, E&M

- 1 – E11.621
- 1,2,3 – 99213 – 25 Mod
- 2 – Z79.4
- 1,2,3 – 97597 – 59 mod
- 3 – L97.411
- 4 – L60.2
- 1,2,4 – G0127 – Q8
Change in existing problem

- Ulcer debridement every 2 weeks for 3 consecutive visits, then ulcer is infected at 4\textsuperscript{th} visit.

- Day 14 – Debride - 11042

- Day 28 – Debride - 97597

- Day 42 – Debride and E&M infection….explain what to do, take culture, Rx antibiotic, change topical wound product
Change in existing problem

- 1 – L03.115
- 2 – E11.621
- 3 - Z79.84
- 4 – L97.411

1 – 9921X – 25 modifier
2,3,4 - 97597
Scheduled Matrixectomy

- No E&M
- 11750 - TX
Recurrent ingrown

- No E&M
- 11730 – T5
F/U Plantar Fasciitis Injection

#2

- No E&M
- 205500 – LT
- J3301 X units
Thank You!!
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