

PRINCIPLES OF PROCEDURAL CODING

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CURRENT PROCEDURAL TERMINOLOGY

- “CPT”
- A copyrighted product of the American Medical Association
- The AMA defines and describes the codes, develops new ones, and determines their relative value (“RVU”)

PRINCIPLES OF CPT CODING

- Evaluation & Management (“E/M”) Services
- Procedural Services
- “Surgery”
- Injections
- X-rays

PRINCIPLES OF CPT CODING

- CPT LEVEL 1 CODES
 - Numeric
 - CPT 00100-99499
- TEMPORARY CODES
 - Alphanumeric
 - Eg. G0127

PRINCIPLES OF CPT CODING

- *“Do not select a code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.”*
 - Introduction to CPT
- CPT 28899 Unlisted procedure, foot or toes; or Unlisted code of other applicable section (CPT XXXXX)
- CPT 64999 Unlisted neurologic service

SOME SERVICES CAN ONLY BE CODED ONE WAY

- CPT 11730 Avulsion of nail plate or border
- CPT 11750 Matricectomy of nail plate or border
- CPT 28080 Excision of interdigital neuroma
- CPT 64450 Injection of peripheral nerve
- CPT 64450 Injection of interdigital neuroma

SOME SERVICES COULD BE CODED IN MORE THAN ONE WAY

- Choose “best” among those that fit, but don’t approximate
- If no available code:
 - CPT 28899 (unlisted foot and ankle procedure)

CPT 28899 (unlisted procedure, foot or toes)

- Hand processed
- No assigned RVU value
- Submit documentation explaining:
 - What you did
 - Rationale
 - Medical Necessity
 - Suggest equivalently-valued service that DOES have a CPT code and RVU
 - Can take months to get paid, for perhaps 20% more