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