Not interested in spontaneity?

2 speaker areas: E/M & Medical Decision Making
   MACRA/MIPS

Then non-prep panelist

Harry

[Attachment: Codingline-NYSP...rs.docx]
| Emergency 10-18. COMMEMORATION OF HARRY GOLDSMITH, DPM’S CONTRIBUTIONS TO PODIATRIC MEDICINE | Drs. Kinberg, Lehrman, Freedman, King, Kesselman, M. Block, Simon, Ward, Hultman, Santi, Aung, Blank, Bhatia, B. Block ALL COMPONENTS | RESOLVED, That the American Podiatric Medical Association rename in perpetuity the coding seminar held in conjunction with its Annual Scientific Meeting as the Harry Goldsmith, DPM Memorial Coding Seminar. | Balderson | The name of the coding seminar has been changed and is reflected in the program book and other Annual Scientific Meeting publications as the Harry Goldsmith, DPM Memorial Coding Seminar. |
Harry Goldsmith, DPM
Memorial Coding Seminar
No Such Thing “As Routine Foot Care”
Coding For Foot Care....The Right Way!

Ira Kraus, DPM, FASPS, FACFAS

Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC
Two Different Things!

- Routine Foot Care
- Debridement of Mycotic Nails
Routine Foot Care
• Amyotrophic Lateral Sclerosis (ALS)
• Arteritis of the feet
• Chronic indurated cellulitis
• Intractable edema-secondary to a specific disease (e.g., congestive heart failure, kidney disease, hypothyroidism)
• Raynaud's disease
• Lymphedema-secondary to a specific disease (e.g., Milroy's disease, malignancy)
• Peripheral vascular disease
• Chronic venous insufficiency
• Diabetes mellitus *
• Arteriosclerosis obliterans
• Buerger’s disease
• Chronic thrombophlebitis *
• And......
• Peripheral neuropathies involving the feet
  – Associated with malnutrition and vitamin deficiency *
    • Malnutrition
    • Alcoholism
    • Malabsorption
    • Pernicious anemia
  – Associated with carcinoma *
  – Associated with diabetes mellitus *
  – Associated with drugs or toxins *
  – Associated with multiple sclerosis *
  – Associated with uremia (chronic renal disease) *
  – Associated with traumatic injury
  – Associated with leprosy and neurosyphilis
  – Associated with hereditary disorders
    • Hereditary sensory radicular neuropathy
    • Angiokeratoma corporis diffusum (Fabry’s)
    • Amyloid neuropathy
• Watch for the * !!!

MD, DO, or NPP within the last 6 months or shortly after rendition of service
Class Findings

• 1 Class A finding (modifier Q7)
• 2 Class B findings (modifier Q8)
• 1 Class B and 2 Class C findings (modifier Q9)
• Class A Finding:
  – Nontraumatic amputation of foot

• Class B Findings:
  – Absent PT pulse
    Absent DP pulse
  – Advanced trophic changes (at least three of the following):
    • Decrease or absence of hair growth
    • Nail changes
    • Skin pigment changes
    • Thin and shiny skin texture
    • Rubor or redness of skin

• Class C Findings:
  – Claudication
  – Temperature changes (cold feet)
  – Edema
  – Paresthesia (abnormal spontaneous sensations in feet)
  – Burning
- **CPT 11719**: Trimming of nondystrophic nails, any number
- **CPT G0127**: Trimming of dystrophic nails, any number
- **CPT 11720**: Debridement of nail(s) by any method(s); one to five
- **CPT 11721**: Debridement of nail(s) by any method(s); six or more

- Debride = reduce bulk
Consider......

- CPT 11721

- CPT 11720 + CPT G0127
• CPT 11720
• CPT G0127
Medicare National Correct Coding Initiative Edits (v23.2)

Enter Code  Go
Medicare National Correct Coding Initiative Edits (v23.2)

G0127

Go
<table>
<thead>
<tr>
<th>CPT</th>
<th>Medicare</th>
<th>MIPS</th>
<th>ICD-9-CM</th>
<th>Codingline</th>
</tr>
</thead>
<tbody>
<tr>
<td>10060</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single</td>
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<tr>
<td>10061</td>
<td>G0127</td>
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<td>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple</td>
</tr>
<tr>
<td>10120</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Incision and removal of foreign body, subcutaneous tissues; simple</td>
</tr>
<tr>
<td>10140</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Incision and drainage of hematoma, seroma or fluid collection</td>
</tr>
<tr>
<td>10160</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Puncture aspiration of abscess, hematoma, bulla, or cyst</td>
</tr>
<tr>
<td>11000</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Debridement of extensive eczematous or infected skin; up to 10% of body surface</td>
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<tr>
<td>11043</td>
<td>G0127</td>
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<td>1</td>
<td>Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less</td>
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<tr>
<td>11100</td>
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<td>1</td>
<td>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</td>
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<tr>
<td>11305</td>
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<td>1</td>
<td>Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less</td>
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<tr>
<td>11719</td>
<td>G0127</td>
<td>0</td>
<td>1</td>
<td>Trimming of nondystrophic nails, any number</td>
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<tr>
<td>11720</td>
<td>G0127</td>
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<td>1</td>
<td>Debridement of nail(s) by any method(s); one to five</td>
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<tr>
<td>11721</td>
<td>G0127</td>
<td>0</td>
<td>1</td>
<td>Debridement of nail(s) by any method(s); six or more</td>
</tr>
<tr>
<td>11730</td>
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<td>1</td>
<td>1</td>
<td>Avulsion of nail plate, partial or complete, simple; single</td>
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<tr>
<td>11740</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Evacuation of subungual hematoma</td>
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<tr>
<td>11750</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;</td>
</tr>
<tr>
<td>11755</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)</td>
</tr>
<tr>
<td>17000</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Destruction (eg, laser surgery, electrotherapy, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion</td>
</tr>
<tr>
<td>17110</td>
<td>G0127</td>
<td>1</td>
<td>1</td>
<td>Destruction (eg, laser surgery, electrotherapy, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions</td>
</tr>
</tbody>
</table>
• CPT 11720 – Q__
• CPT G0127 - 59 – Q__
- CPT 11055 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- CPT 11056 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
- CPT 11057 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
CPT 11055
Or
CPT 11056
Or
CPT 11057

+ 

CPT 11719
Or
CPT G0127

+ 

CPT 11720

OR

I70.293

OR

E11.42
E11.51

Q__
required

DLS by provider managing that condition
Debridement of Mycotic Nails
CPT 11720
Or
CPT 11721

B35.1

No special issues

M79.674 Pain in right toe(s)
M79.675 Pain in left toe(s)
Onychomycosis may include:

- hypertrophy/thickening
- lysis
- discoloration
- brittleness or loosening of the nail plate.
• The debridement code should not be used if the only part of the nail removed is the distal nail border or other portion of nail not attached to the nail bed.
Reasons for debridement

• Relief of pain
• Treatment of infection (bacterial, fungal, and viral)
• Temporary removal of an anatomic deformity such as onychauxis (thickened nail), or certain types of onychocryptosis (ingrown nail)
• Exposure of subungual conditions for the purpose of treatment as well as diagnosis (biopsy, culture, etc.)
• As a prophylactic measure to prevent further problems, such as a subungual ulceration in an insensate patient with onychauxis.
• Obligation to Bill Non-Covered Services
• If the beneficiary believes that a service may be covered or desires a formal Medicare determination, must file a claim for that service.

• Submit HCPCS modifier GY to denote that 'the item or service is statutorily excluded or does not meet the definition of any Medicare benefit.' Maintain documentation that the service is being submitted at the beneficiary's insistence. You may also submit HCPCS modifier GY when filing claims to obtain a Medicare denial for secondary payer purposes.
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