Coding an Evaluation and Management with a Procedure

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Coding for Revenue
You Deserve to Get Paid

☐ Master E/M levels
☐ Use modifiers correctly
☐ Avoid Incident-to denials
Types of Visits

Diagnosis code(s) → Treatment Code

E + M Procedure
Procedure
E & M
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
- Established patient with a change in existing problem
25 Modifier

- Significant, separately identifiable E&M at same encounter as a procedure
- Goes on the E&M code
- 25 Modifier never goes on procedure code
One Problem gets E&M and Another Problem gets Procedure

• “Medicare” Patient scheduled for at-risk foot care who is found to have tinea pedis
• Procedure to trim dystrophic toenails
• E&M - Tinea Pedis
One Problem gets E&M and Another Problem gets Procedure

• “Medicare” Patient scheduled for at risk foot care who is found to have tinea pedis
• Procedure to trim dystrophic toenails
• E&M - Tinea Pedis

ICD-10 Options:
• 1 – I70.293 Other atherosclerosis of native arteries of extremities, bilateral legs
• 2 – L60.3 Nail dystrophy
• 3 – B35.3 Tinea pedis

HCPCS & CPT Code Options:
• 1, 2 – CPT G0127-Q8
• 3 – CPT 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 punch biopsy
- E&M Plus X-ray-plantar fasciitis with stretching, ice, and dispense insert
One Problem Gets E&M and Another Problem Gets Procedure

- Patient scheduled for biopsy and they say heel has been hurting.
- Procedure for punch biopsy
- E&M Plus X-ray-plantar fasciitis with stretching, ice, and dispense insert

ICD-10 Codes:
- 1 – D49.2 Neoplasm of unspecified behavior of skin
- 2 – M79.671 Pain right foot
- 3 – M72.2 Plantar fasciitis

CPT Codes:
- 1,2 – CPT 11104 – RT
- 3,2 – CPT 99213 - 25 modifier
- 3 – CPT 73630-RT
New Patient

• Ingrown toenail requires a procedure-removal

E&M working up the patient for this initial encounter for a new problem requiring a procedure.
New Patient

- Ingrown toenail requires a procedure-removal

E&M working up the patient for this initial encounter for a new problem requiring a procedure.

ICD-10 Codes:

- 1 – M79.675 Pain in left toe
- 2 – L60.0 Ingrowing nail

CPT Codes:

- 2,1– CPT 99202
- 2 – CPT 11730 - TA
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>GP</th>
<th>Assist</th>
<th>NF RVU</th>
<th>FAC RVU</th>
<th>Work RVU</th>
<th>CCI Edits</th>
<th>CPT → ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>11730</td>
<td>Avulsion of nail plate, partial or complete, simple; single</td>
<td>000</td>
<td>N</td>
<td>2.79</td>
<td>1.44</td>
<td>1.1</td>
<td></td>
<td></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>ZZZ</td>
<td>N</td>
<td>1.01</td>
<td>0.58</td>
<td>0.44</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use 11732 in conjunction with code 11730)

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<th>CPT → ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>11740</td>
<td>Evacuation of subungual hematoma</td>
<td>000</td>
<td>N</td>
<td>1.4</td>
<td>0.93</td>
<td>0.37</td>
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</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>010</td>
<td>N</td>
<td>6.33</td>
<td>4.94</td>
<td>2.5</td>
<td></td>
<td></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>010</td>
<td>N</td>
<td>9.2</td>
<td>7.51</td>
<td>3.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(For skin graft, if used, see 15050)

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</tr>
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<tbody>
<tr>
<td>11755</td>
<td>Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)</td>
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</tbody>
</table>
Medicare National Correct Coding Initiative Edits (v21.0)

Enter Code: 11730  Lookup

**Code 11730:** (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...

Code 11730 is considered a Column1 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>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11730</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>
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</tr>
<tr>
<td>11730</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>
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<tr>
<td>11730</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>
<td></td>
</tr>
<tr>
<td>11730</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>
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<tr>
<td>11730</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>
<td></td>
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<tr>
<td>11730</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 of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.</td>
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</table>
Initial Encounter-New patient

- Neuroma with x-ray and injection
Initial Encounter-New patient

- Neuroma with x-ray and injection

ICD-10 Diagnosis Codes:
- 1 – G57.61 Lesion of plantar nerve, right lower limb
- 2 - M79.671 Pain in right foot

CPT Codes:
- 1, 2 – CPT 99203
- 1 – CPT 73630-RT
- 1 – CPT 64455 – RT
- 1 – Steroid (J3301 X 1 units)
Established Patient with a “New” Problem

• Someone treated for plantar fasciitis 8 months ago comes in with an ingrown left hallux nail
Established Patient with a “New” Problem

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

ICD-10 Diagnosis Codes:
- 1 – M79.675 Pain in left toe
- 2 – L60.0 Ingrowing nail

CPT Codes:
- 2,1 – CPT 99213 – 25 mod
- 2 – CPT 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

ICD-10 Codes:

- 1 – E11.621
- 2 – E11.42
- 3 – Z79.4
- 4 – L97.412
- 5 – L60.2

CPT Codes:

- 1,3,4 – CPT 99213 – 25 Modifier
- 1,3,4 – CPT 11042 – 59 (XS) Mod.
- 2,5 – CPT G0127 – Q8
Change in Existing Problem

• Ulcer debridement every 2 weeks for 3 consecutive visits, then ulcer is infected at 4th visit

• Day 14 – Debride – CPT 11042
• Day 28 – Debride – CPT 97597
• Day 42 – Debride and E&M work up for the infection....explain what to do, take culture, Rx antibiotic, change topical wound product
Change in Existing Problem
Day 42

ICD-10 Codes:

• 1 – L03.115
• 2 – E11.42
• 3 – E11.621
• 4 – Z79.84
• 5 – L97.411

CPT Codes:

• 1,2,4 – CPT 9921X – 25 modifier
• 3,4,5 – CPT 97597
Scheduled Matrixectomy Performed
E&M Last Visit

- No E&M
- CPT 11750 – TX
Recurrent Ingrown Performed Recent E&M

- No E&M
- CPT 11730 – T5
F/U Plantar Fasciitis Injection #2

- No E&M
- CPT 20550 – LT
- J3301 X 1 units
Questions?