APMA Practice Management Expo and Coding Seminar

Coding 101

Presented by
Harry Goldsmith, DPM, CSFAC
Disclaimer

Harry Goldsmith, DPM is solely responsible for the content and delivery of this presentation so don’t complain to or blame the APMA for any demonstrated insensitivity, poor judgment, unfunny jokes, puns that aren’t punny, or a general lack of good taste.

Also, regarding the APMA Coding Resource Center… I have no apologies for promoting it…it’s the best thing out there.

Speaker

Harry Goldsmith, DPM

• CEO, Codingline

• Consultant, APMA Health Policy & Practice Department

• Certified Surgical Foot & Ankle Coder
When Did “Coding” Begin?

The CPT Code Book

Current Procedural Terminology
What’s “CPT”? 

- Universally accepted coding manual
- Contains procedure/service descriptions assigned “codes”
- Does not include values for the codes
- Mostly clear in coding specificity
- New procedures-services-technology without existing codes are referred to unlisted codes
- New procedures-technology may get assigned a “Cat 3” code
- There other supplemental sources of “codes”

The 1st Known CPT Book
The 1st Known CPT Book

You’ve Come a Long Way, Baby
Yeah, We’ve Got Rules

• CPT rules

Yeah, We’ve Got Rules

• CPT rules
• Medicare rules – national and local
Yeah, We’ve Got Rules

• CPT rules
• Medicare rules – national and local
• Non-Medicare rules

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• Non-Medicare rules
• Workers’ Comp rules
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• National Correct Coding Rules

Yeah, We’ve Got Rules

• CPT rules
• Medicare rules – national and local
• Non-Medicare rules
• Workers’ Comp rules
• National Correct Coding Rules
• “Made up” rules
Defining the Code: Codes + Rules

e.g., Bunionectomy Codes for 2017

2017 Bunionectomy Codes
CPT 28289 Revised

28289  Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint

28289  Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
CPT 28291 New

28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

CPT 28291
CPT 28292 Revised

28292 Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure

28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
CPT 28295  New

28295  Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
CPT 28296 Revised

28296 Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (e.g., Mitchell, chevron, or concentric type procedure)

28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method

CPT 28296
CPT 28297 Revised

28297 Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure

28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method

CPT 28297
CPT 28298 Revised

28298  Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalangeal osteotomy

28298  Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method

CPT 28298
CPT 28299

28299  Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy

28299  Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method

CPT 28299

PREOP

Angular deformity of proximal phalanx
Medial eminence of metatarsal bone

POSTOP

Osteotomy proximal phalanx
Osteotomy distal first metatarsal

Note: Internal fixation is not depicted, but would include screw(s), pin(s), wire(s), as needed.
Getting Paid for What You Do

- Codes
- Rules
- Documentation

It’s All About Documentation
Documentation Is Important Because It…

• Offers a chronologically of care
• Provides a record of pertinent facts, findings, and observations
• Facilitates communication and sharing of pertinent health information
• Leads to higher quality of care
• Validates your billing

Business Compliance
Medical Necessity

“Matching the intensity of the service to the seriousness of the illness - no more, no less than necessary to be medically beneficial for the patient”

Medical Necessity

“Medically necessary care should be expected to reasonably improve long-term patient symptoms and function”
Medical Necessity

“Treatment must be consistent with recognized standards of the medical community”
office visit *** problem focused examination.

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**PAST MEDICAL HISTORY:** A history is related of no related problems. Medical history is significant for the patient's well-being.

**ALLERGIES:** no allergies. Skin testing was performed on the patient.

**MEDICATIONS:** The patient is currently taking the following medications: **Prescription**: no medication.

**MEDICAL HISTORY:** The patient has a history of **Diabetes Mellitus**.

**FAMILY HISTORY:** The patient has a family history of **Hypertension**.

**SOCIAL HISTORY:** The patient is a **Non-smoker, Non-drinker**.

**REVIEW OF SYSTEMS:**

**Chest:** no abnormal findings.

**Abdomen:** no abnormal findings.

**Extremities:** no abnormal findings.

**Neurological:** no abnormal findings.

**Neurological Examination:**

**Vascular Examination:**

**Neurological Examination:**

**Laboratory:**

**X-RAY EXAMINATION:**

**Physical Therapy:** Hydrotherapy at 101 degrees F. for 20 minutes.

**Plan:** Biomechanical evaluation of the lower extremities. Casting for orthosis. Application of the following was used to enhance treatment.

**Client:**

**Patient:**

**Doctor:**

**Date:**

**Signature:**

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**Follow-up:**

1 2 3 4 5 6 7 8 days post-op.

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**Objective:**

Examination revealed there is periarthritis swelling tenderness on palpation.

**Vascular Examination:** The dorsalis pedis and posterior tibial pulses are intact and regular. The skin is warm, pink, and well nourished. No pedal edema is present. Capillary filling time is within normal limits.

**Neurological Examination:**

**Biomechanical Examination:** reveals pes cavus with a prograde gait.

**X-ray Examination:** The following views were exposed to rule out bony pathology: Dorsal Plantar and Medial Oblique bilateral. See attached report.

**Assessment:** The patient is ambulating with discomfort. There is plantar fasciitis, metatarsalgia and pes cavus.

**Physical Therapy:** Hydrotherapy at 101 degrees F. for 20 minutes.

**Plan:** Biomechanical evaluation of the lower extremities. Casting for orthosis. Application of the following was used to enhance treatment. An orthopedic strapping was applied. Counseled patient regarding the proper selection and fitting of appropriate shoe gear. **The patient was advised to call the office immediately if there are any questions, problems or changes in the medical status. The patient will be seen in 10 days.**
Illustrations - Photos

Thank you!