

# Primary Care/Pediatrics/ Emergency Medicine

A comprehensive illustrated guide  
to coding and reimbursement

**2020**



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# Getting Started with Coding Companion

*Coding Companion for Primary Care/Pediatrics/Emergency Medicine* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

## Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

## ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

## Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

## Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

## CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

## Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

## Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid

Simple, 69501

## General Guidelines

### Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

### Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

# 11720-11721

**11720** Debridement of nail(s) by any method(s); 1 to 5  
**11721** 6 or more

Nails are debrided using a number of methods



## Explanation

The physician debrides fingernails or toenails, including tops and exposed undersides, by any method. The cleaning is performed manually with cleaning solutions, abrasive materials, and tools. The nails are shortened and shaped. Report 11720 for one to five nails and 11721 for six or more.

## Coding Tips

For trimming of nondystrophic nails, see 11719. These codes are reported only once regardless of the number of nails that are trimmed. For the trimming of dystrophic nails, see G0127. Some non-Medicare payers may require that HCPCS Level II code S0390 be reported for this service when provided as routine foot care or as preventive maintenance in specific medical conditions. For diabetic patients with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS), see G0247. Medicare requires the use of specific HCPCS Level II modifiers Q7–Q9 to indicate clinical findings indicative of severe peripheral involvement, warranting the medical necessity of a podiatrist providing foot care, such as nail debridement or trimming, that would usually be considered routine and for which benefits would not be provided. It is inappropriate to report supplies when these services are performed in an emergency room. For physician office, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

## ICD-10-CM Diagnostic Codes

- B35.1 Tinea unguium
- B37.2 Candidiasis of skin and nail
- L03.011 Cellulitis of right finger
- L03.012 Cellulitis of left finger

- L03.031 Cellulitis of right toe
- L03.032 Cellulitis of left toe
- L60.0 Ingrowing nail
- L60.1 Onycholysis
- L60.2 Onychogryphosis
- L60.3 Nail dystrophy
- L60.8 Other nail disorders
- Q84.6 Other congenital malformations of nails

## Associated HCPCS Codes

- G0127 Trimming of dystrophic nails, any number
- G0247 Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails

**AMA:** 11720 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11  
 11721 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>11720</b>	0.32	0.6	0.02	0.94
<b>11721</b>	0.54	0.71	0.04	1.29
Facility RVU	Work	PE	MP	Total
<b>11720</b>	0.32	0.08	0.02	0.42
<b>11721</b>	0.54	0.13	0.04	0.71

	FUD	Status	MUE	Modifiers				IOM Reference
<b>11720</b>	0	A	1(2)	N/A	N/A	N/A	N/A	100-03,70.2.1
<b>11721</b>	0	A	1(2)	N/A	N/A	N/A	N/A	

\* with documentation

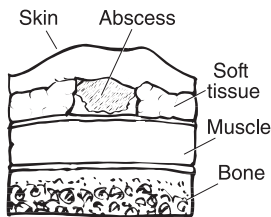
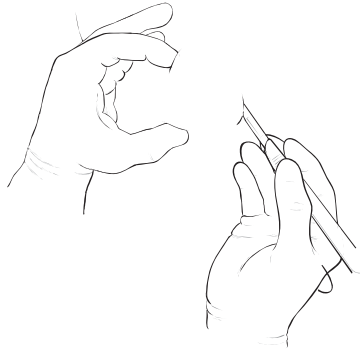
## Terms To Know

- debridement.** Removal of dead or contaminated tissue and foreign matter from a wound.
- onychcia.** Inflammation or infection of the nail matrix leading to a loss of the nail.
- paronychia.** Infection or cellulitis of nail structures.

# 20005

**20005** Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)

Soft tissue is incised to access a deep or complicated abscess secondary to osteomyelitis



## Explanation

The physician makes an incision through skin and fascia directly over an abscessed area involving the soft tissue below the deep fascia. The abscess cavity is explored, debrided, and drained. Depending on the appearance of the area, the physician may place a drain or packing after copious irrigation of the area.

## Coding Tips

For incision and drainage of a cutaneous or subcutaneous abscess, see 10060; complicated or multiple, see 10061. When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151–99153; by another physician, see 99155–99157. It is inappropriate to report supplies when these services are performed in an emergency room. For physician offices, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

## ICD-10-CM Diagnostic Codes

- K61.0 Anal abscess
- K61.1 Rectal abscess
- K61.2 Anorectal abscess
- K61.3 Ischiorectal abscess
- K65.1 Peritoneal abscess
- K68.12 Psoas muscle abscess
- M71.011 Abscess of bursa, right shoulder
- M71.012 Abscess of bursa, left shoulder
- M71.021 Abscess of bursa, right elbow
- M71.022 Abscess of bursa, left elbow

- M71.031 Abscess of bursa, right wrist
- M71.032 Abscess of bursa, left wrist
- M71.041 Abscess of bursa, right hand
- M71.042 Abscess of bursa, left hand
- M71.051 Abscess of bursa, right hip
- M71.052 Abscess of bursa, left hip
- M71.061 Abscess of bursa, right knee
- M71.062 Abscess of bursa, left knee
- M71.071 Abscess of bursa, right ankle and foot
- M71.072 Abscess of bursa, left ankle and foot
- M71.08 Abscess of bursa, other site
- M71.09 Abscess of bursa, multiple sites
- M72.2 Plantar fascial fibromatosis
- M72.6 Necrotizing fasciitis
- M72.8 Other fibroblastic disorders
- N61.1 Abscess of the breast and nipple

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>20005</b>	3.58	4.83	0.58	8.99
Facility RVU	Work	PE	MP	Total
<b>20005</b>	3.58	2.62	0.58	6.78

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>20005</b>	10	A	4(3)	51	N/A	N/A	N/A	None

\* with documentation

## Terms To Know

**abscess.** Circumscribed collection of pus resulting from bacteria, frequently associated with swelling and other signs of inflammation.

**debride.** To remove all foreign objects and devitalized or infected tissue from a burn or wound to prevent infection and promote healing.

**irrigate.** Washing out, lavage.

**psoas.** Muscles of the loins, the part of the side and back between the ribs and the pelvis.

**soft tissue.** Nonepithelial tissues outside of the skeleton that includes subcutaneous adipose tissue, fibrous tissue, fascia, muscles, blood and lymph vessels, and peripheral nervous system tissue.

**subfascial.** Beneath the band of fibrous tissue that lies deep to the skin, encloses muscles, and separates their layers.