

CODING COMPANION

2019

# Podiatry

A comprehensive illustrated guide to coding and reimbursement



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Sample page

# Getting Started with Coding Companion

*Coding Companion for Podiatry* 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

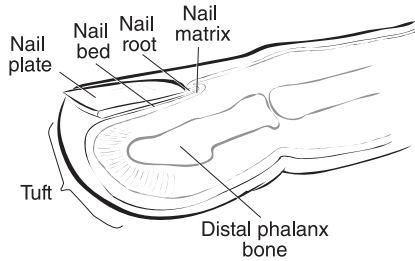
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### 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.

# 11750

**11750** Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;



A nail and its matrix are removed. The matrix is the tissue from which the nail grows and removal affects permanent removal of the nail.

## Explanation

The physician removes all or part of a fingernail or toenail, including the nail plate and matrix permanently. The nail plate is bluntly dissected and lifted away from the nail bed. The nail plate is detached from the matrix using a scalpel. The matrix is destroyed using chemical ablation, CO<sub>2</sub> laser, or electrocautery. The wound is dressed loosely.

## Coding Tips

Note that 11750 may be reported only once per digit. A partial excision of the nail does not count as two separate procedures, even when the partial excision requires two incisions (medial and lateral aspects). When a pinch graft is required, see 15050. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage. For wedge excision of the skin of a nail fold (e.g., for ingrown toenail), see 11765. For avulsion of a nail plate, see 11730–11732. For handling or conveyance of a specimen transported to an outside laboratory, see 99000.

## ICD-10-CM Diagnostic Codes

B35.1	Tinea unguium
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L60.0	Ingrowing nail
L60.2	Onychogryphosis
L60.3	Nail dystrophy
L60.8	Other nail disorders
L62	Nail disorders in diseases classified elsewhere

- Q84.5 Enlarged and hypertrophic nails  
Q84.6 Other congenital malformations of nails

**AMA:** 11750 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>11750</b>	1.58	2.67	0.12	4.37
Facility RVU	Work	PE	MP	Total
<b>11750</b>	1.58	1.21	0.12	2.91

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>11750</b>	10	A	6(3)	51	N/A	N/A	N/A	100-03,70.2.1

\* with documentation

## Terms To Know

**lateral.** Located away from the medial plane or farther away from the middle of the body.

**medial.** Located toward the medial plane or middle of the body.

**nail fold.** Nail wall at the side and proximal end of the nail plate covered by a skin fold.

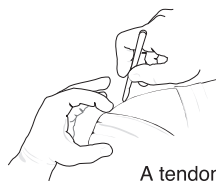
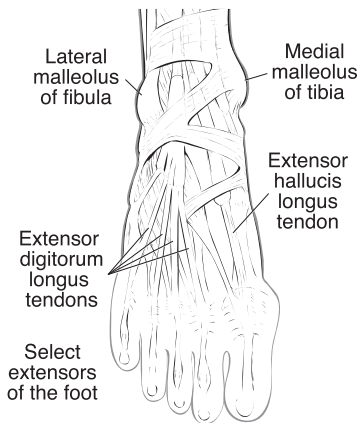
**nail matrix.** Area of dermal layer beneath the nail and proximal skin including the nail bed.

**nail plate.** Finger nail. Toe nail.

# 28234

**28234** Tenotomy, open, extensor, foot or toe, each tendon

An extensor tendon of the foot is accessed in an open surgical session and cut



A tendon is surgically accessed and cut

## Explanation

This procedure is often done for repair of hammertoe. A small incision is made on the dorsal toe. The skin is reflected and the extensor tendon is exposed. The tendon is released from its attachment site. This is usually accompanied by other procedures. The incision is closed with sutures and a soft dressing is applied.

## Coding Tips

Tendon transfers to the midfoot or hindfoot should be reported with 27690 or 27691. For percutaneous tenotomy, toe, see 28010–28011. For open tenotomy, flexor, foot, see 28230. For open tenotomy, flexor, toe, see 28232.

## ICD-10-CM Diagnostic Codes

- M05.771 Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
- M05.772 Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
- M05.871 Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
- M05.872 Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
- M06.071 Rheumatoid arthritis without rheumatoid factor, right ankle and foot
- M06.072 Rheumatoid arthritis without rheumatoid factor, left ankle and foot
- M06.871 Other specified rheumatoid arthritis, right ankle and foot
- M06.872 Other specified rheumatoid arthritis, left ankle and foot
- M20.11 Hallux valgus (acquired), right foot

- M20.12 Hallux valgus (acquired), left foot
- M20.21 Hallux rigidus, right foot
- M20.22 Hallux rigidus, left foot
- M20.41 Other hammer toe(s) (acquired), right foot
- M20.42 Other hammer toe(s) (acquired), left foot
- M20.5X1 Other deformities of toe(s) (acquired), right foot
- M20.5X2 Other deformities of toe(s) (acquired), left foot
- M21.531 Acquired clawfoot, right foot
- M21.532 Acquired clawfoot, left foot
- M21.541 Acquired clubfoot, right foot
- M21.542 Acquired clubfoot, left foot
- M21.611 Bunion of right foot
- M21.612 Bunion of left foot
- M21.621 Bunionette of right foot
- M21.622 Bunionette of left foot
- M21.6X1 Other acquired deformities of right foot
- M21.6X2 Other acquired deformities of left foot
- M24.574 Contracture, right foot
- M24.575 Contracture, left foot
- M67.01 Short Achilles tendon (acquired), right ankle
- M67.02 Short Achilles tendon (acquired), left ankle

**AMA:** 28234 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2011,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>28234</b>	3.54	7.92	0.31	11.77
Facility RVU	Work	PE	MP	Total
<b>28234</b>	3.54	3.7	0.31	7.55

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>28234</b>	90	A	6(3)	51	N/A	N/A	N/A	None

\* with documentation

## Terms to Know

**contracture.** Shortening of muscle or connective tissue.

**extensor.** Any muscle or tendon that extends a joint.

**incision.** Act of cutting into tissue or an organ.

**release.** Disconnection of a tendon or ligament.

**tendon.** Fibrous tissue that connects muscle to bone, consisting primarily of collagen and containing little vasculature.

**tenotomy.** Cutting into a tendon.