

Orthopaedics: Lower - Hips & Below

A comprehensive illustrated guide to coding
and reimbursement

2021

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Sample

Getting Started with Coding Companion

Coding Companion for Orthopaedics — Lower: Hips and Below 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.

CPT Codes

For ease of use, evaluation and management codes related to Orthopaedics are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine 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 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 2021 edition password is: XXXXXX. 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.

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 xiii 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.

11055-11057

- 11055** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- 11056** 2 to 4 lesions
- 11057** more than 4 lesions



Depiction of a single corn-like lesion on a common location of the foot

Explanation

The physician removes a benign hyperkeratotic skin lesion such as a corn or callus by cutting, clipping, or paring. Report 11055 when one lesion is removed; 11056 when two to four lesions are removed; and 11057 when more than four lesions are removed.

Coding Tips

Routine foot care, which includes the paring or cutting of corns and calluses, is not covered by Medicare unless the patient suffers from a condition that puts him/her at risk when these services are performed by a nonprofessional. For diabetic patients with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS), see G0247. Modifier Q7, Q8, or Q9 should be used to indicate a significant systemic condition (e.g., diabetes mellitus, peripheral neuropathies involving the feet) that puts the patient at risk for problems with wound healing and potential loss of limb. 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

- L11.0 Acquired keratosis follicularis
- L84 Corns and callosities
- L85.1 Acquired keratosis [keratoderma] palmaris et plantaris
- L85.2 Keratosis punctata (palmaris et plantaris)
- L86 Keratoderma in diseases classified elsewhere
- L87.0 Keratosis follicularis et parafollicularis in cutem penetrans
- Q82.8 Other specified congenital malformations of skin

Associated HCPCS Codes

- 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: 11055 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11
11056 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11
11057 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
11055	0.35	1.4	0.03	1.78
11056	0.5	1.55	0.05	2.1
11057	0.65	1.61	0.05	2.31
Facility RVU	Work	PE	MP	Total
11055	0.35	0.08	0.03	0.46
11056	0.5	0.12	0.05	0.67
11057	0.65	0.15	0.05	0.85

	FUD	Status	MUE	Modifiers			IOM Reference	
11055	0	R	1(2)	51	N/A	N/A	N/A	None
11056	0	R	1(2)	51	N/A	N/A	N/A	
11057	0	R	1(2)	51	N/A	N/A	N/A	

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

benign lesion. Neoplasm or change in tissue that is not cancerous (nonmalignant).

callosities. Localized, hardened patches of overgrowth on the epidermis caused by friction or pressure.

congenital. Present at birth, occurring through heredity or an influence during gestation up to the moment of birth.

keratoderma. Excessive growth of a horny, callous layer on the skin in three typical patterns: diffused over the palm and sole, focal with large keratin masses at points of friction, and punctate with tiny drops of keratin on the palmoplantar surface.

keratosis. Skin condition characterized by a wart-like or callus-type localized overgrowth, hardening, or thickening of the upper skin layer as a result of overproduction of the protein keratin.

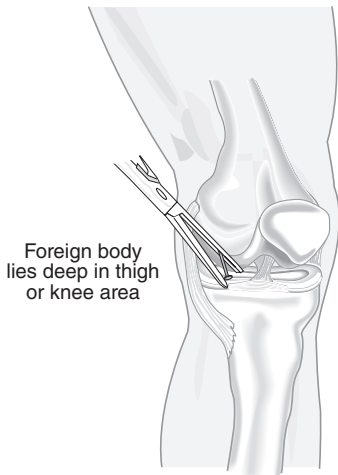
lesion. Area of damaged tissue that has lost continuity or function, due to disease or trauma. Lesions may be located on internal structures such as the brain, nerves, or kidneys, or visible on the skin.

paring. Cutting away an edge or a surface.

subcutaneous tissue. Sheet or wide band of adipose (fat) and areolar connective tissue in two layers attached to the dermis.

27372

27372 Removal of foreign body, deep, thigh region or knee area



Explanation

The physician removes a foreign body (i.e., nail, piece of wood) in the thigh or knee. For a foreign body in the thigh, an incision is made overlying the object. Tissue is dissected around the object. The physician may need to suture damaged muscle or other soft tissues. The wound is irrigated with antibiotic solution. The incision will typically be closed, unless an infection is present, in which case it will be left open temporarily to drain.

Coding Tips

Note that 27372 does not involve an incision into the joint capsule (arthrotomy). 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 arthrotomy with removal of a foreign body, see 27310. For removal of retained hardware (internal), superficial, see 20670; deep, see 20680. For removal of a knee prosthesis, including total knee, see 27488. For arthroscopic removal of a foreign body, see 29874. For surgical knee arthroscopy, see 29870-29887.

ICD-10-CM Diagnostic Codes

- M23.41 Loose body in knee, right knee ✓
- M23.42 Loose body in knee, left knee ✓
- M60.251 Foreign body granuloma of soft tissue, not elsewhere classified, right thigh ✓
- M60.252 Foreign body granuloma of soft tissue, not elsewhere classified, left thigh ✓
- M60.261 Foreign body granuloma of soft tissue, not elsewhere classified, right lower leg ✓
- M60.262 Foreign body granuloma of soft tissue, not elsewhere classified, left lower leg ✓
- S71.121A Laceration with foreign body, right thigh, initial encounter ✓
- S71.122A Laceration with foreign body, left thigh, initial encounter ✓
- S71.141A Puncture wound with foreign body, right thigh, initial encounter ✓
- S71.142A Puncture wound with foreign body, left thigh, initial encounter ✓
- S81.021A Laceration with foreign body, right knee, initial encounter ✓
- S81.022A Laceration with foreign body, left knee, initial encounter ✓

- S81.041A Puncture wound with foreign body, right knee, initial encounter ✓
- S81.042A Puncture wound with foreign body, left knee, initial encounter ✓
- S81.821A Laceration with foreign body, right lower leg, initial encounter ✓
- S81.822A Laceration with foreign body, left lower leg, initial encounter ✓
- S81.841A Puncture wound with foreign body, right lower leg, initial encounter ✓
- S81.842A Puncture wound with foreign body, left lower leg, initial encounter ✓

AMA: 27372 2018,Sep,7

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
27372	5.21	11.01	1.03	17.25
Facility RVU	Work	PE	MP	Total
27372	5.21	5.35	1.03	11.59

	FUD	Status	MUE	Modifiers				IOM Reference
27372	90	A	2(3)	51	50	N/A	80*	None

* with documentation

Terms To Know

arthrotomy. Surgical incision into a joint that may include exploration, drainage, or removal of a foreign body.

foreign body. Any object or substance found in an organ and tissue that does not belong under normal circumstances.

granuloma. Abnormal, dense collections of cells forming a mass or nodule of chronically inflamed tissue with granulations that is usually associated with an infective process.

incision. Act of cutting into tissue or an organ.

infection. Presence of microorganisms in body tissues that may result in cellular damage.

irrigation. To wash out or cleanse a body cavity, wound, or tissue with water or other fluid.

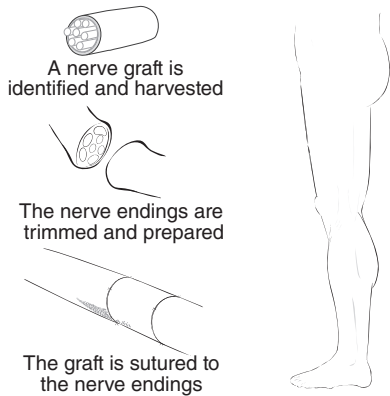
myotomy. Surgical cutting of a muscle to gain access to underlying tissues or for therapeutic reasons.

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.

64892-64893

64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length

64893 more than 4 cm length



Explanation

The physician obtains and places a nerve graft to restore innervation to the leg. In 64892, the graft is up to 4 cm long; in 64893, the graft is greater than 4 cm. A typical graft harvest is obtained from the sural nerve. To harvest the graft, the physician makes a lateral incision of the lateral malleolus of the ankle. The nerve is identified and freed. The physician cuts the nerve to obtain the length needed for the graft, elongating the incision as necessary. The proximal and distal sural nerve endings are anastomosed. The physician makes an incision over the damaged nerve and dissects the tissues to locate the nerve. The damaged area of the nerve is resected and removed. Innervation is restored by suturing the graft to the proximal and distal ends of the damaged nerve.

Coding Tips

Any nerve graft harvest is not reported separately. If the procedure is completed through an operating microscope, report 69990 in addition to the primary procedure. However, head gear (e.g., loupes or binoculars) is considered an integral part of these procedures. For each additional nerve graft, see 64901-64902.

ICD-10-CM Diagnostic Codes

- C47.21 Malignant neoplasm of peripheral nerves of right lower limb, including hip ✓
- D36.13 Benign neoplasm of peripheral nerves and autonomic nervous system of lower limb, including hip
- S71.121A Laceration with foreign body, right thigh, initial encounter ✓
- S71.141A Puncture wound with foreign body, right thigh, initial encounter ✓
- S74.01XA Injury of sciatic nerve at hip and thigh level, right leg, initial encounter ✓
- S74.11XA Injury of femoral nerve at hip and thigh level, right leg, initial encounter ✓
- S74.21XA Injury of cutaneous sensory nerve at hip and high level, right leg, initial encounter ✓
- S74.8X1A Injury of other nerves at hip and thigh level, right leg, initial encounter ✓
- S74.91XA Injury of unspecified nerve at hip and thigh level, right leg, initial encounter ✓

- S77.11XA Crushing injury of right thigh, initial encounter ✓
- S81.021A Laceration with foreign body, right knee, initial encounter ✓
- S81.041A Puncture wound with foreign body, right knee, initial encounter ✓
- S81.821A Laceration with foreign body, right lower leg, initial encounter ✓
- S81.841A Puncture wound with foreign body, right lower leg, initial encounter ✓
- S84.01XA Injury of tibial nerve at lower leg level, right leg, initial encounter ✓
- S84.11XA Injury of peroneal nerve at lower leg level, right leg, initial encounter ✓
- S84.21XA Injury of cutaneous sensory nerve at lower leg level, right leg, initial encounter ✓
- S84.801A Injury of other nerves at lower leg level, right leg, initial encounter ✓
- S84.91XA Injury of unspecified nerve at lower leg level, right leg, initial encounter ✓
- S87.81XA Crushing injury of right lower leg, initial encounter ✓

AMA: 64892 2018,Jan,8; 2017,Dec,12; 2014,Jan,11 64893 2018,Jan,8; 2017,Dec,12; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
64892	15.74	11.53	3.1	30.37
64893	16.87	12.2	3.34	32.41
Facility RVU	Work	PE	MP	Total
64892	15.74	11.53	3.1	30.37
64893	16.87	12.2	3.34	32.41

	FUD	Status	MUE	Modifiers				IOM Reference
64892	90	A	2(3)	51	N/A	62*	80	None
64893	90	A	2(3)	51	N/A	N/A	80	

* with documentation

Terms To Know

anastomosis. Surgically created connection between ducts, blood vessels, or bowel segments to allow flow from one to the other.

benign. Mild or nonmalignant in nature.

graft. Tissue implant from another part of the body or another person.

incision. Act of cutting into tissue or an organ.

innervation. Nerve distribution to a body part.

open wound. Opening or break of the skin.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73590	0.16	0.68	0.02	0.86
Facility RVU	Work	PE	MP	Total
73590	0.16	0.68	0.02	0.86

73592

73592 Radiologic examination; lower extremity, infant, minimum of 2 views

Explanation

Two or more films are taken of an infant's right or left lower extremity. The infant or child must first be immobilized to prevent movement during the film taking. The physician interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73592	0.16	0.67	0.02	0.85
Facility RVU	Work	PE	MP	Total
73592	0.16	0.67	0.02	0.85

73600-73610

73600 Radiologic examination, ankle; 2 views

73610 complete, minimum of 3 views

Explanation

Two films are taken of the ankle in 73600 and a complete radiologic exam of the ankle is performed in 73610 with three or more films taken. The codes do not specify that a specific view must be performed. The physician interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73600	0.16	0.71	0.02	0.89
73610	0.17	0.79	0.02	0.98
Facility RVU	Work	PE	MP	Total
73600	0.16	0.71	0.02	0.89
73610	0.17	0.79	0.02	0.98

73615

73615 Radiologic examination, ankle, arthrography, radiological supervision and interpretation

Explanation

The physician injects radiopaque fluid into the ankle for arthrography. The physician inserts a needle into the joint and aspirates if necessary. Opaque contrast solution is injected into the ankle and the needle is removed. Films are taken of the ankle. This code reports the radiological supervision and interpretation only. Use a separately reportable code for the injection.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73615	0.54	3.01	0.06	3.61
Facility RVU	Work	PE	MP	Total
73615	0.54	3.01	0.06	3.61

73620-73630

73620 Radiologic examination, foot; 2 views

73630 complete, minimum of 3 views

Explanation

Two films are taken of the foot in 73620 and a complete radiologic exam of the foot is performed in 73630 with three or more films taken. The codes do not specify that a specific view must be performed. The physician interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73620	0.16	0.6	0.02	0.78
73630	0.17	0.73	0.02	0.92
Facility RVU	Work	PE	MP	Total
73620	0.16	0.6	0.02	0.78
73630	0.17	0.73	0.02	0.92

73650

73650 Radiologic examination; calcaneus, minimum of 2 views

Explanation

Two or more films are taken of the calcaneus or heel bone. The physician interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73650	0.16	0.61	0.02	0.79
Facility RVU	Work	PE	MP	Total
73650	0.16	0.61	0.02	0.79

73660

73660 Radiologic examination; toe(s), minimum of 2 views

Explanation

Two or more films are taken of the toes. The physician interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
73660	0.13	0.64	0.02	0.79
Facility RVU	Work	PE	MP	Total
73660	0.13	0.64	0.02	0.79

73700-73702

73700 Computed tomography, lower extremity; without contrast material

73701 with contrast material(s)

73702 without contrast material, followed by contrast material(s) and further sections

Explanation

Computed tomography (CT) directs multiple narrow beams of x-rays around the body structure being studied and uses computer imaging to produce thin cross-sectional views of various layers (or slices) of the body. CT is useful for the evaluation of trauma, tumor, and foreign bodies as CT is able to visualize soft tissue as well as bones. Patients are required to remain motionless during the study and sedation may need to be administered as well as a contrast medium

20662 0213T, 0216T, 0228T, 0230T, 11000-11006, 11042-11047, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20650, 20665, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99211-99223, 99231-99255, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

20663 0213T, 0216T, 0228T, 0230T, 11000-11006, 11042-11047, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20650, 20665, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99211-99223, 99231-99255, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

20670 0213T, 0216T, 0228T, 0230T, 11000-11006, 11010*, 11042-11047, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20526, 24300, 25259, 26340, 29075, 29125, 29358, 29405, 29550, 29584, 29705, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 76000, 77001-77002, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99211-99223, 99231-99255, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-J2001

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20690 0213T, 0216T, 0228T, 0230T, 11010*, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20526, 20650, 24300, 25259, 26340, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155, 99156, 99157, 99211-99223, 99231-99255, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

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