Coders Can Benefit from Bare Bones Podiatry Lesson

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Podiatry is the specialty that manages diseases and problems of the feet. Many coding specialists find it difficult to assign CPT codes to podiatry cases. Because so many podiatry procedures are currently performed in the outpatient setting, it is common for coding specialists to be faced with podiatry cases on a daily basis. This article will present the information every coder needs to know when coding podiatry cases.

Bones of the Feet

In order to strengthen their podiatry CPT coding skills, coding specialists need first to understand the anatomy of the foot. The following is a description of each bone in the foot and its location.

Bone(s):	phalanx; phalanges (pl.)
Location:	toes
Description:	The toes of one foot include a total of 14 bones, or phalanges.

The first toe, known as the great toe or hallux, has a proximal phalanx and a distal phalanx. The second, third, fourth, and fifth toes each have three phalanges: a proximal phalanx, middle phalanx, and distal phalanx.

Bone(s):	metatarsus; metatarsi (pl.)
Location:	foot
Description:	These five long bones are located between the proximal phalanges and the distal row of tarsal bones in the back of the foot.

Bone(s):	sesamoid(s)
Location:	first metatarsal
Description:	These two small, ovoid bones are found on the head of the first metatarsal bone. They are embedded within a tendon or joint capsule, principally in the hands and feet.

Bone(s):	tarsus; tarsi (pl.)
Location:	foot
Description:	These seven bones of the posterior half of the foot are arranged in two rows. The “distal” row consists of the medial cuneiform, intermediate cuneiform, lateral cuneiform, cuboid, and navicular. The “proximal” row consists of the talus (located at the ankle) and calcaneus (heel bone).

Following are examples of CPT codes that reference specific bones of the feet:

28108	Excision or curettage of bone cyst or benign tumor, *phalanges* of foot
28310	Osteotomy, shortening, angular, or rotational correction; *proximal phalanx*, first toe (separate procedure)
28530	Closed treatment of *sesamoid* fracture
28304	Osteotomy, *tarsal bones*
28470	Closed treatment of *metatarsal* fracture; without manipulation, each

Anatomical Reference Points

Each phalanx, metatarsal, and tarsal bone consists of a **base** (also known as a proximal end), a **shaft or body**, and a **head** (also known as a distal end).

Some CPT code descriptions specifically reference these anatomical reference points, such as the following:

28111	Ostectomy, complete excision; first metatarsal *head*
28126	Resection, partial or complete, phalangeal *base*, each toe
28153	Resection, condyle(s), *distal end* of phalanx, each toe

Joints of the Feet

Joints can be found in between the bones of the feet. Following are the various types of joints and their exact locations.

IP joint: The interphalangeal (IP) joint is located in the great toe, between the base of the distal phalanx and the head of the proximal phalanx.

DIP joint: The distal interphalangeal (DIP) joint is located in the second through fifth toes between the base of a distal phalanx and the head of a middle phalanx.

MTP joint: The metatarsophalangeal (MTP) joint is located in the first through fifth toes, between the base of a proximal phalanx and the head of a metatarsal.

PIP joint: The proximal interphalangeal (PIP) joint is located in the second through fifth toes, between the base of a middle phalanx and the head of a proximal phalanx.

Tarsometatarsal joint: The tarsometatarsal joint is located between the base of a metatarsal and the head of a tarsal bone.

Intertarsal joint: The intertarsal joint is located between two tarsal bones.

Many CPT codes specifically reference the joint involved for the podiatry procedures, such as:

28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28289	Hallux rigidus correction with cheilectomy, debridement, and capsular release of the first metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint

Toe Modifiers

In coding, modifiers provide the means by which the reporting healthcare provider can indicate that a service or procedure that has been performed has been altered by some specific circumstance (e.g., a procedure performed on the left second toe). In the HCPCS Level II codes, there are modifiers specifically for the left side (-LT) and right side (-RT) of the body. In addition, there are specific modifiers for each toe:

- **-TA** Left foot, great toe
- **-T1** Left foot, second digit
- **-T2** Left foot, third digit
- **-T3** Left foot, fourth digit
- **-T4** Left foot, fifth digit
- **-T5** Right foot, great toe
- **-T6** Right foot, second digit
- **-T7** Right foot, third digit

-T8 Right foot, fourth digit
-T9 Right foot, fifth digit

When applicable, the modifier is appended to the CPT code that described the procedure performed on the toe. For example, if a patient has a repair of his or her left second hammertoe, the procedure would be coded and modified as:

28285-T1 Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy), Left foot second digit

CPT Coding Pitfalls

Just as with many other conditions, there are some pitfalls to watch out for when coding podiatry cases. For example, within a single operative report the surgeon may refer to the same anatomical reference point using synonyms. A surgeon may use both "base" and "proximal end" within the same report, and the terms are synonymous.

Also, do not use toe modifiers -TA through -T9 with metatarsal CPT codes, because the metatarsal bones are of the midfoot and are not located in the toes. Additionally, it is important to remember to repeat the code if its description states "each toe" and the procedure was performed on multiple toes.

Sample CPT Audit Findings

Below are the written summaries provided to a hospital after the author performed a CPT coding review of a sample of his or her ambulatory surgery cases in 2002.

Medical Record no. 1

This managed care patient was seen for a second metatarsal osteotomy and a right fourth-digit arthroplasty, both of which were coded correctly as 28308 and 28285. However, the Tailor's bunionectomy was inappropriately coded as 28296 (Correction of bunion with metatarsal osteotomy). Please delete code 28296 and assign 28110 (Ostectomy, partial excision, fifth metatarsal head). Per the operative report for this case: " . . . the fifth metatarsophalangeal joint, where an approximate 4.5 cm linear incision was then made . . . fifth metatarsal . . . exostosis was resected in toe. . . an Austin-type osteotomy was then performed."

A Tailor's bunionectomy procedure involves a lateral longitudinal arthrotomy in which the fifth metatarsophalangeal (MP) joint is exposed. The lateral prominence or exostosis of the metatarsal head is resected, and the capsule is tightly imbricated.

Medical Record no. 2

The Medicare patient was seen for a right hallux metatarsophalangeal (MP) arthrodesis, which was inappropriately coded as 28292 (bunion correction). Delete 28292 and assign 28750-RT (Arthrodesis great toe, metatarsophalangeal joint). Per the operative report: " . . . flaps were developed off the base of the proximal phalanx and off the metatarsal head and neck . . . bone resection had been gained in order to allow reduction of the deformity, the threaded K-wires were placed on the base of the proximal phalanx out the end of the toe . . . the K-wires were passed into the metatarsal head . . . the fixation appeared to be quite good."

Medical Record no. 3

The commercial patient was seen for a radical bunionectomy with osteotomy, which was correctly coded as 28296. However, the first metatarsophalangeal (MTP) joint exostectomy was inappropriately coded. Please delete code 28288. Per the American Academy of Orthopaedic Surgeons (AAOS), code 28296 includes "removal of additional exostoses in the area of the joint."

Medical Record no. 4

The Medicare patient was seen for bilateral radical bunionectomy with osteotomy, which was coded as a unilateral surgery with code 28296. Please append bilateral procedure modifier -50 to code 28296. Per the operative report: "Attention was then directed to the dorsal aspect of the left foot, where a procedure identical to that described for the right foot was performed . . ."

References

American Medical Association. Physician's Current Procedural Terminology (CPT) 2003 Code Book. Chicago: American Medical Association, 2002.

Jones, Lolita M. "ASC Clinic: Orthopaedic Surgery." Coding reference guide, Fort Washington, MD, 2003.

Case Study: Bunionectomy

The following is an actual ambulatory surgery operative report. Please read it carefully and assign the appropriate codes as indicated below (answers are included below the report).

Operative Report

Preoperative Diagnosis: Bunion left foot
Postoperative Diagnosis: Bunion left foot
Operation: Left chevron bunionectomy
Anesthesia: Monitored anesthesia care
Indications: This 56-year-old white female has had chronic pain in the left forefoot associated with bunion deformity unrelieved by shoe modifications, strapping, or padding.
Procedure/Findings: Under IV sedation, left ankle block was instilled with 1% Xylocaine and 0.25% Marcaine. The left foot and ankle were prepped and draped in the usual fashion with a tourniquet applied to the left ankle.

The tourniquet was inflated to 250 mmHg and a longitudinal 6 cm incision was made on the medial aspect of the first metatarsophalangeal joint. The soft tissue was bluntly dissected to the joint capsule, which was incised in a distally based V and sharply elevated. A portion of the medial eminence was resected with a microoscilating saw. The lateral attachments of collateral ligament and plantar plate were released with a McGlamry elevator.

Following that, the metatarsal neck was osteotomized in a chevron fashion and the metatarsal head translated laterally one third of the shaft diameter and stabilized in that position with a single 2.0 cortical screw. Following that, the remainder of the medial eminence was resected with rongeurs and the capsule was reefed with interrupted 2-0 Vicryl sutures.

The tourniquet was released. Bleeding was controlled with electrocautery. The skin was closed with interrupted 4-0 nylon sutures. Sterile dressings were applied. The patient tolerated this procedure well and was taken to the recovery room in satisfactory condition.

Please assign the following:

ICD-9-CM Diagnosis Code(s):

_____

ICD-9-CM Procedure Code(s):

_____

CPT Procedure/Modifier Code(s):

_____

Answers: ICD-9-CM Codes: 727.1, 77.51. CPT Code/Modifier: 28296-LT (because the code refers to the hallux/great toe, we need only apply a left side/-LT modifier to this code.)

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