

Podiatry

A comprehensive illustrated guide
to coding and reimbursement

SAMPLE

2017

ICD-10

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lateral. On/to the side.

onychia. Inflammation or infection of the nail matrix leading to a loss of the nail.

paronychia. Infection or cellulitis of nail structures.

pyogenic granuloma. Small, erythematous papule on the skin and oral or gingival mucosa that increases in size and may become pendulum-like, infected, and/or ulcerated.

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

wedge excision. Surgical removal of a section of tissue that is thick at one edge and tapers to a thin edge.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
11765	2.69	4.74	10	A	4(3)

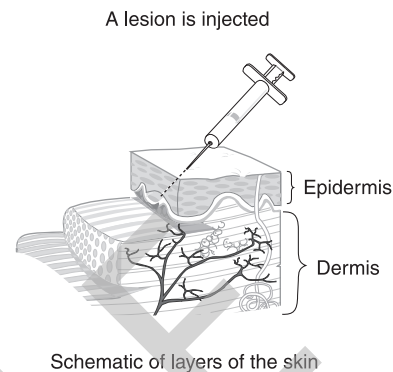
	Modifiers				Medicare Reference
11765	51	N/A	N/A	N/A	None

* with documentation

11900-11901

11900 Injection, intralesional; up to and including 7 lesions

11901 more than 7 lesions



Explanation

The physician uses a syringe to inject a pharmacologic agent underneath or into any diagnosed skin lesion. Steroids, anesthetics (excluding preoperative local anesthesia), or any non-chemotherapy pharmacological agent may be injected. Report 11900 for injection of seven or fewer lesions. Report 11901 when more than seven lesions are treated.

Coding Tips

When 11900 or 11901 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. Local anesthesia is included in these services. The drug or other substance may be reported separately; see HCPCS Level II J codes. For injection of a therapeutic, prophylactic, or diagnostic substance, see 96372–96376. For injection of veins, see 36470 and 36471. For intralesional chemotherapy, see 96405 and 96406.

ICD-10-CM Diagnostic Codes

B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
L23.9	Allergic contact dermatitis, unspecified cause
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L30.0	Nummular dermatitis
L30.8	Other specified dermatitis
L30.9	Dermatitis, unspecified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis

- S92.152B Displaced avulsion fracture (chip fracture) of left talus, initial encounter for open fracture
- S92.154A Nondisplaced avulsion fracture (chip fracture) of right talus, initial encounter for closed fracture
- S92.154B Nondisplaced avulsion fracture (chip fracture) of right talus, initial encounter for open fracture
- S92.155A Nondisplaced avulsion fracture (chip fracture) of left talus, initial encounter for closed fracture
- S92.155B Nondisplaced avulsion fracture (chip fracture) of left talus, initial encounter for open fracture
- S92.191A Other fracture of right talus, initial encounter for closed fracture
- S92.191B Other fracture of right talus, initial encounter for open fracture
- S92.192A Other fracture of left talus, initial encounter for closed fracture
- S92.192B Other fracture of left talus, initial encounter for open fracture

HPCS Equivalent Codes

N/A

Terms To Know

allograft. Graft from one individual to another of the same species.

astragalus. Highest tarsal bone that forms the ankle joint by articulating with the fibula and tibia.

autograft. Any tissue harvested from one anatomical site of a person and grafted to another anatomical site of the same person. Most commonly, blood vessels, skin, tendons, fascia, and bone are used as autografts.

excision. Cutting out or off, without replacement, a portion of a body part.

malleolus. Rounded protuberances on each side of the ankle. The lateral malleolus is the fibula and the medial is the tibia.

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.

talus bone. Tarsal, left, right.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
28446	35.08	35.08	90	A	1(2)

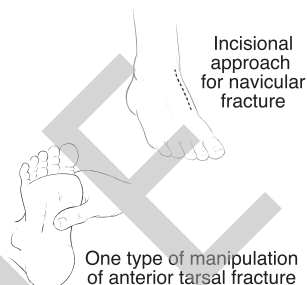
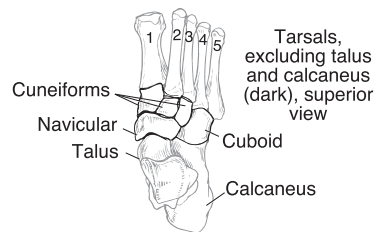
	Modifiers				Medicare Reference
28446	51	50	62*	80	None

* with documentation

28450-28455

28450 Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each

28455 with manipulation, each



A fracture of a tarsal bone other than the calcaneus or talus is treated without manipulation. Report 28455 when manipulation is required for treatment

Explanation

The physician treats a fracture of one of the tarsal bones, other than the calcaneus or the talus without performing open surgery or any manipulation. X-rays (separately reported) confirm a fracture of the navicular, cuboid, or one of the three cuneiforms, with the fragments in acceptable position. In 28455, the physician treats a fracture of one of the tarsal bones other than the talus or calcaneus without performing open surgery but with manipulation of the fracture. Separately reportable x-rays confirm a fracture of the navicular, cuboid, or one of the cuneiform bones with the fracture fragments in an unacceptable position. With the patient under anesthesia as needed, the physician pushes, pulls, or otherwise maneuvers the foot, ankle, or leg to restore the bony pieces to a satisfactory position. The physician applies a cast, brace, or splint to the foot and leg to protect the fracture and hold it in the appropriate position.

Coding Tips

According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See "Application of Casts and Strapping" in the CPT book in the Surgery Section, under the Musculoskeletal System. These codes report closed treatment of a tarsal bone fracture, excluding fractures of the talus and calcaneus. For treatment of a calcaneal fracture, see 28400–28420. For treatment of a talus fracture, see 28430–28446. For open treatment of a tarsal bone fracture, see 28465. For radiology services, see 73620–73630.

ICD-10-CM Diagnostic Codes

- M84.371A Stress fracture, right ankle, initial encounter for fracture
- M84.372A Stress fracture, left ankle, initial encounter for fracture
- M84.474A Pathological fracture, right foot, initial encounter for fracture
- M84.475A Pathological fracture, left foot, initial encounter for fracture

HCPCS Equivalent Codes

N/A

Terms To Know

clubfoot. Congenital or acquired anomaly of the foot with the heel elevated and rotated outward and the toes pointing inward.

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

pes planus. Congenital condition in which the instep, or arch, of the foot does not develop, leaving the foot flat.

talipes equinovarus. Deformity in which the heel is turned inward, the foot is plantar flexed with the arch raised, causing the ball of the foot to bear the weight of the body; usual clubfoot formation.

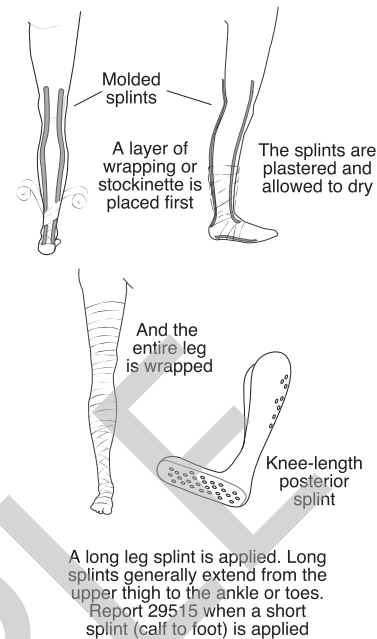
talipes varus. Congenital abnormality in which the foot turns inward and the heel outward, with the outer sole making contact with the ground.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
29450	3.23	4.11	0	A	1(3)

	Modifiers				Medicare Reference
29450	51	50	N/A	N/A	None

* with documentation

29505-29515**29505** Application of long leg splint (thigh to ankle or toes)**29515** Application of short leg splint (calf to foot)**Explanation**

The physician applies a long leg splint from thigh to the ankle or toes. A long leg posterior splint is used to immobilize a number of injuries around the knee or ankle. The physician wraps cotton bandaging around the involved leg from the upper thigh to the ankle or toes. Plaster strips or fiberglass splint material are applied along the posterior aspect of the leg from the upper thigh to the ankle or toes. In 29515, the physician applies a short leg splint from calf to foot. A short leg splint is used to immobilize the ankle. The physician wraps cotton bandaging from just below the knee to the toes. Plaster strips or fiberglass splinting material are applied to the posterior of the calf, around the heel, and along the bottom of the foot to the toes. After the splint material dries, it is secured into place by an Ace wrap.

Coding Tips

According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See "Application of Casts and Strapping" in the CPT book in the Surgery Section, under the Musculoskeletal system. When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99143–99145. When moderate (conscious) sedation is provided by another physician, report 99148–99150. Splint supplies are reported separately; see HCPCS Level II codes. Casting supplies used when providing this procedure may be reported with Q4037–Q4048 and Q4051.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

HCPCS Equivalent Codes

N/A