Foot and ankle coding overview

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ANSWERS TO YOUR QUESTIONS ON FOOT AND ANKLE CODING

Reporting services for foot and ankle procedures—especially surgery on the toes—is challenging. Payer rules related to modifiers further complicate the claims submission process and increase the challenges faced by the appeals team.

Modifier usage, as well as payers' acceptance of modifiers 50, 51, 59 and the toe modifiers discussed in this article, is based on CPT rules and Medicare's Correct Coding Initiatives (CCI) edits. Understanding the rules related to the surgical procedures—in particular, what is and is not separately reportable—is critical to accurate reporting and the use of these modifiers. Unfortunately, payer rules further complicate reporting these services and thus the following examples may have to be 'modified' to meet individual payer directives.

Hammertoe repair and bunion procedures

**Question:** Our foot and ankle surgeon commonly performs hammertoe repairs and bunion procedures together. Based on the AAOS Global Service Data Guide, these procedures are not considered inclusive to each other, yet payers continue to bundle them. Any suggestions?

**Answer:** You are correct in saying that a hallux valgus correction surgical procedure on the first metatarsal and a bunion procedure on the second toe are separately reportable. The AAOS Global Service Data Guide shows the following procedures as inclusive to CPT code 28296—Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures):

- arthrootomy (eg, 28022)
- synovial biopsy (eg, 28052)
- tendon release or transfer (eg, 28240)
- synovectomy (eg, 28072)
- capsular release and reconstruction (eg, 28270)
- removal of additional exostoses (eg, 28122, 28124, 28126, 28288)
- internal fixation
- articular shaving
- removal of bursal tissue
- repair of released tendon (eg, 28200, 28208)
- excision of bone or synovial cysts (eg, 28090–28092, 28104, 28108)

A hammertoe repair (CPT code 28285) is not listed as an inclusive procedure to a hallux valgus correction procedure; however, a Medicare CCI edit for CPT code 28296 and CPT code 28285 has been issued. This edit requires that you append the modifier(s) to appropriately override the payer edit (when it exists). Two modifiers—modifier 59 and the "T" or toe modifier (Table 1)—may be appropriate to indicate the procedures as distinct and separate from each other. Some payers may not require any modifier, some may require the modifier 59, some may require the T modifier, and some may require both.

A review of Medicare carrier claims nationwide found payers that require both modifiers and other Medicare carriers that require only one.

For example, the surgeon documents a hallux valgus correction to the first metatarsal of the right foot and a hammertoe repair to the right foot second toe. If both modifiers are required to appropriately document the two procedures, the code combination is performed on multiple toes.

**Table 1: Modifiers used when multiple procedures are performed on multiple toes**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Toe</th>
<th>Modifier</th>
<th>Toe</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>left foot, second toe</td>
<td>T5</td>
<td>right foot, great toe</td>
</tr>
<tr>
<td>T2</td>
<td>left foot, third digit T7</td>
<td>T6</td>
<td>right foot, second toe</td>
</tr>
<tr>
<td>T3</td>
<td>left foot, fourth digit T8</td>
<td>T7</td>
<td>right foot, third digit</td>
</tr>
<tr>
<td>T4</td>
<td>left foot, fifth digit T9</td>
<td>T8</td>
<td>right foot, fourth digit</td>
</tr>
</tbody>
</table>

**Answer:** To answer this question, the location of the capsulotomy must be identified. A capsulotomy of the interphalangeal joint (CPT code 28272) is included in a hammertoe repair (CPT code 28285) performed on the same toe. A metatarsophalangeal joint capsulotomy for a joint contracture (CPT code 28270) is not inclusive to 28285, because the capsulotomy is performed on a different joint than the hammertoe repair.

For example, the surgeon performs a hammertoe repair on the left second toe and a capsulotomy on the metatarsophalangeal joint on the same toe. The procedure is reported as follows:

28285-T1
28270-59, T1

*Some payers may not require the T1 modifier because this is a joint space.*

Apply the modifiers as appropriate based on the individual payer's rules and internal denial/rejection experiences.

Pediatric foot deformity/gait abnormality

**Question:** How do you recommend reporting the following procedures performed by a pediatric orthopaedic surgeon for a child with contractures, foot deformities, and a gait abnormality? The procedures are dictated as “bilateral calcaneal osteotomies, bilateral gastrocnemius resections, and bilateral posterior tibialis tendon advancements.”

**Answer:** These procedures are commonly performed by pediatric orthopaedic surgeons. Table 2 shows the CPT code recommendations based on the information provided.

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