Codify
BY AAPC

Internal Medicine Coding Alert

Reader Question: Billing 28470 and 29405 Together: Check CCI Updates

Question: Is it appropriate to bill 28470 with 29405? I don't quite understand what 28470 includes.

Vermont Subscriber

Answer: The most recent Correct Coding Initiative (CCI) edits classify 29405 (Application of short leg cast [below knee to toes]) as a Column 2 code for 28470 (Closed treatment of metatarsal fracture; without manipulation, each). That means you should not normally report both codes for a single date of service.

However, the edits do allow you to append a modifier (usually modifier 59, Distinct procedural service) to 29405 in order to report both services. Ensure that you have documentation supporting two separate services before filing a claim with both codes.

Code inclusion: By billing 28470, the physician assumes responsibility for treating the fracture (even if it involves minimal care and risk) and agrees to monitor the fracture's course of healing. Medicare assigns a 90-day follow-up time to 28470, but other payers might differ. The code includes cast application, but you can bill separately for supplies. If the physician removes the cast and reapplies another cast during or after the period of follow-up care, you'll report 29405 with the appropriate casting material codes.