

Part B Insider (Multispecialty) Coding Alert

Don't Let Foot FBR Definition Fool You

Survey says: Incision required for foot FBR.

A girl limps into the ED with a splinter in the back heel of her foot. The nonphysician practitioner (NPP) takes a look at the injured area, and pulls the splinter out using tweezers. According to the code descriptors for foot foreign body removals (FBRs), you should be able to report 28190 for the encounter ... right?

Not so fast: Many coders feel that even though the CPT descriptor excludes "incision," you should not report 28190 (Removal of foreign body, foot; subcutaneous) unless the provider makes an incision.

Be Safe: Apply Soft-Tissue Incision Rules

While the descriptors might appear to "justify the assignment of 28190-28193 if no incision is made, CPT guidelines consider that a non-invasive procedure and will not warrant any additional coding besides the E/M," says **Pamela Cline, RHIT**, senior coding supervisor for Medical Account Services in Frederick, Md.

In short: To be maximally compliant, treat foot FBRs like you treat soft-tissue FBRs. If the provider does not make an incision, your best bet may be to report an ED E/M code for the service (99281-99285, Emergency department visit for the evaluation and management of a patient ...).

Another coder who's seen her share of FBRs concurs with Cline's stance on foot FBRs. "Any of the FBR codes in the musculoskeletal chapter [of CPT] involve an incision going beyond the skin level. You need an incision to get that deep," before reporting 28190-28193, says **Gerri Walk, RHIA, CCS-P**, senior manager at Health Record Services Corporation in Baltimore.

Best bet: At the very least, check your payer contract before coding a foot FBR sans incision.