

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Brush Up on Foot Anatomy to Step Toward Coding Success

Tip: Keep modifiers LT, RT, TA-T9 handy to specify work on different areas of feet and toes.

Don't let anatomic terminology trip up your foot and ankle claims. Learn more about some of the more common foot procedures your podiatrist might face, and you'll be coding those services like an ace.

Build Coding Foundations With Basic Knowledge

Sudden impacts (such as those from jumping during sports) or simple wear-and-tear can cause toe, foot, and ankle problems. Coders must know the differences between these diagnoses, or run the risk of missing a subtle difference and assigning the wrong code, experts say.

Coding tip: One thing to remember is that you might need modifiers to help differentiate work on different areas of the feet or toes. These modifiers include LT (Left side) and RT (Right side), TA-T9 (for the individual toes), and sometimes 59 (Distinct procedural service), depending on the service your physician provides. These modifiers become particularly important if the podiatrist performs the same procedure on more than one foot or toe.

Check Differences Between Bunions and Hallux Valgus

A bunion is an enlargement of bone or tissue around the metatarsophalangeal (MTP) joint of the first metatarsal and first toe, explains **Arnold Beresh, DPM, CPC**, of Peninsula Foot and Ankle Specialists PLC in Hampton, Va. It is often made worse by patients wearing shoes that are too narrow around the toe box and can cause pain and deformity of the toes.

Keep in mind: A common misconception is that "hallux valgus" and "bunion" refer to the same thing. Although CPT® lists bunion procedure codes, such as 28290 (Correction, hallux valgus [bunion], with or without sesamoidectomy; simple exostectomy [e.g., Silver type procedure]), as "hallux valgus corrections," physicians who perform these aren't necessarily correcting a hallux valgus, according to ICD-9 terminology. If you look up 735.0 (Hallux valgus [acquired]), the definition reads, "Angled displacement of the great toe, causing it to ride over or under other toes."

Therefore, you shouldn't report 735.0 unless the patient has an angular deformity of the great toe. According to this definition, a person could have a bunion but not necessarily a hallux valgus deformity, but experts say that the above definition isn't actually followed. Hallux valgus is simply a valgus deformity of the distal great toe (it points laterally) and doesn't have to overlap for a physician to call it hallux valgus.

If the patient's great toe isn't overlapping or impinging upon the second toe, but he still has an obvious bunion, check out 727.1 (Other disorders of synovium, tendon, and bursa; bunion). This code specifically says "bunion," and the ICD-9 definition is "enlarged first metatarsal head due to inflamed bursa; results in laterally displaced great toe." As you can see, this definition does not cover an overlapping toe.

Code 727.1 also refers to a bunionette or "tailor's bunion" at the lateral aspect of the fifth metatarsal head, says Beresh.

Some coders have used 736.70 (Unspecified deformity of ankle and foot, acquired) to specify a bunion without hallux

valgus, but this is incorrect. Because a more specific code is available (727.1), use that instead.

Clarify: Above all, if you've been coding 735.0 □ or even 727.1 □ with all bunionectomies, talk with your physician about the two different ICD-9s, and verify the diagnosis when you see "hallux valgus," because some physicians use this term for all bunion types. Even the CPT® text notes "bunion" in parentheses after "hallux valgus," as if to note that they're the same thing.

The most important thing is to check with your payers to see whether this minor discrepancy makes a difference.

Verify Injection Rules for Morton's Neuroma, TTS

Morton's neuroma (355.6) is a thickening of the plantar nerve lying between the heads of the metatarsals (most commonly between the third and fourth). Symptoms usually include pain, tingling, burning, and/or numbness in the area. Morton's neuroma can be caused by wearing shoes with a narrow toe box or by any type of injury to the forefoot, notes Beresh.

Physicians conduct a physical exam and often use diagnostic ultrasound to diagnose a Morton's neuroma. Rest, orthotics, nonsteroidal anti-inflammatory drugs (NSAIDs), and changing shoes normally will help alleviate the patient's pain, but corticosteroid injections may be necessary. In some cases, the podiatrist might refer the patient to a surgeon for excising the neuroma surgically (28080, Excision, interdigital [Morton] neuroma, single, each).

Compression or entrapment of the posterior tibial nerve causes tarsal tunnel syndrome (TTS, 355.5). This condition is similar to carpal tunnel syndrome in the wrist, but causes pain and numbness at the bottom of the foot. Excessive standing on the feet, varicose veins, bone spurs, athletic injuries, and other issues can cause tarsal tunnel syndrome.

Physicians rely on a physical exam to diagnose TTS, usually along with studies including electromyography (95860-95872) or nerve conduction studies (95900-95905). Once the physician confirms the diagnosis, he or she will usually begin conservative treatments such as injections, NSAIDs, rest, footwear changes, and physical therapy. In some cases, however, the patient may require surgery. The most common surgical treatment is a tarsal tunnel release (28035).

PTTD, Plantar Fasciitis May Require Surgery

Posterior tibial tendon dysfunction (PTTD) occurs when the posterior tibial tendon becomes inflamed, stretched out, or torn because of wear-and-tear or a sudden injury. Symptoms include pain, swelling, tenderness, and possible flattening of the foot. Physicians can usually diagnose this condition using a physical exam, X-ray, or MRI.

Physicians typically attempt to treat this condition by prescribing rest, NSAIDs, and possibly casting or bracing. In some cases, surgery such as tenolysis (27680), gastrocnemius recession (27687), tendon transfer (27691), calcaneal osteotomy (28300), or triple arthrodesis (28715) may be required.

Plantar fasciitis (728.71) describes heel pain caused by inflammation of the plantar fascia. Physicians describe a variety of sources of this condition, including athletics without appropriate warm-up, stress on the arch, ill-fitting shoes, and sports-related stress on the heel.

Physicians can usually diagnose plantar fasciitis during a physical exam. Treatments may include NSAIDs, rest, new shoes or shoe orthotics, physical therapy, or injections. In some cases, physicians have success with extracorporeal shock wave therapy (ESWT, 28890) for this condition.

