

Part B Insider (Multispecialty) Coding Alert

Reader Question: Look for Combo Codes When You Can

Question: One of our physicians is trying to bill for a bunionectomy with 28292 (Correction, hallux valgus [bunion], with or without sesamoidectomy; Keller, McBride, or Mayo type procedure) and an osteotomy using 28306 (Osteotomy, with or without lengthening, shortening or angular correct, metatarsal; first metatarsal) on the same big toe. She asked us to append modifier 59 (Distinct procedural service) to 28306 so the payer would reimburse us for both, but we aren't sure if this is accurate advice. Can you advise?

Answer: Unless the surgeries were performed in different locations (e.g., one on the left foot and one on the right), you can't report both. However, there is a code that's more accurate than the ones you've cited, and it includes both services.

For this procedure, you should report 28296 (Correction, hallux valgus [bunion], with or without sesamoidectomy; with metatarsal osteotomy [eg, Mitchell, Chevron, or concentric type procedures]) because it says "with osteotomy." Keep in mind that if the surgeon used a nerve block prior to performing the procedure, that is bundled into the surgery. The National Correct Coding Initiative (NCCI) precludes you from reporting 64450 (Injection, anesthetic agent; other peripheral nerve or branch) with 28296 if the nerve block is being used for the bunionectomy.