

Podiatry Coding & Billing Alert

Case Study: Solve This Bunionectomy Scenario to Perfect Your ICD-10 and CPT® Reporting Smarts

Use the scenario details to arrive at an answer.

The odds are high that you will code claims for bunionectomies in your podiatry practice. So, it's never a bad idea to get back to the basics of coding with a specific clinical scenario. Keep reading to see if you know how to report the scenario, then check out the breakdown of the correct codes to test your answers.

Scenario:

A patient returns to the podiatrist's office, complaining of continuing bunion pain. The patient has tried conservative care, including wearing wider shoes. From an X-ray, the podiatrist observes that the patient has a hypertrophied medial aspect with increased intermetatarsal angle and a deviated first toe. The podiatrist removes the hypertrophied section of the bone. The podiatrist also performs distal metatarsal osteotomy of the first metatarsal to realign the bone.

Nail Down ICD-10 Codes

Coding solution: For this scenario, you should report M20.12 (Hallux valgus (acquired), left foot) and M21.612 (Bunion of left foot).

Don't miss: Although many people may think bunions and hallux valgus are the same condition, there are actually differences between the two, says **Arnold Beresh, DPM, CPC, CSFAC**, in West Bloomfield, Michigan.

"A bunion is just the increased bone on the medial side of the first metatarsal," Beresh explains. "Hallux valgus is when the tip of the first toe turns toward the second toe and usually applies pressure on the head of the first metatarsal, causing the deformity."

If both conditions occur, it should technically be referred to as hallux valgus with a bunion deformity, Beresh says. Some insurance companies will not pay for surgical corrections of hallux valgus (28296) with only the definition and code for bunion, and not the coding for the hallux valgus.

Break Down Your CPT® Coding

Coding solution: You should report 28296 (Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method) for this scenario. The Austin, Chevron, and Mitchell type procedures are types of a 28296 service, Beresh explains.

Code 28296: Code 28296 "includes the removal of prominent or hypertrophied bone from the medial aspect of the first metatarsal head (distal metaphysis) along with distal first metatarsal osteotomy, and may additionally include the resection of excess bone at the dorsomedial, dorsal, and/or dorsolateral aspect of the metatarsal head, and/or base of the proximal phalanx with or without related soft-tissue correction, resection, or release," according to CPT® Assistant Vol. 26, No. 12

Code 28296, which is the most commonly performed bunionectomy procedure, according to CPT® Assistant, may also involve tendon and other soft-tissue balancing and/or removal of one or both sesamoids.

Podiatrists usually perform a 28296 service "to correct a mild-to-moderate hallux abductovalgus deformity associated with a mild-to-moderate intermetatarsal angle (metatarsus primus varus [adductus]) and/or distal lateral torsional deviation of the metatarsal head," CPT® Assistant explains.

Finally, Put It All Together

In summary, for this encounter, you would report the following codes on your bunionectomy claim:

- 28296
- M20.12 and M21.612