

Podiatry Coding & Billing Alert

Coding: 2017 Brings Big Changes to Bone Biopsies, Bunions, Foot Fractures & More

Ring in the New Year with this summary of crucial podiatry coding and billing changes.

"This is an odd year, because there are actually a lot of changes to podiatry," says **Lynn M. Anderanin, CPC, CPMA, CPPM, CPC-I, COSC**, speaker at the recent 2017 Podiatry Changes and Updates Audio Educator conference.

Anderanin reviewed the major coding changes for podiatrists as well as updates to Medicare's list of foot care services it deems "medically necessary and reasonable."

Added Depth to Bone Biopsies

CPT® bone biopsies were revised to clarify the examples of deep or superficial. Deep bones are described as ones you cannot feel, such as the femoral shaft. Superficial bones are ones that you can, such as the femur at the knee. Relevant CPT® codes are:

- 20240 (Biopsy, bone, open; superficial [e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx])
- 20245 (Biopsy, bone, open; deep [e.g., humeral shaft, ischium, femoral shaft])

RVU news: Work RVUs for deep bone biopsies were reduced from 8.95 to 6.00 for 2017. The global period for 20245 remains 10 days in the first quarter of 2017.

Big Changes for Bunions

- 2 new codes
 - ICD-10 introduced 21.61- (Bunion) and M21.62- (Bunionette)
- 6 revised codes
 - CPT® codes 28289, 28292, 28296, 28297, 28298 and 28299
- 3 deleted codes
 - CPT® codes 28290, 28293, 28294
- Deleted name-related procedures
- Sesmoidectomy and lateral capsulorrhaphy included in all bunion repairs

Foot Fractures

ICD-10 added foot fracture codes:

- S92.811A-S92.819S (Other fractures of foot...)
- S99.001A-S99.099S, Physeal/Salter Harris fractures of calcaneus
- S99.101A-S99.199S, Physeal/Salter Harris fractures of the metatarsal
- S99.201A-S99.299S, Physeal/Salter Harris fractures of the toe

Routine Foot Care Not Covered by Medicare

CMS reaffirmed that it will not cover what it deems as routine foot care listed below, unless services are performed along with certain vascular, metabolic, or neurologic diseases (such as celiac disease or malnutrition).

- Cutting or removal of corns and calluses.
- Clipping, trimming, or debridement of nails.
- Shaving, paring, cutting or removal of keratoma, tyloma, and heloma.
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts, which do not require thermal or chemical cautery and curettage.
- Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients.
- Any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Coverage for Congenital Flat Feet, Plantar Fasciitis

Medicare generally doesn't cover treatment for flat feet. However, while carriers often do not reimburse for treatment of acquired flat feet, they frequently will if it's congenital. Because 20 to 30 percent of the general population has congenital flat feet, it's important to code appropriately.

Note: There's no bilateral code, so in the presence of both you would code each separately.

- Q66.51- (Congenital pes planus, right)
- Q66.52- (Congenital pes planus, left)
- M21.41- (Flat foot [pes planus] [acquired], right foot)
- M21.42- (Flat foot [pes planus] [acquired], left foot)

Despite physicians pointing out that fibroblastic disorders and plantar fasciitis are distinct, ICD-10 says to stick with M72.2 (Plantar fascial fibromatosis) and to code injections once, even if administering multiple injections. Relevant CPT® codes are:

20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) □ for plantar fasciitis

20551 (Injection[s]; single tendon origin/insertion) □ for calcaneal spur

20552 (Injection[s]; single or multiple trigger point[s], 1 or 2 muscle[s]) □ for plantar fascia and calcaneal spur.

To see CMS's updated (but not comprehensive) list of conditions that allow for billing of routine foot care, please visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicarePodiatryServicesSE_FactSheet.pdf.