

Outpatient Facility Coding Alert

Reader Question: Conquer This Bunionectomy Scenario

Question: In the ASC, the surgeon performed a modified McBride bunionectomy on the patient's left great toe and a hammertoe correction on the patient's left fourth toe. Which CPT® codes could we report?

Florida Subscriber

Answer: In this case, the ASC coder could report 28285-SG-T3 (Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)), or 28285-T3 if the payer does not require the SG modifier, for the hammertoe correction as the first procedure. Then, code the bunionectomy as the second procedure with 28292-SG-TA (Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method) or 28292-TA, again depending on payer requirements.

Don't miss the modifiers: You must append the T3 (Left foot, fourth digit) and TA (Left foot, great toe) modifiers to signify which toes the surgeon worked on. And don't forget modifier SG (Ambulatory surgical center (ASC) facility service), which you must append to every service performed in the ASC, when applicable. Note that as of January 1, 2008, ASCs no longer are required to include the SG modifier on facility claims to Medicare. Since the payer was not specified, both examples were provided.