

## Outpatient Facility Coding Alert

### Reader Question: Don't Try to Split 28296 and 64450

**Question:** I billed 28296 for a bunion correction with metatarsal osteotomy, and 64450 for the peripheral nerve block. The payer denied my claim saying 64450 was incidental. Can I use a modifier to get paid separately for this?

Georgia Subscriber

**Answer:**

You have two things to consider for use of a modifier:

1. Did the physician operate on separate sites?
2. Did he perform the nerve block for a separate procedure?

**Heads up:** The National Correct Coding Initiative (CCI) has bundled nerve blocks into bunionectomies since 2002. These edits have a status indicator of "1," however, meaning that you are able to unbundle them using modifier 59 (Distinct procedural service), but only if the physician performed the two procedures on different sites or at different sessions.

**Caveat:** You cannot separate 28296 (Correction, hallux valgus [bunion] with or without sesamoidectomy; with metatarsal osteotomy [e.g., Mitchell, Chevron, or concentric type procedures]) and 64450 (Injection, anesthetic agent; other peripheral nerve or branch) using a modifier if the nerve block is in fact being used for the bunionectomy.