

## Outpatient Facility Coding Alert

### Reader Question: Turn to Unlisted Code for Contracture Procedure in Toe

**Question:** Our podiatrist documented the following:

**Diagnosis:** 2nd Metatarsophalangeal stiffness

The patient was taken to the operating room where she received left ankle local block anesthetic with approximately 8cc of 1% Lidocaine and 0.5% Marcaine. The 2nd MP right foot which previously had a 10 degree extension contracture was stretched into approximately 30 degrees of plantar flexion.

This procedure was done at the same time and the surgeon wants to use 28120 (Partial excision [craterization, saucerization, sequestrectomy, or diaphysectomy] bone [e.g., osteomyelitis or bossing]; talus or calcaneus):

**Diagnosis:** Left calcaneal ununited anterior process fracture

An approximately 3 cm incision in the anterior process of the calcaneus with bony prominence was then made. The EDB was separated around this bony fragment. The bony prominence was then removed with a combination of a rongeur and a key elevator through the fibrous union plane. After this had been removed, the surface of the bone was smoothed with a rongeur as there was a slight bony edge. This was flat after this. It was irrigated with antibiotics irrigation.

How do we report these?

Ohio Subscriber

**Answer:** You report 28899 (Unlisted procedure, foot or toes) for the stretch your surgeon does for the contracture. It is correct to report 28120 (Partial excision [craterization, saucerization, sequestrectomy, or diaphysectomy] bone [e.g., osteomyelitis or bossing]; talus or calcaneus) for calcaneal excision.

**Note:** Code 28899 is not a qualified ASC service for a freestanding outpatient facility. You should still include the code on your claim, however, to full document the surgeon's work. If you code for a hospital-based facility, code 28899 is reimbursable.