

## Outpatient Facility Coding Alert

### Reader Questions: Choose 28090 for Removing Ganglion Cyst from Foot

**Question:** The surgeon removed a ganglion cyst that was over the sinus tarsi area of the patient's foot. For the facility, should I report 27630 if he made a subcutaneous incision?

**Answer:** Although 27630 (Excision of lesion of tendon sheath or capsule [e.g., cyst or ganglion], leg and/or ankle) is a valid code for a freestanding or hospital-based facility, it's not your best choice in this situation. Because the cyst was on the patient's foot, choose 28090 (Excision of lesion, tendon, tendon sheath, or capsule [including synovectomy] [e.g., cyst or ganglion]; foot). If you're coding for a freestanding facility, the national facility rate for 28090 is \$891.60, and the procedure falls under payment indicator A2 (Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight). For hospital-based OPPS coding, procedure 28090 is under APC classification 0055 (Level I foot musculoskeletal procedures). Assigned a status indicator of "T," the multiple reduction rule applies.

### Pass-Through Payments Explained

**Question:** Can you explain what "pass-through payments" are?

**Answer:** Pass-through payments are transitional payments that Medicare establishes for new drugs, biologicals, radiopharmaceutical agents, and medical devices. It's a temporary way for insurers to pay ASCs for items until Medicare determines whether the cost will continue to be paid separately or whether it will be rolled into an existing APC-based fee. Drugs and devices with a status indicator of G or H receive pass-through payment. The fee normally is either the APC-based fee or a percentage of charges.