Bunion Procedures with Surgery of the Lesser Toes
Cyst vs. Tumor Excision

Integumentary System or Musculoskeletal System Coding

- 11403 - $122.48 (Excision benign lesion 2.1 to 3cm)
- 11603 - $175.09 (Excision malignant lesion 2.1cm to 3cm)
- 21931- $917.17 (Excision soft tissue tumor, back 3cm or >)

Integumentary System Code

- Describes excision of cutaneous lesions, as well as *superficial subcutaneous* lesions such as cysts and scars

Musculoskeletal System Code

- Musculoskeletal lesion excision codes pertain to subcutaneous, and superficial or deep soft tissues
Cyst Excision (Soft Tissue)

- **Question:** The patient has a large 4cm sebaceous cyst on the back. The incision was made right over the cyst, cutting through skin and subcutaneous tissue. Should this be reported from the Integumentary or Musculoskeletal system codes?

- **Answer:** The appropriate code for this procedure (excision of benign lesion codes 11400-11406 of the Integumentary subsection) would be reported based on the size of the excised diameter. These lesions originate from the dermis or adnexal structures and are not considered soft tissue tumors, even though they may protrude into subcutaneous tissue.

*CPT Assistant Jul. 10*
Lesion/Synovectomy

- 28090 – Excision lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg. cyst or ganglion); foot

- 28092 – toe(s), each

(Do not report synovectomy 28086/28088 with excision of lesion codes)

- 28086 – Synovectomy, tendon sheath, foot, flexor

- 28088 – extensor
Tumor Code Guidelines

• DIGITAL TUMORS – (fingers/toes) – subfascial is defined as those tumors involving the tendons, tendon sheaths or joints of the digit. *Tumors which simply abut but do not breach the tendon, tendon sheath, or joint capsule are considered subcutaneous soft tissue tumors (Lipoma, fibroma, sarcoma, giant cell tumor)*

  Do not use tumor codes when a CPT code exists for “Excision of lesion of tendon sheath or joint capsule (eg, cyst or ganglion)” 28092 vs. 28045/28041
Tendons

Flexor Hallucis Longus/Brevis

Extensor Hallucis Longus/Brevis

Tendons

Flexor Digitorum Longus/Brevis  Extensor Digitorum Longus/Brevis
S96.2 Injury of Intrinsic Muscle at Ankle and Foot Level

A – Flexor digitorum brevis
B – Abductor digiti minimi
C – Abductor hallucis

A – Quadratus plantae
B – Lumbricales

A – Flexor hallucis brevis
B – Adductor hallucis
C – Flexor digiti minimi

Dorsal Interossei

Plantar Interossei

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Anatomy of Foot and Toes

- Calcaneus Bone
- Talus Bone
- Cuboid Bone
- Navicular Bone
- Lateral Cuneiform Bone
- Intermediate Cuneiform Bone
- Medial Cuneiform Bone
- Metatarsal Bones
- Metatarsal Base (Proximal)
- Metatarsal Head (Distal)
- Middle Phalanges
- Proximal Phalanges
- Distal Phalanges
HAMMERTOE

Question 5: What is the correct code to report for an interphalangeal joint arthroplasty in which the physician removes the head of the proximal phalanx without arthrodesis and without a hammertoe diagnosis?

Answer 5: Code 28153, Resection, condyle(s), distal end of phalanx, each toe, may be reported.

- 28160 – Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
Hammertoe w/MTPJ Capsulotomy

**Question:**
- Is it appropriate to report a hammertoe correction 28285 along with a metatarsophalangeal joint capsulotomy 28270 during the same surgical encounter?

**Answer:** YES
- A hammertoe can be defined by a digital contracture at the distal interphalangeal joint and/or proximal interphalangeal joint.
- A contracted metatarsophalangeal joint is a dorsiflexory positioning of the proximal phalanx on the metatarsal head.
- These are two distinct deformities, but if both conditions are present, no single CPT code describes the correction of both deformities.
- The coding would be hammertoe correction 28285 and open metatarsophalangeal joint capsulotomy with or without tenorrhaphy 28270 (append Modifier 59)

**Note:** A percutaneous release of the joint contracture does not meet the description of code 28270
Hammertoe w/MTPJ Capsulotomy

**Question:**

- CPT codes 28285, 28270, and 28234 were all reported for surgery on a single toe. Are the procedures reported by codes 28270 and 28234 included in code 28285?

**Answer:**

- Code 28234, *Tenotomy, open, extensor*, foot or toe, each tendon, *is included* when code 28285 is reported.

- Code 28270, Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure), *is not included* in code 28285 and *is reported separately* when performed.
Soft Tissue Procedures

• 28313 – Reconstruction, angular deformity of toe, **soft tissue procedures only** (eg. overlapping second toe, fifth toe, curly toes)

• 28313 - In this procedure the correction of the toe deformity is made by releasing soft tissues and possibly involving tendon transfers. *It does not include cutting or realigning the shafts of bones.*

CPT code 28313 is for **soft tissue procedures only** so 28313 would not be reported for a hammertoe repair and flexor tendon transfer on the same toe.

Hallux Valgus (Bunion)

- Report 28290-28299 when supported by diagnosis (Carrier specific)
- Only report hallux valgus codes for procedures performed on 1st toe

**List of inclusive services**

Capsulotomy, arthrotomy, synovial biopsy, neuroplasty, synovectomy, tendon release, tenotomy, tenolysis, excision of medial eminence, excision of associated osteophytes, placement of internal fixation, scar revision, articular shaving, and removal of bursal tissue

*The hallux valgus angle - (1st MTPJ angle) is normally less than 15°*
Tendon Lengthening

Question: Would it be appropriate to separately report the Pegasus allograft in the foot and ankle for tendon lengthening in a bunion repair?

Answer: No. The OrthADAPT™ Bioimplant by Pegasus Biologics, Inc is a xenograft tissue scaffold derived from equine pericardium. It provides an acellular, highly organized collagen scaffold allowing for ingrowth and remodeling of normal tendon or ligamentous tissue. It functions to provide augmentation to healing and is not a substitute for tendon lengthening. In the foot and ankle, allografts are not reported separately.

The tendon lengthening is included in the bunion repair.
Silver Bunionectomy

- 28290 - Correction of hallux valgus (bunion), with or without sesamoidectomy, simple exostectomy, (Silver)
Modified McBride

28292 – Keller, McBride, or Mayo type procedure

- Reefing of loose medial capsule
- Release tight lateral capsule
- Release ligament complex
- Release adductor tendon
- Distal soft tissue release
Diagnosis: Hallux Valgus with Metatarsus Primus Varus

Procedure: Modified McBride and metatarsal osteotomy

Assign a CPT code for each procedure performed.

- Report CPT code 28292 for the McBride soft tissue procedure
- Report CPT code 28306 for a “proximal” metatarsal osteotomy to correct the primus varus

First intermetatarsal angle
Normal 1st intermetatarsal angle is about 6°
Anything above 9° is considered to be abnormal.
28292 – Keller, McBride, or Mayo type procedure

- Keller – resection base of the proximal phalanx
- Mayo - resection head of the first metatarsal

For hallux rigidus/limitus or osteoarthritis report CPT code 28126 – resection, partial/complete phalangeal base, each toe
28292 - Keller with hemi-implant

OPERATIVE PROCEDURE: Keller bunionectomy with insertion of BioPro chrome cobalt hemi-implant, right foot.

At this time, the base of the proximal phalanx was identified and delivered into the operative site, and the proximal one-fourth was resected utilizing Stryker oscillating saw. A canal was formed in the shaft of the proximal phalanx for the insertion of a medium size BioPro chrome cobalt hemi-implant. The implant was inserted and was flush to the base of the proximal phalanx. The dorsal range of motion was excellent without crepitation at 90 degrees passively. The capsular structures and deep structures were realigned with 4-0 Vicryl. The skin was realigned in a
Hemi- vs. Total Implant

**Keller-Type Procedure**

28292

Simple resection of the base of the proximal phalanx is accompanied by removal of medial eminence. A hemi implant is optional.

- Proximal phalanx
- Medial eminence of metatarsal bone
- Kirschner wire holding joint

**Keller-Mayo Procedure With Implant**

28293

A total double stem implant is usually used.

- Proximal phalanx
- Medial eminence of metatarsal bone
- Implant in proximal phalanx
Bunionectomy with Implant

28293 - (Keller-Mayo); resection of joint with implant

Report L8641 for metatarsal joint implant

Report L8642 for a hallux implant

*Medicare N1 status – no additional payment*

Swanson - Double stem, flexible hinge, silastic implant

Aetna considers total prosthetic replacement arthroplasty with **silastic implants** and hemiarthroplasty medically necessary for persons with **disabling arthritis of the first metatarsal phalangeal joint (hallux rigidus)**. Metatarsal phalangeal joint replacement for other indications, and for joints other than the first metatarsal phalangeal joint is considered experimental and investigational because its value is unproven.

Aetna considers the use of **ceramic prostheses** (e.g., the Moje implant) experimental and investigational for replacement of the first metatarsal phalangeal joint and for other indications because their long-term effectiveness has not been established.

Aetna considers interpositional arthroplasty with **biologic spacers** (e.g., the InterPhlex interdigital implant) and total prosthetic replacement arthroplasty using **total metallic implants** experimental and investigational for hallux rigidus, degenerative arthritis, and other indications involving the metatarsal phalangeal joints.
Cigna Coverage Guidelines

Effective Date - 3/15/2013       Next Review Date - 3/15/2014

CIGNA covers partial or total replacement of the first metatarsophalangeal (MTP) joint as medically necessary as an alternative to arthrodesis when BOTH of the following criteria have been met:

• Persistent severe disabling symptoms from hallux valgus or hallux rigidus due to degenerative joint disease of the first MTP joint
• Failure of conservative medical management

CIGNA does not cover partial or total replacement of the first MTP joint or any other foot joint using a ceramic implant (e.g., Moje prosthesis [Orthosonics, Ltd., Devon UK]) because it is considered experimental, investigational or unproven.

CIGNA does not cover ANY of the following because each is considered experimental, investigational or unproven (this list may not be all inclusive):

• MTP joint replacement for joints other than the first MTP joint
• replacement of any other toe joint (e.g., interphalangeal joints)
• replacement of tarsal metatarsal (TMT) joint

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Non-Covered Implant Arthroplasty Procedures

Moje – Ceramic implant

Arthrosurface - Hemicap implant (Resurfacing)

Osteomed

InterPhlex

Metatarsal Osteotomy

- 28296 - with metatarsal osteotomy, (Austin)

Attention was directed back to the medial aspect of the first metatarsal, where a V-type osteotomy with apex distal and base proximal was performed in medial to lateral, through

- Base Proximal
- Apex distal
- Austin or Chevron osteotomy
- Mitchell osteotomy

Head is “translocated”
Youngswick modification of Austin bunionectomy

1. V-osteotomy

2. Wedge of bone removed

Bicorrectional Osteotomy

2nd Cut - osteotomy

Metatarsal head is shortened and moved to a plantar position (metatarsus elevatus)

Offset V
Austin w/long dorsal arm

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Austin/Youngswick type osteotomy with internal screw fixation, right foot

- Using a sagittal saw, the dorsal spurs on both the first metatarsal and the base of the proximal phalanx were aggressively removed. The *medial overhanging eminence bunion was then removed* with the sagittal saw. The conjoined tendon of the adductor hallucis was freed from the base of the proximal phalanx of the hallux intracapsularly. *Chevron osteotomy was then performed with a long dorsal arm* to allow for internal screw fixation. The cuts were through-and-through from medial to lateral. *The Youngswick modification included a 2 to 3 mm wedge of bone removed with a “second cut” through the dorsal arm* and the plantar arm, which was oriented in a more vertical fashion *to allow for plantar grade motion of the capital fragment* to maintain its weightbearing. The capital fragment was then transposed laterally approximately one-third the width of the metatarsal shaft to decrease the intermetatarsal angle and impacted. Temporary fixation was with two 0.045-inch Kirschner wires. Permanent fixation was with two 2.4-mm cannulated OsteoMed screws.
28296 - Metatarsal Head Osteotomy

Reverdin

Closing Base Wedge Osteotomy

Reverdin-Green

Additional plantar cut to preserve sesamoid articulation
Metatarsal Shaft Osteotomy

- **Short Scarf or Z osteotomy - 28296**
- **Mau first metatarsal osteotomy**
- **Scarf or Z first metatarsal osteotomy**
- **Ludloff first metatarsal osteotomy**
Scarf-type bunionectomy with internal screw fixation, right foot

- A curvilinear incision was placed along the medial aspect of the first metatarsal. *It was long and extended from the base of the proximal phalanx to the base of the first metatarsal.* At the level of the capsule and peritoneum, a linear incision was made, sharp dissection and periosteal elevation freed the soft tissue from the dorsal and medial aspects of the first metatarsal. The conjoined tendon of the adductor hallucis was freed from the base of the proximal phalanx of the hallux and *the medial eminence (bunion) was resected* with the sagittal saw. The *Z-shaped Scarf osteotomy was then performed* with a dorsal-distal arm and plantar-proximal arm. The cuts were through-and-through from medial to lateral. The capital fragment was rotated laterally reducing the intermetatarsal angle. Temporary fixation was with a bone clamp and two 0.035-inch wires. Intraoperative fluoroscopic examination was used to check for proper positioning and fixation. Permanent fixation was with two 2.4-mm partially threaded cannulated OsteoMed screws. All temporary fixation was removed. The osteotomy was found to be stable and in good alignment.
AMA Guidelines

Question:

• What CPT code(s) should be reported for a hallux valgus repair performed using a modified McBride bunionectomy technique and a Ludloff osteotomy?

Answer:

• Code 28292 McBride and code 28306 for the osteotomy because the Ludloff osteotomy is primarily a metatarsal mid-shaft to base osteotomy and code 28292 does not include proximal first metatarsal osteotomy.

• Code 28296 describes a bunion repair with a distal metatarsal osteotomy, therefore, it is not appropriate to report code 28296 for a bunionectomy with a proximal metatarsal osteotomy.
Metatarsal Base Osteotomy

Closing Base Wedge Osteotomy

Aetna Coverage Policy

- **Simple Bunionectomy** (e.g., Silver Procedure, modified McBride)

- Aetna considers simple bunionectomy with soft tissue removal of the bump only without bony correction medically necessary in members with either of the following conditions:

- **Bony Correction Bunionectomy** (e.g., Akin, Chevron Osteotomy, Keller, Lapidus, Mitchell, *proximal metatarsal osteotomy procedures*, etc)

- Aetna considers bony correction bunionectomy to treat symptomatic hallux valgus (bunion) in a skeletally mature individual (i.e., after epiphyseal closure) or an individual who is 18 years of age or older medically necessary when any of the following criteria is met:

CPT codes covered if selection criteria are met:

- 28292, 28294, **28296**, 28297, 28298, 28299
CCI Edit Guidelines

- CPT codes 28306, 28307, and 28310 (osteotomy procedures) should not be reported with a bunionectomy code because there are bunionectomy codes that include osteotomy of the first metatarsal or proximal phalanx of the first toe.

- CPT code 28288 (ostectomy) should not be reported with a bunionectomy code because it is a misuse of this code to report ostectomy of the median eminence of the metatarsal bone which is integral to the bunionectomy procedure.

- Additionally, some bunionectomy procedures include excision of the head of the first metatarsal. CPT code 28315 (sesamoidectomy, first toe (separate procedure)) includes the “separate procedure” designation in its code descriptor. CMS payment policy does not allow separate payment for a procedure designated as a “separate procedure” when performed along with another procedure in the same anatomic area.
Akin Osteotomy

- 28298 - a phalanx osteotomy, involves removal of a bony wedge from the base of the proximal phalanx, (Akin)
Double Osteotomy

- 28299 - (double osteotomy) - treatment method involving combined techniques to achieve 2 separate and distinct osteotomies
Use 28306-28312 for osteotomies when there is no diagnosis of hallux valgus

28308 – Osteotomy other than first metatarsal
TAILOR’S BUNION

- 28110- Ostectomy, partial excision of the 5th metatarsal head (bunionette) (separate procedure)

Per AAOS, 28308 metatarsal osteotomy is not a component and may be additionally reported.
Haglund’s Deformity

If a Haglund’s deformity of the heel and retrocalcaneal bursa were removed, then code **28118, Ostectomy, calcaneus**, should be reported.

*If additional work other than for exposure was performed on the Achilles tendon*, then that service would be reported as **28200, Repair, tendon, flexor, foot; primary or secondary, with-out free graft, each tendon**.

If there is a spur on the bottom of the foot and a plantar fascial release is performed, then code **28119, Ostectomy, calcaneus; for spur, with or without plantar fascial release**, would be reported instead of/in addition to 28118.
Ankle Ligaments

- ATFL
- CFL
- Tibia (shinbone)
- Fibula (lower leg bone)
- Lateral ligament of the ankle
- Sprained ankle: torn ligaments are common injuries in basketball.

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Ankle Ligament Repair

• If the surgeon performs a “primary” repair it does not mater when it was done for which code 27695, Repair, primary, disrupted ligament, ankle; collateral, or 27696, Repair, primary, disrupted ligament, ankle, both collateral ligaments, is reported.

• Primary refers to the fact that you join the two ends of the ligament together.

• If the surgeon performs a direct repair, regardless of timing it is a primary repair.
Primary Repair (Brostrom)

- 27695 – Repair, primary, disrupted ligament, ankle; collateral
- 27696 – both collateral ligaments (Medial and Lateral side of ankle)

Per AAOS, transfer or mobilization of adjacent retinaculum is an inclusive component of these codes.
Secondary Repair

• If it’s a secondary repair, that means it is a reconstruction (27698), regardless of when it was done in relation to the time of the initial injury.

• Secondary means you bring in some other tissue to do the repair because it is too late to do a primary repair.

• Primary and secondary refer to the way it was repaired, not when it was repaired. However in general primary repairs are done early and secondary repairs are done later when you can no longer do a primary repair.
27698 – Repair, secondary, disrupted ligament, ankle

Evans

Chrisman-Snook

Peroneus Brevis Tendon

Peroneus Brevis Tendon
27698 – Repair, secondary, disrupted ligament, ankle

Watson-Jones
Arthroereisis
Arthroereisis

• There currently is no CPT code that specifically and accurately describes a subtalar arthroereisis procedure. This procedure typically involves making an incision over the sinus tarsi and inserting an implant to reposition and stabilize the rearfoot, resulting in a decrease in pronatory forces to the foot. The most appropriate CPT code to report a subtalar arthroereisis procedure is code 28899, Unlisted procedure, foot or toes.

• Recently, some surgeons advocated coding the subtalar arthroereisis procedure as a treatment of a dislocation. This would be a misrepresentation of the dislocation treatment codes, as there is no anatomical evidence of a joint dislocation (ie, complete disruption of a joint) present at the subtalar joint when using this type of implant.

Post Op Dx:
1. Rupture posterior tibial tendon right foot.
2. Gastrocnemius equinus right ankle.
3. Instability with chronic dislocation right distal talar joint.

Effective Jan. 1, 2014
0335T - Extra-osseous subtalar joint implant for talotarsal stabilization
Syndesmosis Disruption

CPT Assistant March 09

- Syndesmosis repair is inclusive to distal fibular (lateral malleolus) fracture treatment when a screw is put through the fracture plate into the tibia

AAOS

- A "bimalleolar equivalent" fracture means that in addition to one of the malleoli being fractured, the ligaments on the inside (medial) side of the ankle are injured. Usually, this means that the fibula is broken along with injury to the medial ligaments, making the ankle unstable.
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