

THE CODING NETWORK, LLC
Confidential Coding Review For
 Ambulatory Surgery Center



Patient: 1	Date of Service: 06.16.09	Physician: X
<u>Original Coding</u> 28238 28297 28270 28270 28285 SG T7 28285 T2 28232 28232 C1713 C1713 C1713	<u>The Coding Network Coding</u> 28297 RT 28238 RT 28270 59 RT 28285 T6 28285 T7 28285 T8 28160 T9 C1713 v. L8699 C1713 v. L8699 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Unbundled: Capsulotomy of the first metatarsophalangeal joint is included in the bunionectomy code. • Wrong Code: Three hammertoes are repaired; two via proximal interphalangeal joint excision and one via flexor tenotomy. According to the AMA, when hammertoe is repaired by tenotomy the hammertoe repair code should be reported. • Wrong Code: Right fifth digit interphalangeal joint excision in the absence of a diagnosis of hammertoe. • Modifier x 3: Laterality modifiers were not placed on the bunionectomy via first tarsometatarsal arthrodesis, metatarsophalangeal joint capsulotomy, accessory navicular excision and posterior tibial tendon advancement codes. • Modifier x 2: Toe modifiers are not appended to the tenotomy codes. • Modifier: Hammertoe repair is performed on the second right toe; a –T6 modifier should be placed. • Note: -SG is a Medicare modifier whose use was discontinued on January 1, 2008. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.4 735.0 727.68	<u>Diagnoses</u> 735.4 735.0 734 755.67	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: Rupture of tendon is not documented. • Missed Diagnosis x 2: Flatfoot and accessory navicular.

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Patient: 2	Date of Service: 02.17.09	Physician: X
<u>Original Coding</u> 28292 TA 28292 SG 59 28306 59 TA 28306 SG 59 28270 T 28270 59 T2 28270 59 T6 28270 SG 59 T7 28285 T 28285 T2 28285 SG T7 28285 T2 C1713 x 8	<u>The Coding Network Coding</u> 28296 TA 28296 T5 28285 T1 28285 T2 28285 T6 28285 T7 28270 59 RT 28270 59 RT 28270 59 LT 28270 59 LT C1713 v. L8699 x 8 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • Aetna of TX • Wrong Code x 2: Metatarsal bunionectomy via distal soft tissue release and osteotomy is coded to 28296. • Modifier x 2: Hammertoe repairs are reported on the second and third toes of each foot. • Modifier: Metatarsophalangeal capsulotomies are reported on the second and third joints of each foot. • Note: -SG is a Medicare modifier whose use was discontinued on January 1, 2008. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.0	<u>Diagnoses</u> 735.0 735.4 718.47	<u>Discussion</u> <ul style="list-style-type: none"> • Missed Diagnosis x 2: Hammertoe and metatarsophalangeal joint contracture.

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Patient: 3	Date of Service: 07.16.09	Physician: X
<u>Original Coding</u> 28296 28310 C1713 x 2 L8699	<u>The Coding Network Coding</u> 28299 RT C1713 v. L8699 x 2 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: Hallux valgus repair via metatarsal osteotomy and phalangeal osteotomy (i.e. double osteotomy) is coded to 28299. • Billed but Not Documented: Only two implants (a screw and a staple) are documented. • Modifier x 2: Laterality modifiers were not appended. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.0	<u>Diagnoses</u> 735.0	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 4	Date of Service: 11.05.09	Physician: X
<u>Original Coding</u> 28122	<u>The Coding Network Coding</u> 28104 RT <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: Per the AMA excision of exostosis is coded to excision benign cyst or tumor. • Modifier: A laterality modifier was not appended.
<u>Diagnoses</u> 726.91	<u>Diagnoses</u> 726.91	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 5	Date of Service: 11.03.09	Physician: X
<u>Original Coding</u> 28122 28124 L8699	<u>The Coding Network Coding</u> 28289 LT 28005 LT <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: Dorsal metatarsal cheilectomy, debridement of the metatarsophalangeal joint, including the proximal phalangeal base, and capsular release are documented for repair of hallux rigidus. • Missed Procedure: Drilling of the metatarsal osteochondral lesion with k-wire. • Billed but Not Documented: The k-wire is used to drill the osteochondral defect and is not implanted.
<u>Diagnoses</u> 726.91 735.2	<u>Diagnoses</u> 726.91 735.2	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 6	Date of Service: 10.29.09	Physician: X
<u>Original Coding</u> 28299 C1713 C1713 L8699 x2	<u>The Coding Network Coding</u> 28299 RT C1713 v. L8699 x 3 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • United Healthcare • Billed but Not Documented: Only three implants are placed (k-wire, screw and staple). • Modifier: A laterality modifier was not placed. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.0	<u>Diagnoses</u> 735.0	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 7	Date of Service: 10.20.09	Physician: X
<u>Original Coding</u> 27691 28270 28299 C1713 C1713 L8699 x2	<u>The Coding Network Coding</u> 28299 RT 28072 59 RT 28285 T6 C1713 v. L8699 x 2 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: The surgeon performs a synovectomy of the metatarsophalangeal joint; this includes capsulotomy. • Wrong Code: The flexor tendon transfer is performed to correct a hammertoe deformity and therefore the hammertoe repair code should be assigned. Tendon transfer at the toe used to correct and angular deformity is coded to 28313 in the absence of a diagnosis of hammertoe. • Billed but Not Documented x 2: Only two implants (screw and staple) are documented. • Modifier x 3: Laterality modifiers were not appended. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.4 735.0	<u>Diagnoses</u> 735.4 735.0 718.47 727.00	<u>Discussion</u> <ul style="list-style-type: none"> • Missed Diagnosis x 2: Metatarsophalangeal joint contracture and synovitis per postoperative diagnosis.

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Patient: 8	Date of Service: 08.25.09	Physician: X
<u>Original Coding</u> 28750 28285 28122 C1713 x3 C1713 x2 C1713 C1713 L8699	<u>The Coding Network Coding</u> 28750 LT 28285 T1 28104 59 LT C1713 v. L8699 x 5 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: Per the AMA excision of exostosis is coded to excision benign cyst or tumor. • Billed but Not Documented x 3: Only five implants (two k-wires, screw, washer and plate) are documented. • Modifier x 3: Neither laterality nor toe modifiers are appended.
<u>Diagnoses</u> 714.0 735.0 735.4	<u>Diagnoses</u> 714.0 735.0 735.4 726.91	<u>Discussion</u> <ul style="list-style-type: none"> • Missed Diagnosis: Left fifth metatarsal base exostosis per postoperative diagnosis.

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Patient: 9	Date of Service: 06.09.09	Physician: X
<u>Original Coding</u> 28122 28124	<u>The Coding Network Coding</u> 28288 RT 28108 T5 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: There is a specific code for exostectomy of the metatarsal head. • Wrong Code: Per the AMA excision of exostosis is coded to excision benign cyst or tumor. • Modifier: Laterality and toe modifiers were not appended.
<u>Diagnoses</u> 726.91 735.2	<u>Diagnoses</u> 726.91	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: Hallux rigidus is not documented.

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Patient: 10	Date of Service: 07.02.09	Physician: X
<u>Original Coding</u> 28296 28292 28310	<u>The Coding Network Coding</u> 28299 LT C1713 v. L8699 x 3 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • Spraying Systems • Wrong Code: Hallux valgus repair via metatarsal osteotomy and phalangeal osteotomy (i.e. double osteotomy) is coded to 28299. • Unbundled: Distal soft tissue release is included in the double osteotomy bunionectomy per the January 2007 <i>CPT Assistant</i>. • Missed Implant x 3: A k-wire, screw and staple are implanted.
<u>Diagnoses</u> 735.0	<u>Diagnoses</u> 735.0	<u>Discussion</u> <ul style="list-style-type: none"> • Correct.

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Patient: 11	Date of Service: 06.18.09	Physician: X
<u>Original Coding</u> 28285 28232 L8699	<u>The Coding Network Coding</u> 28160 T1 28232 T1 C1713 v. L8699 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • BCBS of IL • Wrong Code: A hammertoe is not documented; the surgeon documents congenital mallet toe repair via distal interphalangeal joint excision. • Modifier: Toe modifiers were not appended. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants.
<u>Diagnoses</u> 735.4 718.47	<u>Diagnoses</u> 755.59 727.81	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: The surgeon documents congenital mallet toe, not hammertoe. • Wrong Diagnosis: The contracture is documented at the tendon and not the joint.

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Patient: 12	Date of Service: 04.24.09	Physician: X
<u>Original Coding</u> 29827 29826 29824 C1713 A4649	<u>The Coding Network Coding</u> 29827 RT 29826 RT 29824 RT C1713 v. L8699 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • UHC • Modifier x 3: Laterality modifiers were not appended. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants. • Note: Surgical supplies are normally included in the fee for the procedures.
<u>Diagnoses</u> 840.4 726.10 715.11	<u>Diagnoses</u> 726.10 726.2 715.31	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis: The supraspinatus (i.e. rotator cuff) tear is documented as recurrent and is not associated with current injury; the code for acute supraspinatus tear is not appropriate. • Wrong Diagnosis: The acromioclavicular arthrosis is not specified as primary or secondary. • Missed Diagnosis: Impingement.

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Patient: 13	Date of Service: 04.20.09	Physician: X
<u>Original Coding</u> 29807 29827 29824 C1713 x2 C1713 A4649 A4649	<u>The Coding Network Coding</u> 29827 RT 29824 RT 29807 RT C1713v. L8699 x 2 <u>Packaged Codes</u>	<u>Discussion</u> <ul style="list-style-type: none"> • UHC • Billed but Not Documented: Only two implants (anchors) are documented as placed. • Modifier x 3: Laterality modifiers were not appended. • Note: C HCPCS codes can be submitted to payers that reimburse ASC's using the Outpatient Prospective Payment System. Most commercial payers have not yet adopted this payment system; therefore, L8699 is the appropriate code to report to this payer for these implants. • Note: Surgical supplies are normally included in the fee for the procedures.
<u>Diagnoses</u> 840.7 840.6 715.11	<u>Diagnoses</u> 718.01 726.10 715.31	<u>Discussion</u> <ul style="list-style-type: none"> • Wrong Diagnosis x 2: The SLAP and rotator cuff tears are associated with "longstanding" right shoulder pain; codes for acute tear are not appropriate. • Wrong Diagnosis: The acromioclavicular arthrosis is not specified as primary or secondary.