

# Outpatient Facility Coding Alert

## Podiatry: Stamp Out Heel Spur Treatment Denials With These 3 Checkpoints

**Don't miss your chance to add other services to the claim.**

You're likely familiar with the two main codes for heel spur excision, depending on the exact procedure performed:

- 28119 (Ostectomy, calcaneus for spur, with or without plantar fascial release) if the surgeon excises a calcaneal spur, regardless of whether he makes release incisions on the stressed or irritated plantar fascia
- 28118 (Ostectomy, calcaneus) when the surgeon removes a part of the calcaneus.

If you report one of these codes and move on to your next claim, however, you could be leaving money on the table. Our experts outline three prime areas for additional reimbursement that you should check for to ensure complete claims.

### Checkpoint 1: Look for Casts and Other Devices

Read through the procedure notes for details on any casts applied, such as a walking cast. Keep in mind that the first cast applied at the time of surgery is a part of the global package. You can charge separately, however, for any subsequent casts. For instance, you should report 29425 (Application of short leg cast [below knee to toes] walking or ambulatory type) for a short leg cast.

**Note:** A change of cast during the global period requires you to confirm if there was a cause for the change (such as a pressure ulcer). In this case, you would report 29425 for the short cast and append modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period).

Include the appropriate diagnosis code 707.06 (Pressure ulcer, ankle), 707.07 (Pressure ulcer, heel), or 707.09 (Pressure ulcer, other site) depending on the pressure ulcer's location. If the surgeon's documentation does not specify the location of the ulcer, you might report diagnosis 707.00 (Pressure ulcer, unspecified site).

**Cast applied later?** Although it's rare, the surgeon might choose to defer cast application due to excessive swelling. If so, append modifier 58 to the cast application code when the service takes place during the postoperative period. Remember that codes 28118 and 28119 both have 90-day global periods.

**Devices matter:** Don't forget to code for other devices that the surgeon might add after the cast is applied, adds **Arnold Beresh, DPM, CPC**, of Peninsula Foot and Ankle Specialists PLC in Hampton, Va. For example, you may report 29440 (Adding walker to previously applied cast) if your surgeon later adds on a walker to mobilize the patient.

**Payer preview:** Remember to check with your carrier before reporting orthotic devices, as payer rules and allowances may vary. This can apply especially to L and E codes, such as L3480 (Heel, pad and depression for spur), L3485 (Heel, pad, removable for spur), or heel elevators E0370 (Air pressure elevator for heel) for orthotic devices used, if any. The latter code, for example, has a status indicator of "E," meaning non-covered, under the OPPS.

### Checkpoint 2: Pinpoint Any Injections

The surgeon might administer corticosteroid injections during surgery to reduce the inflammation. If so, you can add 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) to the claim.

#### Checkpoint 3: Verify There Aren't Other Issues

Read through the clinical note to confirm that the pain in the heel and foot are not due to stress fractures in the calcaneus. Help teach your surgeons the importance of clearly specifying the diagnosis of heel spur in the operative note to document that no fracture was present.

If your surgeon is treating calcaneal stress fractures, your coding changes. You should submit 28400 (Closed treatment of calcaneal fracture; without manipulation) with diagnosis code 733.95 (Stress fracture of other bone).

**Another scenario:** Your coding will also change when the surgeon treats plantar fasciitis alone and does not excise a heel spur. In that situation, report 28060 (Fasciectomy, plantar fascia; partial [separate procedure]) or 28062 (Fasciectomy; plantar fascia; radical [separate procedure]) depending on whether he completes a partial or total fasciectomy. If the surgeon only makes incisions in the plantar fascia to release stress, submit 28008 (Fasciotomy, foot and/or toe).

"Another option is 28250 (Division of plantar fascia and muscle [e.g., Steindler stripping] [separate procedure])," says **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, of Coder on Call, Inc., in Milltown, N.J., and orthopedic coding division director of The Coding Network, LLC, in Beverly Hills, Ca. In all cases, be sure what is reported matches the documentation.