

Table of Contents

Introduction.....	1
Overview of the code sets and other resources used in this manual.....	1
CPT codes – HCPCS Level I.....	1
ICD-10-CM.....	3
HCPCS Level II Codes.....	4
Authoritative coding resources.....	4
Medical terms and abbreviations.....	7
Muscle & tendon table.....	23
Evaluation and Management (E/M)	31
Office E/M Medical decision-making (MDM)s.....	32
Number and complexity of problems addressed: Definitions.....	32
A closer look at the 4 levels of problems addressed.....	33
Amount and complexity of data to be reviewed and analyzed.....	35
Risk of complications and/or morbidity or mortality of patient management.....	37
Count every minute on the day of the visit.....	40
Learn the 9 activities that count toward time.....	41
Catch up with the times	41
How to calculate time.....	42
Counseling/coordination of care always counts	42
Count each patient’s time	42
Split or shared time: When two practitioners see the patient.....	43
Set terms and times for documentation.....	43
Prolonged Services with E/M Office Visits.....	44
99417 – When Level 5 office/home visits max out on time	44
99418 – Prolonged service in a facility	45
Key concepts that still apply	45

New versus established patient.....	45
Modifiers for E/M.....	48
Key E/M MDM and time requirements by code series	49
Medicare’s view of the 2023 E/M guidelines.....	52
Observation/inpatient-specific policies.....	52
Nursing facilities	53
Other types of E/M	54
Interprofessional telephone/Internet/electronic health record consultations (99446-99452).....	54
Online E/M	54
Hospital visits on the same day by different physicians	55
Emergency department coding (99281–99285)	55
More on nursing facilities.....	57
Home or Residence Services (99341–99350).....	57
Care plan oversight	58
Procedures.....	61
Locating the appropriate procedure codes in the musculoskeletal section	61
Fractures	63
Fracture global period – what can and cannot be billed separately.....	65
Casting and splinting supply Q codes.....	65
Scenarios in fracture care: Physician intent is key	66
Additional fracture care points.....	68
Fracture coding in ICD-10-CM.....	69
7 th Character tells the story	69
Initial, subsequent and sequela	71
National Correct Coding Initiative Policies for orthopedic procedures	73
CCI rules for fractures, dislocations and casting/splinting/casting/strapping.....	74
CCI policies for arthroscopy	77
Arthrocentesis.....	79
General procedures.....	81
External fixation.....	82
Additional fixation codes.....	82
Drug delivery device manual prep, implant, removal.....	83

Grafts or implants	84
Fat graft codes include 'direct,' liposuction.....	87
Other procedures.....	88
Injections	93
Tendon sheath or origin.....	94
Trigger point and related injections	94
Sacroiliac (SI) joint injections	95
Joint arthrocentesis.....	95
Bilateral injections	97
Hyaluronic acid (HA) injections	97
Dupuytren's fascial cord treatment.....	98
Miscellaneous injection codes.....	99
Chemodenervation	102
Peripheral cryoneurolysis.....	103
Noncovered injection procedures.....	104
Shoulder procedures	105
Rotator cuff repairs: Indications	106
RCR anatomy.....	106
Approaches for repairs.....	106
Arthroscopic rotator cuff repairs.....	107
Stay current on CCI shoulder policy.....	108
Case example: Multiple scope procedures on same shoulder	108
The difference between extensive and limited debridement	109
Case example: Documentation that supports 29823	110
Understand the difference between codes 29806 and 29807.....	110
Additional shoulder scope procedures	111
Open shoulder procedures	114
Shoulder arthroplasty.....	115
Elbows	117
Epicondylectomy	117

Use of the Topaz MicroDebrider	119
Ulnar neuroplasty and transposition with tendon transfer	119
Elbow arthroplasty.....	119
Revision total elbow arthroplasty	119
Elbow fractures – document specific anatomic location.....	120
Removal of elbow prosthesis.....	121
Elbow arthroscopy.....	122
Look for these clues to determine partial or complete, limited or extensive	122
Wrist, hand and fingers	125
Carpal tunnel procedures.....	125
Excision of ganglion cyst	127
Understand the dorsal wrist compartments.....	127
De Quervain’s tenosynovitis.....	128
Wrist fractures.....	129
Wrist arthrodesis/fusion	130
Arthroscopy codes for wrist procedures	131
Triangular fibrocartilage complex (TFCC).....	132
Tendon repair	132
FDS repair code selection depends on site of tear	134
Other common finger conditions	135
Dupuytren’s contracture (M72.0).....	138
Fasciotomies.....	139
Fasciectomy.....	139
Treatment via injection and manipulation.....	139
Modifiers that can be appended to phalanges/digits only:.....	140
Pelvis/hips/femur.....	141
Anatomy and terms	141
Pelvic fractures	142
Practice scenario.....	144
Osteotomy, pelvic region.....	145

SI joint arthrodesis.....	146
Hips	146
Acetabular and femoral fractures	146
Acetabular fracture treatment.....	147
Other femoral fracture terms:.....	149
Femoral neck fracture repair.....	150
Femoral head fracture treatment.....	150
Q&A: Coding traumatic periprosthetic fractures in ICD-10-CM.....	150
Hip arthroplasty	151
Hip resurfacing.....	152
Infected total joints.....	153
Hip arthroscopy	155
Femoral acetabular impingement (FAI).....	156
Watch private payer FAI policies	157
Selection of ICD-10-CM codes payers will accept for FAI patients.....	157
Knees.....	159
Knee arthroscopy	159
Medicare rules for G0289 for chondroplasty and removal of loose bodies.....	161
Total knee arthroplasty	164
ACI and OAT procedures.....	166
Meniscal transplant via scope	168
Patella reconstruction procedures.....	169
Medial patellofemoral ligament (MPFL) procedures.....	170
Posterolateral corner repair/reconstruction	171
Tibia/fibula	173
Fasciotomy procedures.....	174
Fracture Issues in this anatomic location.....	175
Nonunions and malunions.....	175
Tibia/fibula shaft fractures	176
Pilon or plafond fractures.....	176

Ankle, feet & toes	177
Medical terms/abbreviations	177
Foot/ankle fracture types	180
Sprains/strains.....	181
Radiological Views	181
Tests, signs and maneuvers.....	182
Eponymous surgical procedures	182
Ankle anatomy	183
Tendons.....	184
Muscles in the ankle area.....	185
Foot anatomy.....	185
Toe anatomy.....	186
Procedure coding	186
Fractures.....	192
Arthrodesis.....	194
Foot and toe procedures.....	195
Repair, revision and reconstruction	198
Lesser toe deformities.....	203
Foot and toe arthrodesis.....	206
Spinal procedures	209
Bone grafts	209
Types of graft materials.....	210
Incision and debridement of spinal abscess.....	211
Spinal osteotomy.....	211
Spinal fractures.....	212
Vertebroplasty and vertebral augmentation (kyphoplasty).....	212
Exploration of spinal fusion.....	213
Instrumentation.....	213
Segmental and non-segmental instrumentation.....	215
Reinsertion	215

Arthrodesis.....	215
Crossing anatomic regions	217
CCI allows reporting of separate primary fusion codes	218
Lumbar double arthrodesis – interbody and posterolateral	219
Discectomy procedures	220
Coding example.....	222
Four very confusing and misused lumbar codes: 63030, 63042, 63047 and 63056.....	223
Radiology services	227
Terms.....	227
Coding imaging procedures in the office and facility settings.....	229
CPT rules for imaging documentation.....	231
Supervision issues.....	229
Medicare code bundling (CCI) policies for imaging codes	236
Medicine/therapy services	241
Neurology and neuromuscular procedures.....	241
Active wound care management	244
Motion Analysis	245
Physical & occupational therapy services	247
What are PT and OT? A quick definition	247
General Medicare documentation requirements for PT/OT	249
Evaluation and plan of care.....	252
Progress reports and treatment notes.....	263
Modifiers	268
Frequently asked questions.....	274
Appendix: National Correct Coding Initiative policy manual.....	277
Chapter I	279
Chapter IV	313