

Foot and Ankle-Relevant CPT Changes for 2020

It's important to keep up with yearly changes.

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Each year the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel releases a new CPT code set which always takes effect January 1st. Some years there are a

bilaterally by now instructing providers to report the add-on code twice and never appending the -50 modifier to add-on codes.

An example of where this may come into play is nail plate avulsions performed to the left hallux and bi-

New Low-level Laser Therapy Code

0552T—"Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional"

Many podiatrists employ low-level laser therapy in their practices. 2020 sees the introduction of this new Category III code for low-level laser therapy. Low-level laser therapy typically refers to lasers that do not cause cutting, burning, or destruction. Examples of common podiatric uses for low-level laser therapy include attempts to treat toenail deformity, musculoskeletal conditions, nerve pathology, and more. Category III codes often have no reimbursement value assigned to them; so be

The -50 modifier "should not be appended to designated 'add-on' codes."

small number of changes pertinent to podiatrists and other years there are more. The CPT code set which takes effect January 1, 2020 contains many additions, deletions, and modifications which are pertinent to podiatric medicine and surgery. Some of these are listed in this article.

Clarification of the CPT -50 Modifier

The descriptor of the CPT -50 Modifier changes to, "Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier -50 to the appropriate 5 digit code. Note: This modifier should not be appended to designated 'add-on' codes." The part of this descriptor that is new is the note at the end about not appending the -50 modifier to add-on codes. With this addition, the AMA CPT Editorial Panel has standardized the instruction for reporting add-on procedures performed

lateral 2nd toes. If the avulsion to the left hallux nail is considered the primary procedure, each of the 2nd toenail avulsions should be submitted using the add-on code of CPT 11732. This exemplifies the situation described in the new note accom-

panying the descriptor of the CPT -50 modifier which discusses add-on codes for bilateral procedures. With this guidance, the example given should be submitted as:

- CPT 11730 – TA
- CPT 11732 – T1
- CPT 11732 – T6

Note that the -50 modifier was not used.

0552T - 2020 sees the introduction of this new Category III code for low-level laser therapy.

sure to follow the guidelines that accompany non-payable codes when using this Category III code.

New Online Digital Evaluation and Management

CPT 99421—"Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7

Continued on page 70

Foot and Ankle CPT (from page 69)

days; 5-10 minutes”

CPT 99422—“Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes”

interactive communication with the patient/caregiver during the month; first 20 minutes”

Add CPT 99458—“Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month

CPT 99457/8 these CPT codes allow payment for monitoring the feedback provided by smart insoles worn in patients’ shoes and communication with patients regarding the parameters monitored.

CPT 99423—“Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes”

The evolution of tools that are available for communication between providers and patients has demanded an evolution in the Evaluation and Management (E/M) CPT codes, and the AMA CPT Editorial Panel has responded with a new set of codes that can be used when an E/M service is performed utilizing any online digital tool. These digital evaluation and management codes can only be used when the communication is initiated by the patient using a digital platform. When quantifying the time spent in providing this service, the seven-day period during which time is accumulated begins when the provider reviews the original digital request for communication from the patient. These codes cannot be submitted if the service is initiated within seven days of any E/M service for the same problem. There is no restriction regarding use of these codes when the online digital E/M leads to an in-person E/M on any subsequent day.

Remote Physiologic Monitoring Code Changes and Addition

Change CPT 99457—“Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring

requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)”

Many podiatrists have embraced new technology that allows them to monitor certain physiologic parameters output by their patients. For example, these CPT codes allow payment for monitoring the feedback provided by smart insoles worn in patients’ shoes and communication with patients regarding the parameters monitored. When CPT 99457 was first introduced in 2019, that one CPT code accounted for any amount of time spent as long as it was 20 minutes or more. That changes in 2020 as CPT 99457 will account for only the first 20 minutes spent during the month and its add-on code CPT 99458 has been introduced for each additional 20 minutes per month spent performing this activity.

New Codes for Dry Needling

CPT 20560—“Needle insertion(s) without injection(s); 1 or 2 muscle(s)”

CPT 20561—“Needle insertion(s) without injection(s); 3 or more muscles”

According to the American Physical Therapy Association, “dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impair-

ments. [It] is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and to diminish persistent peripheral nociceptive input, and reduce or restore impairments in body structure and function, leading to improved activity and participation.”¹ Podiatrists perform this procedure and, prior to 2020, there was not a Category I CPT code that accurately represented dry needling. That changes with the introduction of these two new codes in 2020.

Conclusion

These are just some of the 2020 CPT changes of interest to podiatrists. **PM**

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References

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¹ APTA document Description of Dry Needling in Clinical Practice: An Educational Resource Paper. www.apta.org/StateIssues/DryNeedling/.



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