



Biomechanical Coding

It's important to know when to use each of these.

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One of the most common and also confusing areas of coding relates to biomechanics. Biomechanics is defined as the study of the structure, function, and motion of the mechanical aspects of biological systems.¹ In podiatry, we consider biomechanics the study of how the lower extremity functions under normal and abnormal conditions and stresses. If a muscle is not functioning properly, the biomechanics of that extremity may be adversely affected. This article will discuss the coding of services related to exam and treatment of biomechanical conditions.

The exam component of E/M services includes documentation of the patient's gait, a range of motion exam of relevant joints, documentation of relevant muscle strength, and evidence of any deformity in the affected foot or extremity. Additional coding may be available for specialized testing but these codes have specific requirements for usage. Let's discuss the types of codes that are not typically reported by a podiatrist when examining a patient in the office. An example of this is CPT code 97750, which is defined as "Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes". This code could be used when a specific performance is necessary, measurable, and quantitatively documented. An example of such a test is measuring the amount of weight a leg can lift by isolating the quadriceps. This is not typically a code a podiatrist will use.

CPT 97760-97763 report services related to orthotic and prosthetic eval-

uation. These are typically used by providers who did not dispense the biomechanical device. These codes are commonly used in physical therapy but not in a podiatric practice.

Codes 96000-96004 describe services performed as part of a major therapeutic or diagnostic decision-making process. Motion analysis is performed in a dedicated motion analysis laboratory (i.e., a facility capable of performing videotaping from the front, back, and both sides, computerized 3-D kinematics, 3-D kinetics, and dynamic electromyography). These codes are restricted

describes application of a material (usually tape) applied directly to the skin to decrease motion and control function of the foot or ankle. You would only report one code per extremity. A similar code is CPT 29550 which describes strapping of toes. It is important to understand that this code is also only reported once per foot, not per toe since the "s" in toes makes it plural.

A common question that coding experts get is, "What is the difference between an Unna boot application and a multilayer compression dressing? CPT 29580 is primarily used to immobilize a joint and describes the

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to gait analysis labs and are not to be used for reporting gait analysis done in a physician's office. That level of gait analysis is reported through using the proper E/M service code.

Codes 95831 and 95851 describe muscle testing and range of motion measurements. These are separate procedures above and beyond those done in the E/M service. These are reported per extremity and require quantitative details in the documentation.

Some codes that are typically used by podiatrists when performing services related to biomechanical examination and treatment include the strapping codes. CPT 29540 is defined as "Strapping; ankle and/or foot". This

application of an Unna paste wrap without any mention of additional materials applied on top of the Unna paste wrap. Code CPT 29581 is typically used to treat lower extremity edema and describes the application of a below-knee (including the foot and ankle) multi-layer compression system including the foot and ankle. The hallmark of this code is that it is a multi-layer system, meaning that the layers should complement each other in providing compression in the extremity to reduce edema. Therefore, the difference between the codes is why the wrap is being used and the number of layers utilized.

No review of biomechanical cod-
Continued on page 94



Biomechanical Coding (from page 93)

ing would be complete without reviewing the HCPCS system of coding. HCPCS codes are divided into categories related to the type of service or

L codes describe orthoses and shoe inserts. There is a plethora of codes that explain the type of material, how it is formed, whether pre-fabricated, pre-formed, or custom molded. L3000-L3090 describe foot orthoses and

tioner other than the manufacturer of the orthotic while S2117 describes the insertion of a subtalar arthrodesis.

This has been a brief review of some CPT and HCPCS codes related to biomechanical evaluation and treatment of lower extremity conditions. For further information, please see the references listed below. **PM**

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References

- ¹ Webster dictionary
- ² APMA Coding Resource Center
- ³ 2019 AMA CPT book
- ⁴ 2019 HCPCS Book
- ⁵ AMA Code Manager

supply they describe.

A codes describe certain supplies, diabetic shoes, and inserts for diabetic shoes.

E codes describe devices that aid gait (such as canes/crutches), as well as bone stimulators and continuous passive motion devices.

inserts. L3202-L3265 describe footwear. L4360-L4361 describe walking boots.

S codes describe procedures that are considered developing, experimental, or not commonly performed. Podiatric relevant codes in this section include S0395 which describes the impression casting of a foot performed by a prac-



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