



Podiatry- Relevant CPT® Changes for 2022

It's important to stay current
with coding changes.

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Every year, a new Current Procedural Terminology (CPT®) code set is released by the American Medical Association that takes effect on January 1. Every year there are changes, additions, and deletions relevant to podiatrists. This year, most of the pertinent changes are represented by new guidance language rather than code additions, deletions, or edits. Here, some of these pertinent changes for the new year are shared. CPT is a registered trademark of and copyright (2021) by the American Medical Association with all rights reserved and this information is shared for educational purposes.

Cast Application with Procedure

For 2022, CPT adds the following guidance:

"All services that appear in the

Musculoskeletal System section include the application and removal of the first cast, splint, or traction device, when performed. Supplies may be reported separately."

ing the cast application that follows the triple arthrodesis should not be submitted. Similarly, if any type of fracture care CPT code is submitted in the office setting, such as closed

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in order to facilitate a buddy splinting or any similar
maneuver is not "manipulation."**

This has long been the guidance of many third-party payers, including Medicare, but now is also CPT guidance, meaning it applies whenever CPT codes are used, regardless of third-party payer. This guidance does not differ based on place of service. For example, if a triple arthrodesis procedure is performed in the operating room, the CPT code represent-

treatment without manipulation, the CPT code representing the cast application that follows should not be submitted.

Fracture Care

Podiatrists often have to choose between closed treatment with manipulation and closed treatment

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without manipulation CPT codes when managing fractures. If there was any confusion regarding what exactly is meant by “manipulation” when used in CPT code descriptors, this is made clear in the 2022 CPT code set with new language that defines manipulation as:

“reduction by the application of manually applied forces or traction to

tion and internal fixation (ORIF) of a metatarsal fracture is performed and fixated with external fixation, the CPT code for the external fixation is:

CPT 28485—Open treatment of metatarsal fracture, with or without internal or external fixation, each

External fixation is listed in this code descriptor. Therefore, if external fixation is used with this procedure, only the CPT code for the ORIF may be submitted and the CPT code for

using multiple different products and/or multiple different techniques, only one CPT code should be submitted to represent the closure of that one wound. Further guidance regarding wound repair if shared on page 106 of the 2022 CPT book where providers are informed that wound repair using chemical cauterization, electrocauterization, or adhesive strips as the sole repair material should not be submitted using a wound repair CPT code. In the 2021 CPT code set, clarification of intermediate and complex wound repair definitions was provided. This year, clarification of simple wound repair is listed:

“Simple repair is used when the wound is superficial (eg, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures) and requires simple one-layer closure.”

Furthermore, guidance is provided that states hemostasis and local or topical anesthesia should not be reported separately when performed in conjunction with simple wound repair.

Conclusion

These are just some of the changes pertinent to podiatrists that appear in the 2022 CPT code set. All providers who submit CPT codes should be fully versed in the CPT code set or be using outside experts who are. All providers should be using the new, most current version of the CPT code set as of January 1, 2022.

Reference

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New language added this year clarifies that if one wound is repaired using multiple different products and/or multiple different techniques, only one CPT code should be submitted to represent the closure of that one wound.

achieve satisfactory alignment of the fracture or dislocation.”

Most consider this description to be closed reduction. Clearly, merely moving a toe out of the way in order to facilitate a buddy splinting or any similar maneuver is not “manipulation.”

Coding For External Fixation

New clarification from CPT this year includes:

“Codes for external fixation are reported separately only when external fixation is not listed in the code descriptor as inherent to the procedure.”

This means providers may only submit the CPT code representing external fixation if the CPT code descriptor for the primary procedure does not already include the application of external fixation. For example, if external fixation is used to fixate a first metatarsophalangeal joint arthrodesis, the CPT code for the first metatarsophalangeal joint arthrodesis is:

CPT 28750—Arthrodesis, great toe; metatarsophalangeal joint

External fixation is not listed in this code descriptor. Therefore, if external fixation is used with this procedure, both the CPT code for the first metatarsophalangeal joint arthrodesis and the CPT code for the external fixation may be submitted. On the other hand, if an open reduc-

tion and internal fixation may not also be submitted.

Foreign Body Versus Implant

If a joint prosthesis becomes loose and is not functioning properly, and it is removed, is this considered an implant removal or a foreign body removal? This has been a common question for some time that is now clearly answered by CPT. New language on page 525 of the 2022 CPT book states:

“An object intentionally placed by a physician or other qualified health care professional for any purpose (eg, diagnostic or therapeutic) is considered an implant.”

An object that is unintentionally placed (eg, trauma or ingestion) is considered a foreign body.

If an implant (or part thereof) has moved from its original position or is structurally broken and no longer serves its intended purpose or presents a hazard to the patient, it qualifies as a foreign body for coding purposes, unless CPT coding instructions direct otherwise or a specific CPT code exists to describe the removal of that broken/moved implant.”

Wound Repair

New language added this year clarifies that if one wound is repaired