Understanding Modifier "59"

APMA scores a victory for those doing palliative care.

BY HARRY GOLDSMITH, DPM

Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

Over one year ago, foot and ankle specialists, in particular, noticed that Medicare and Medicare Advantage Plans limited their reimbursement of CPT 11055 (or CPT 11056 or CPT 11057) when billed with CPT 11720 or CPT 11721. They would recognize only one of the bundled pair of codes—the paring of corns and calluses or debridement of nails. This came about from a unilateral guidelines change on the part of the National Correct Coding Initiative people without any input or comments from specialties (like podiatry) regarding the reasoning for changing the rules. This all happened without specific announcements or fanfare. Medicare and Medicare Advantage Plans jumped on the guideline, altered their computer software, and began wholesale implementation with denials January 1, 2017. What were the guideline changes? The following relevant excepts are from the 2017 guideline change:

National Correct Coding Initiative Policy Manual for Medicare Services; Chapter 3, Surgery: CPT 10000-19999, Integumentary System

"Section (3): The procedure to procedure edit with column one CPT code 11055 (paring or cutting of benign hyperkeratotic lesion…) and column two CPT code 11720 (debridement of nail(s) by any method; 1 to 5) *may be bypassed with modifier 59 only if the paring/cutting of a benign hyperkeratotic lesion is performed on a different digit (e.g., toe) than one that has nail debridement. Modifier 59 should not be used to bypass the edit if the two procedures are performed on the same digit.*" [NOTE: The italic font is NCCI's emphasis]

and

"Section (13): The NCCI PTP edits with column one CPT codes 11055-11057 (Paring or cutting of benign hyperkeratotic lesions) each with column two CPT codes 11720-11721 (Nail debridement by any method) are often bypassed incorrectly with modifier 59. *Use of modifier 59 with the column two CPT code 11720 or 11721 of these NCCI PTP edits is only appropriate if the two procedures of a code pair edit are performed on different digits. CPT codes 11055-11057 should not be reported for removal of hyperkeratotic skin on the same digit on which a nail is debrided.*"

While many podiatrists started calling their state associations and with the APMA angry and confused, hardly anyone drilled down to find out the cause of the denials. APMA reviewed the issue and found the source of the problem to be the above language in the NCCI *Edits Guideline Manual.* As more and more Medicare and Medicare Advantage plans implemented the new rules, the number of claim denials and complaints to APMA grew. APMA wrote a letter to NCCI complaining that it was never notified and asked to comment on the guidelines change, and making the point that the changes were not only unfair, but were inherently flawed. Weeks later, APMA received a polite form letter back thanking it for its interest. A more comprehensive letter from APMA was sent to NCCI outlining what was wrong with the restriction, presumptions, the anatomic language, and the need for such policy changes. Over the course of several months, APMA held conference calls that included CMS representatives, and submitted additional information. Finally, APMA requested a face-to-face meeting at CMS with NCCI to discuss what they did not understand from the information that was given. This occurred at the end of August 2017. The APMA team felt they clearly made their points. CMS told APMA it would get back to them in a few weeks. Months went by without a response until toward the end of November. Then, the APMA Coding Resource Center team, performing its ongoing updates, received a notice that

Continued on page 62

This is a huge victory… for those who do palliative care; they should see their reimbursements back to 'normal' when paring a hyperkeratotic lesion and debriding nails.

Modifier "59" *(from page 61)*

the 2018 National Correct Coding Initiative Policy Manual for Medicare Services was posted for implementation January 1, 2018. And this was what was published:

National Correct Coding Initiative Policy Manual for Medicare Services; Chapter 3, Surgery: CPT 10000-19999, Integumentary System

"Section (3): NCCI has a procedure to procedure edit with column one CPT code 11055 (paring or cutting of benign hyperkeratotic lesion ...) and column two CPT code 11720 (debridement of nail(s) by any method; 1 to 5). Modifier 59 shall not be used to bypass the edit if these two procedures are performed on the same *distal phalanx including the skin overlying the distal interphalangeal joint."* [NOTE: The italic font is NCCI's emphasis]

and

"Section (13): *This subsection has been deleted. See Chapter III, Section E (Lesion Removal), Subsection #3."*

This is a huge victory. Well, maybe for those foot and ankle specialists who don't perform any qualified routine foot care, it is more of a shrug, but for those who do palliative care, they should see their reimbursements back to 'normal' when paring a hyperkeratotic lesion and debriding nails…without the hassle of wasting time and money going through the appeals process.

I would love to tell you that all your troubles have just disappeared, but I'm sure that won't be the case. One of the five APMA arguments was that NCCI's limitations were based on the nail debridement and corn/callus paring being performed at the same site, and that the nail and hyperkeratosis were contiguous, and immediately adjacent. We know that that is a very uncommon occurrence (when it comes to reality and reimbursement). We know that a hyperkeratotic lesion to be pared typically will be at the proximal interphalangeal joint of some toe or at the submet head area or heel, etc. The 'new' language presents a compromise that says if the nail is debrided and the skin overlying the distal interphalangeal has a hyperkeratosis needing paring, only one will be paid. That should resolve most issues for most podiatrists doing palliative care. What it doesn't resolve is:

- How does the payer's computers know that the corn is or is not at the distal interphalangeal joint (DIPJ) of the same toe with the nail being debrided?
- How do the payer's computers know that the nail debridement and the hyperkeratosis paring/debridement are even on the same toe?
- How does the payer's computers know that even if you have one toe with a nail being debrided and a corn being pared at the DIPJ, you don't have other nails that are being debrided on other toes since you are billing either CPT 11720 (1-5 nails) or CPT 11721 (6-10 nails)?
- These are certainly questions since then that need to be answered. What we do know is that through the continuous efforts of the American Podiatric Medical Association, NCCI/CMS, which hardly ever change policies, changed their policy.

The 'new' language presents a compromise that says if the nail is debrided and the skin overlying the distal interphalangeal has a hyperkeratosis needing paring, only one will be paid.

An additional reference on the "59" modifier may be found at: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf

Codingline 2018

CodinglineSILVER (Subscription: $100/year; APMA member discount $80/year) continues its foot and ankle coding, reimbursement, and practice management Q/A format with a new look. The listservice email has been reduced to once-a-day. For information, go to and click on Subscribe.

Good News: The APMA Coding Resource Center now includes for its subscribers, for no additional charge, access to CodinglineSILVER through the CRC site. The feature will include an automatic registration and log on. The addition of CodinglineSILVER allows subscribers a "one-stop-shop" of coding resources and a means for asking coding, reimbursement, and practice management questions through the APMA Coding Resource Center. Subscribe to the CRC now—www.apmacodingrc.org.

Codingline Gold (which includes CodinglineSILVER benefits) allows subscribers who prefer to ask their foot and ankle coding, reimbursement, and practice management questions privately and anonymously to do so through Direct to Expert and receive responses directly from Codingline. Additional benefits include 20% off Codingline hosted seminars and workshops, and complimentary registration for Codingline webinars. For information, go to www.codingline.com and click on Subscribe. **PM**

DISCLAIMER: *The information offered by CodinglinePARTICULARS is provided in good faith for purposes of communication and discussion, and is strictly the opinion of the editor, Harry Goldsmith, DPM, or the listed authors. Neither Codingline nor Podiatry Management represents that any such opinion is either accurate or complete, and should not be relied upon as such. The reader is responsible for ensuring correct applicability of any information, opinion, or statements written in by CodinglinePARTICULARS. Specific payer reimbursement information should be obtained from the specific payer in question.*

Dr. Goldsmith of Cerritos, CA is editor of Codingline.com and recipient of the Podiatry Management Lifetime Achievement Award.