

Internal Medicine Coding Alert

Reader Question: Second Cast Placement: Submit 29405 and Q4038

Question: A patient was put in a cast after surgery, then came to our clinic the very next day with a wet, broken cast (she clearly did not follow any instructions). We removed the cast and put on a new one (fiberglass). How should we bill this, since it was time consuming and clearly the patient's own doing? Will Medicare allow billing for two casts in two days?

Florida Subscriber

Answer: You should report codes for the casting service and related supplies, where permitted. For instance, if the cast was a short leg cast, you might report 29405 (Application of short leg cast [below knee to toes]) and Q4038 (Cast supplies, short leg cast, adult [11 years+], fiberglass), since the practice expense inputs for 29405 do not include the casting material.

Justification: CPT® allows separate coding and charging of casts as a replacement procedure, which is the case in your example. Placement and removal of the initial cast is part of the surgical procedure that the patient had.

Assuming that the patient is seeing the same physician or a physician in the same physician group that placed the original cast, then you may not report its removal. Likewise, you may not separately report the removal of the replacement cast. The physician may not report the removal of the cast, because the removal by the same physician or a physician in the same physician group is included in the application code, whether initial or replacement. The removal of cast codes (29700-29715) may only be assigned when a different physician in a different physician group removes the cast.