Codify
BY AAPC

Internal Medicine Coding Alert

Reader Question: Internists Can't Bill for Splint Placement

Question: An established patient who comes in regularly for diabetes (250.xx) and hypertension (401.x) care complained of pain in her finger after a fall. Our internist x-rayed (73120) her finger and discovered a fracture. He reduced the patient's fracture in the office and placed the finger in a splint. We want to report 26725 for the reduction, along with 29130. Is this correct?

New York Subscriber

Answer: If your physician doesn't refer the patient to an orthopedist for follow-up care, you could bill 26725 (Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each), but you should not report codes for your physician placing the splint. Code 26725 states "with or without skin traction." By definition, the code includes splint application, which CPT confirms in the instructional notes located under the codes for Application of Casts and Strapping (29000-29799).

CPT includes only the initial cast, splint or strapping in the fracture care code. If your internist needs to replace the patient's splint at a subsequent visit, you could list 29130 (Application of finger splint; static) for the replacement splint).