

## Internal Medicine Coding Alert

### Reader Questions: Reporting Options For Immobilization of Thumb

**Question:** Our internal medicine specialist recently saw a patient with gamekeeper's thumb. The operative notes indicate our physician examined the thumb and index finger, made the diagnosis and immobilized the thumb. What codes should I report for the immobilization procedure? Can I report a separate E/M service in this scenario?

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**Answer:** The code that you will report depends on the immobilization technique your internist used. If he performed the immobilization using an ACE bandage or other strapping material, report 29280 (Strapping; hand or finger) for the service. If he applied a thumb spica cast to immobilize the injury, report 29075 (Application, cast; elbow to finger [short arm]) for the service.

No matter which CPT® code you choose, don't forget to include the appropriate diagnosis code to support your claim for the procedure. In this case, you will have to report the ICD-9 code, 842.12 (Sprain of metacarpophalangeal [joint] of hand) on the claim to represent the patient's thumb condition. When you switch to using ICD-10 codes, you will have to report S63.641A (Sprain of metacarpophalangeal joint of right thumb, initial encounter) if the sprain is in the right thumb or report S63.642A if the sprain is in the left thumb.

Make sure your physician's documentation indicates a separately identifiable E/M service that goes beyond what is incidental to the procedure. In the scenario you describe, the physician might perform history and physical exam elements that go beyond simply immobilizing the thumb, in which case you would be justified in reporting a low-level E/M code.