Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

ORTHOPEDIC: Reader Question--Don't Forget ICD-9 Code When You Report Finger Amputation

Question: We have documentation for a 37-year-old male patient who accidentally injured his left hand in a chain and sprocket configuration. The machine amputated the tip of the patient's fifth finger at the mid-nail level and left an additional four centimeters of mangled finger and bone below the amputation. The patient also had minor lacerations over the dip joint volarly at the fourth finger.

Procedure: The surgeon administered a Marcaine block and sterilely prepped the fourth and fifth fingers. Using a Penrose drain for a tourniquet about the base of the finger, the surgeon amputated the mangled portion of the finger and sharply debrided the injury at the amputation site, including the bone, with a rongeur. The surgeon carried out sterile betadine and saline irrigation, then created a V-Y flap to cover the remainder of the finger and sutured it with 5-0 nylon. The surgeon then cleansed the fourth finger with saline and betadine and used single 5-0 nylon to repair the less-than-half-centimeter laceration.

Our surgeon wants to bill 14040 and 26765 for this, but another physician in our practice disagrees. What should I do?

Delaware Subscriber

Answer: First, your practice should report 26952-F4 (Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps [V-Y, hood]; Left hand, fifth digit) to represent the surgeon's work amputating the mangled finger, incising the overlying skin and dissecting the tissues to the bone, according to a team of coding experts at **Kleinert, Kutz and Associates Hand Care Center** in Louisville, KY.

The fact that the surgeon removed the bone with the rongeur and closed the injury with a V-Y flap closure warrants 26952. Link the procedure to the ICD-9 code 886.0 (Traumatic amputation of other finger[s] [complete]...).

Next: To represent the surgeon's simple wound repair to the fourth finger, the practice should bill 12001-59-F3 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.5 cm or less; Distinct procedural service; Left hand, fourth digit). Pair this CPT code with 883.0 (Open wound of finger[s]; without mention of complication).

Although the National Correct Coding Initiative (NCCI) bundles 12001 into 26952, the different finger modifiers and modifier 59 (Distinct procedural service) show the insurer that the surgeon addressed two separate fingers.

Caution: Some individual carriers--as well as Medicare payors--don't accept the finger modifiers such as F4. Therefore, the addition of modifier 59 should help you clinch payment.

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