

Part B Insider (Multispecialty) Coding Alert

ORTHOPEDIC: READER QUESTION--Pull The Trigger On Improper Trigger Finger Coding

Question: The orthopedic surgeon evaluated a patient with trigger finger and scheduled her to return in three weeks for an injection if her condition didn't improve. When she returned, the surgeon discussed her progress with her before he performed the injection? Can he report both the E/M and an injection code?

Massachusetts subscriber

Answer: Under these circumstance, you only report the injection (20550, Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) on the date of service because the procedure was preplanned and the surgeon performed an E/M three weeks before he performed the injection. The surgeon's pre-injection chat with the patient is included in the injection reimbursement.

Opportunity: If the surgeon discovers a separate problem at the trigger finger injection visit, he can report an E/M for the unrelated problem.

Example: An established patient with a known diagnosis of trigger finger (727.03, Trigger finger [acquired]) presents for an injection, and the physician evaluates the patient for a distinct problem, such as arthritis of the knee. If the physician has all of the necessary documentation for an E/M code, you would report both 20550, linked to [727.03](#), and the E/M code 9921x linked to the proper arthritis code.

Remember: You should append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code to indicate to the carrier that this service was unrelated to the injection and should therefore be reimbursed separately.