

Part B Insider (Multispecialty) Coding Alert

ORTHOPEDIC: See Your Way Through CMC Anthroplasty Transplant Coding

If you only use 25447, expect to lose big bucks

When deciding which codes to report for CMC arthroplasty, you need to know the tendon transfer site. Refer to the example below to determine why two codes can make all the difference.

Example: Patient Jones has severe arthritis of the carpometacarpal (CMC) joint. Dr. Smith excises the trapezium, then performs a tenotomy and tenolysis on the flexor carpi radialis (FCR). She draws the detached part of the tendon out through the wrist wound, loops it through a drill hole in the base of the first metacarpal and wraps it around to stabilize the joint. She then rolls the end of the tendon into an anchovy and interposes it in the gap left by the removal of the trapezium.

Mistake: You might be tempted to code the procedure with 25447 (Arthroplasty, interposition, intercarpal or carpometacarpal joints), and leave it at that. But don't stop there, unless you want to miss out on more than \$800 in reimbursement.

Do this: You should report 25447 and 25310 (Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon) for the patient in our example.

Why? The physician detaches one end of the FCR and cuts it, then uses the cut end to repair the CMC joint. The other end, however, still remains in its original place.

Helpful hint: Some orthopedic surgeons may refer to the 25310/ 25447 combination procedure as the Burton LRTI procedure in their op notes. "The 'LRTI' refers to ligament reconstruction, tendon interposition," says Orvis Chitwood III, MD, a hand surgeon at Southern Bone & Joint Specialists in Dothan, AL.

Remember: According to the January 2005 CPT Assistant, you should append modifier 51 (Multiple procedures) to 25310 when you bill the code with 25447.