

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Every Tendon Counts When Coding Arm Injury

Question: The surgeon did a wound exploration with irrigation and debridement, repair of extensor digitorum communis (EDC) of index, long, ring, and small fingers at the musculotendinous junction with approximation of tendon to tendon, repair of partial injury to extensor indicis proprius (EIP), extensor pollicis brevis (EPB), and abductor pollicis longus (APL) muscle bellies, and repair of the extensor carpi ulnaris (ECU) tendon at musculotendinous junction. The operative note follows:

"The previous laceration over the posterior aspect of the mid forearm was visualized and the sutures that were in it were removed. The wound was re-opened and copiously irrigated with normal saline. The wound was then explored to find the tendon damage done by this laceration. It was visualized that he had injuries to the muscle bellies of the EIP, EPB, and APL. He also had an injury at the musculotendinous junction of the EDC to the index, long, ring, and small fingers. A complete laceration at the musculotendinous junction of the ECU was also seen. There was no purulence, no signs of infection, no debris present in the wound."

Once each of the tendons was identified, the repair went as follows:

"The partial injury to the EIP, EPB, and APL muscle bellies was approximated with 4-0 Prolene. Next, we moved on to repair the EDC. The EDC was repaired, starting with the index finger and progressing ulnarly to the small finger. Each tendon was repaired sequentially with 4-0 Fiber Wire in a modified Krakow manner and 4-0 Prolene was used in figure-of-eight fashion afterward on each of the 4 tendons to better approximate the edges. Once this was done, we moved to the extensor carpi ulnaris, which was torn at the musculotendinous junction. A 4-0 Prolene was used to repair this in a figure-of-eight fashion. After these were repaired, the cut ends of the forearm fascia were approximated over the most proximal aspect of the wound."

How do we report this procedure? Is 26418 (Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon) the correct code here?

Answer: You report 25270 (Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle) x 8 for the repairs of to extensor indicis proprius (EIP), extensor pollicis brevis (EPB), and abductor pollicis longus (APL), the extensor carpi ulnaris (ECU), and extensor digitorum communis (EDC) of index, long, ring, and small fingers.

Since exploration of the wound is inclusive to the reparative procedures performed, you do not report 20103 (Exploration of penetrating wound [separate procedure]; extremity). Code 26418 (Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon) is not appropriate, as the procedures were not performed on fingers and the operative note mentions 'muscle bellies' and not tendons.