

## Part B Insider (Multispecialty) Coding Alert

### READER QUESTION :Note Separate Locations to Determine How to Report Hardware Removal

**Hint:** Know whether the fracture care codes are the same and whether the implants are part of the same fixation device.

**Question:** My physician performed a hardware removal procedure from a patient's tibia, and then subsequently performed a separate hardware removal from the patient's fibula. Because the physician removed multiple implants through separate incisions during an operative session, can I report code 20680 more than once?

**Answer:** You can report codes 20680 (Removal of implant; deep [e.g., buried wire, pin, screw, metal band, nail, rod or plate]) and 20680-59 (Distinct procedural service) when the physician removes hardware from the tibia and the fibula. They are separate hardware devices to treat two separate fractures, and your physician had to perform different procedures to remove them.

In other words, if the physician performs the hardware removal on another fracture unrelated to the first fracture (such as an ankle or humerus, or the fracture site is distal and the other proximal), you can report two units of 20680 with modifier 59 appended to the second unit.

**Caution:** The American Academy of Orthopaedic Surgeons (AAOS) has stated that you should report the removal of hardware used to repair any given fracture with one unit of 20680, regardless of how many screws, plates, pins, etc., the physician removes.

You would typically report the removal of the implants only once, regardless of the number of incisions.

To tell if you should use one unit or two, check the original fracture care codes and ask, Are they the same? If they're different, you may report two units if the implants are not all parts of the same fixation device.

The hardware has to be two independent entities to report separate units of 20680; otherwise, you should consider this one fixation device and report just one unit of 20680.