

# **Outpatient Facility Coding Alert**

# Coding Strategies: Advice Helps You Better Manage Your Dupuytren Claims

## Crux is to identify and report the treatment option.

When your providers treat a patient with Dupuytren's contracture, you'll need to know whether your physician used a minimally invasive or percutaneous approach and if she provided enzyme injections. Read on to learn how you code the current treatments that provide temporary improvement.

**Refresher:** Dupuytren's contracture is a painless thickening and fixed tightening (contracture) of the tissue beneath the skin on the palm of the hand and fingers. Progressive contracture may result in deformity and loss of hand function. Ten million Americans and many more worldwide suffer from this crippling hand condition.

# **Understand the Treatment Options**

Each code for Dupuytren's contracture treatment represents some type of procedure involving the palmar fascial cord (surgical release, injection, or manipulation).

"A non-operative option to treat this is exercises and splints, but more severe contractures have often needed surgical release in the past, in which surgery is done to release the contracted fascia and other soft issues," explains Bill Mallon, M.D., medical director of Triangle Orthopedic Associates in Durham, N.C.

Surgical option: If your physician completes contracture release, CPT® includes two coding choices:

- 26040 -- Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
- 26045 -- ... open, partial.

CPT® codes 26040 and 26045 are therefore used for the treatment of Dupuytren's contracture. A palmar fasciotomy is used to release contracted palmar fascia that is seen in mild Dupuytren's disease.

## **Remember These Tips for Better Coding**

If the surgeon completes fasciotomy to treat Dupuytren's contracture (728.6, Contracture of palmar fascia), check the operative notes for whether he used an open or percutaneous approach. Then, choose between 26040 or 26045 and report the correct code for each finger the surgeon treats.

**Non-ASC note:** If your physician performs percutaneous or minimally invasive treatment of Dupuytren's contracture in an office setting, you'll need to report additional codes. Report 26040 for the procedure, along with the appropriate E/M choice. Because of the work involved, most likely the options are 99203 or 99213.

**Follow- up care:** Once the patient has an injection, the physician will ensure the enzymes work to soften the contracted area. CPT® code 26341 (Manipulation, palmar fascial cord [i.e., Dupuytren's cord], post enzyme injection [e.g., collagenase], single cord) applies to this care, but is not a qualified ASC service. The physician will see the patient in his office for follow-up manipulation.

## Look Into the Applicable CCI Edits

Although 26341 was introduced in 2012, some OPPS CCI edits involving the procedure are already in place and according to the latest OPPS CCI edits, it is a column 1 code to more than 70 CPT® codes..



Be Familiar With Diagnosis Code Changes

When your provider diagnoses Dupuytren's contracture, your current ICD-9 choice is 728.6 (Contracture of palmar fascia). Although the descriptor doesn't specify Dupuytren's contracture, the associated notes list the condition.

You'll still have only one diagnosis choice when ICD-10 goes into effect in 2015, but it will be more specific. You'll report M72.0 (Palmar fascial fibromatosis [Dupuytren]). As mentioned above, the cause of Dupuytren's contracture isn't usually known. If your provider is able to pinpoint a reason, however, include the appropriate code for the external cause with M72.0 once you begin coding by ICD-10.

"M72.0 is very specific to palmar fibromatosis, whereas ICD-9 code 728.6 can be utilized for any contracture of the palmar fascia," says **Kristi Stumpf, MCS-P, CPC, COSC, ACS-OR**, owner of Precision Auditing and Coding and senior orthopedic coder and auditor for The Coding Network in Washington. "Although ICD-9 code 728.6 is used for Dupuytren's contracture, it would also apply to any other pathology resulting in palmar contracture."