

# **Outpatient Facility Coding Alert**

# Pain Management: Tighten Up Your Dupuytren's Contracture Coding

### Here's how: Narrow your choices by surgery, injection, or follow-up.

Your injection coding got easier when CPT® 2012 introduced two new codes for Dupuytren's contracture treatment. But don't just drop a code on your claim and keep moving; pay attention to the specific instructions and watch Correct Coding Initiative (CCI) edits to ensure you correctly report the service.

#### **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.

You'll base your code on whether the physician uses an open or percutaneous approach.

Injection: A newer treatment option involves collagenase injections given locally into the scarred or fibrous tissue. The enzymes breakdown the fibrosis and ease the contracture. Report these injections with new code 20527 (Injection, enzyme [e.g., collagenase], palmar fascial cord [i.e., Dupuytren's contracture]). The current national ASC rate for 20527 is \$36.76.

Follow- up care: Once the patient has an injection, the physician will ensure the enzymes work to soften the contracted area. New 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.

# **Check the Applicable CCI Edits**

Although 20527 and 26341 were just introduced in 2012, some OPPS CCI edits involving them are already in place.

Example: Code 20527 is the Column 2 code associated with several joint injection codes such as 20600 (Arthrocentesis, aspiration and/or injection; small joint or bursa [e.g., fingers, toes]). If your physician administers an enzyme injection to treat Dupuytren's contracture and performs a joint injection to the same hand, you'll typically report only the joint injection code.

Caveat: The OPPS edits classify the 20600/20527 pairing with modifier indicator "1," meaning you can sometimes append a modifier and report both codes from the edit pair. If you have clear documentation showing the physician



administered the injections for different reasons or to different anatomic sites, consider reporting both codes. Append a modifier (usually 59, Distinct procedural service) to 20527 since it's listed as the Column 2 code of the pair.

## **Look Ahead to Diagnosis 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, but it will be more specific. You'll report M72.0 (Palmar fascial fibromatosis [Dupuytren]). 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.

"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."