

Outpatient Facility Coding Alert

Procedure Focus: Manage De Quervain's Syndrome By Zeroing in on Injection and Incision Sites

First step: Confirm the extent of tenosynovitis and injection site.

You can take the tension out of your hand tendinitis reporting if you can identify specific codes for injections and surgical approach. All you need to confirm is the extent of the tenosynovitis in De Quervain's syndrome and injection site in the wrist.

Refresher: What Is De Quervain's Syndrome?

De Quervain's tenosynovitis is an irritation of the tendons on the thumb side (radial) side of the wrist. Specifically, De Quervain's tenosynovitis affects the first dorsal compartment of the wrist which comprises the tendons of the abductor pollicis longus and extensor pollicis brevis. This condition also is referred to as radioal styloid tenosynovitis and may cause painful thumb movements.

Your surgeon can choose from several potential treatment options.

"Treatment for De Quervain's syndrome often begins with anti-inflammatory use, potential steroid injections into the first extensor sheath, rest and/or strapping or splinting," 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. "Thumb spica casts may also be used for treatment and are often applied for up to a month. A combination of injection and casting may also be used. Should medical treatment with drugs, casting or injection not be successful, surgical release of the first compartment (De Quervain's release) may be indicated."

Look For Injections In the Wrist

Your surgeon may treat De Quervain's tendinitis with injections into the wrist compartment. If so, choose the best code based on the actual site of injection.

"A tendon origin injection is not the intent of the injection, nor is a small joint injection the target," explains Stumpf. "De Quervain's tendinitis affects the sheath of the tendons in the first dorsal compartment and documentation should clearly describe the location of the injection for proper code assignment and support."

Code choices: If the surgeon administers the injection into the tendon sheath, you should report 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]). For an injection given to the tendon itself where it originates or inserts into the bone rather than the tendon sheath, submit 20551 (Injection[s]; single tendon origin/insertion).

Don't Overlook Surgical Options

In a patient who fails to respond to conservative methods and injections, your surgeon may decide to surgically incise the tendon sheath to relieve the pressure in the wrist.

Option 1: For this surgical incision, you would look to code 25000 (Incision, extensor tendon sheath, wrist [e.g., De Quervain's disease]).

Option 2: If your surgeon does a more radical tenosynovectomy of the first dorsal compartment, you may turn to code 25118 (Synovectomy, extensor tendon sheath, wrist, single compartment). When extensive or prolific tenosynovitis is

present, your surgeon may do a radical tenosynovectomy of the first dorsal compartment. Make sure that you keep documentation for an extensive tenosynovectomy to help claims processing go smoother.