

## Outpatient Facility Coding Alert

### Reader Question: Code 25111 Covers Both Synovectomy and Ganglion Excision

**Question:** In a patient diagnosed with synovitis with first dorsal compartment tendinitis and ganglion formation from extensor carpi ulnaris (ECU), our surgeon did the following procedures:

1. Exploration, volar radial mass, with first dorsal compartment release and excision of tenosynovitis
2. Excision, ganglion formation from ECU and neurolysis of dorsal cutaneous nerve.

New Jersey Subscriber

**Answer:** Although the surgeon completed two procedures you'll report only 25111 (Excision of ganglion, wrist [dorsal or volar]; primary) for the excised ganglion. You do not separately bill for the synovectomy in this situation.

**Explanation:** According to the American Academy of Orthopedic Surgeons (AAOS) Complete Global Service Data Guide, synovectomy codes, 25105 (Arthrotomy, wrist joint; with synovectomy), 25115 (Radical excision of bursa, synovia of wrist, or forearm tendon sheaths; flexor), 25116 (Radical excision of bursa, synovia of wrist, or forearm tendon sheaths; extensors) or 25118 (Synovectomy, extensor tendon sheath, wrist, single compartment), are included in the global charge for 25111.

You might be able to also charge 64704 (Neuroplasty; nerve of hand or foot) for the neurolysis of the dorsal cutaneous nerve, depending on the payer's policies. Code 64704 is a Column 2 code for 25111, but some payers allow you to report both codes and append a modifier to 64704 to indicate the separate services.