

Pain Management Coding Alert

Procedure Focus: Pinpoint the Best Carpal Tunnel Codes by Focusing on 3 Areas

Heads up: Evidence of previous treatments are a part of successful CTS injection claims.

When your pain management specialist administers injections to treat carpal tunnel syndrome (CTS), your first step toward coding success is knowing whether the patient had any less invasive CTS treatments earlier.

Here's why: Some payers allow CTS injection therapy only when other treatments have failed. That means you could face a denial if a CTS injection is given early in the treatment process.

Make each CTS coding scenario a clear-cut decision by double-checking three important considerations.

1. Look for Treatments Prior to 20526

The physician should try other treatments before administering a CTS injection (20526, Injection, therapeutic [e.g. local anesthetic, corticosteroid], carpal tunnel). This will likely include less invasive treatments such as splinting or bracing, medication (non-steroidal anti-inflammatory drugs, or NSAIDs), and occupational therapy, confirms **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, of Denver's MJH Consulting. Hammer says, "If the patient's symptoms don't improve, the physician may then proceed with a corticosteroid injection of the carpal tunnel."

Alert: You need to check with the payer if you are not sure of its "previous treatment" requirements. Even evidence of previous treatments might not be enough to convince some insurers, says **Jacqui Jones**, office manager at an orthopedic practice in Klamath Falls, Ore.

"We have had a couple of contracted HMOs [health maintenance organizations] impose conservative nonsurgical treatment [] even with previous treatment and positive nerve conduction velocities ordered by another physician," says Jones.

2. Know the Best Diagnosis Codes for Supporting Treatment

Patients having CTS may complain of "progressively worse numbness and tingling in their hand and wrist, particularly the thumb, index and middle finger," says Hammer.

With the condition getting worse, the patient may experience piercing sharp pain in the wrist, potentially radiating into the affected arm (719.43, Pain in joint, forearm or 729.5, Pain in limb). The patient's symptoms are usually worse at night, and the patient may also complain of burning sensation in the hand or decreased grip strength (728.87, Muscle weakness [generalized]).

Documentation guidance: For a patient with CTS, the physician may document that the patient has one or more of the following:

- a positive Tinel's sign (lightly tapping over the median nerve at the patient's wrist reproduces the tingling sensation in the hand)
- a positive Phalen's maneuver (wrist flexion test in that the patient's paresthesia symptoms are reproduced within 30 seconds to 1 minute after the patient holds their wrist in a maximally flexed position).

If the physical exam is not conclusive, the physician could also order nerve conduction velocity studies to confirm the CTS diagnosis (such as 95905, Motor and/or sensory nerve conduction, using preconfigured electrode array[s], amplitude

and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report). If you report 95905, note that you only submit it once for each limb studied, according to CPT® instructions.

3. Get Your Documentation Together

Most coders agree that some documentation indicating previous attempts to treat the injury will only help a 20526 claim.

According to Hammer, "Best practice documentation of procedures should include the patient's response to previous [CTS] treatments. Even though the CPT® code for carpal tunnel injection falls in the musculoskeletal surgery section of the codebook, only a few payers or providers view this injection as a 'surgery.'"

Other experts add that a solid 20526 claim should indicate all methods of "non-operative" treatment that have been tried prior to the decision that surgery was needed. If the payer needs additional information at that point, you can submit office notes or other information to support medical necessity.

Example: Operative notes for a 20526 claim could include the following phrases:

- "Weekly PT sessions and strength and stretching regimen began 9/30/13."
- "Night time wrist splint therapy began 11/22/13."
- "Steroidal therapy began 11/22/13."

A clinical example: Mr. Peterson, age 49, has been to the office twice previously for right wrist pain. He returns complaining of severe pain, tingling, numbness and poor grip strength in the hand. "I cannot even hold onto a plate," he says. The patient rates the pain as 9 on a scale of 0-10.

The patient has undergone physical therapy and used a night splint to ease the pain, but neither has proven effective. During a level-two E/M service, the patient has a positive Tinel's and Phalen's sign, which is conclusive enough to confirm CTS.

The physician then performs a therapeutic CTS injection into the carpal canal, and instructs the patient to return in two weeks if the condition does not improve.

For this encounter, you should report the following:

- 20526 for the CTS injection
- 354.0 (Mononeuritis or of upper limb and mononeuritis multiplex; carpal tunnel syndrome) for the patient's condition.