

Pain Management Coding Alert

Treatment Focus: Don't Forget This Code When Reporting Dupuytren's Contracture Treatment

Plus: Here's how your coding will change with ICD-10.

Physicians have several options for treating Dupuytren's contracture, but every choice might not apply to your pain management provider. Taking three steps can help you better understand the condition and possible treatments before you assign a code.

Step 1: Get Familiar With 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, MD, 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 (e.g., Dupuytren's contracture); percutaneous
- 26045 -- ... open, partial.

Physicians use palmar fasciotomy to release contracted palmar fascia that is seen in mild Dupuytren's disease.

Step 2: Check Details for More Accurate Coding

If the physician completes fasciotomy to treat Dupuytren's contracture, dig into the operative notes to learn 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.

POS 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. Submit 26040 for the procedure, along with the appropriate E/M choice.

Another option: Your pain management specialist might also perform an injection such as 20527 (Injection enzyme [e.g., collagenase], palmar fascial cord [i.e., Dupuytren's contracture]) to help treat Dupuytren's contracture.

Follow-up care: Once the patient receives 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 when the physician sees the patient in his office for follow-up manipulation.

Step 3: Look Ahead to More Detailed Diagnosis

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," explains **Kristi Stumpf, MCS-P, CPC, COSC, ACS-OR**, owner of Precision Auditing and Coding and a 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."