CPT® Coding for Hand and Upper Extremity Surgery

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Orthopaedic Hand & Upper Extremity & Microvascular Surgery

- Yale University- Orthopaedic Surgery
- The Indiana Hand Center
- The American Academy of Orthopaedic Surgeons
- The American Society for Surgery of the Hand
- The Chicago Society for Surgery of the Hand

Disclaimer...This is my own personal experience and not an official party line of the groups above.
Coding & Hand Surgery

- Devaluation of Hand Surgery codes within Orthopaedic Surgery
- Complex variety of upper extremity procedures
- Variability in interpretation of procedures
- Case Examples

Devaluation of Hand Surgery

- “Big Joints” pay more than “small joints”
- Spine >> Sports > Hand/Foot Ankle
- RVU of IT Hip fx (intern’s procedure) is valued equal to Scaphoid fracture (complex hand referral from fellow orthopaedists)
- Important to accurately code for work performed and be reimbursed within proper Correct Coding Initiatives
HCFA’s “Budget Neutrality”

- The total RVU’s attributed to the new and existing codes in a family cannot increase.
  - “Zero Sum Game”
- The total RVU’s for the specialty would be distributed among the codes (old & new)
- Attempt to maintain bundling of similar services
- Exception= new codes that describe new technology (ie arthroscopy, nerve conduits, etc)

Hand Surgery vs. Orthopaedics

- More than just attention to X-Ray
- Soft tissue management often core problem for complications
- Soft tissues often influence function and final ROM
Complexity of Injury

- Skin
- Tendon
- Nerve
- Artery
- Bone

Complex Variety of Hand Procedures

- Dozens of different variations of common procedures:
  - Basal Joint Arthroplasty
    - LRTI, Suspension, Scope, Anchovy, etc.
  - Thumb Opponensplasty
    - Huber, Camitz, Brand-Stiles, etc.
  - Lateral Epicondylitis
    - Nirschl, Jobe, scope, etc.
Complexity of Hand Anatomy

◆ Nomenclature of Bones,
  Joints, etc
  – P1/P2/P3, MC
  – PIP/DIP/MCP,
  RDN,FDP,FDS,EDC
◆ Distinct diagnoses that
  should remain
  individualized and not
  bundled

Carpal Tunnel

Hand Skeletal Anatomy

◆ PHALANGES
  – Proximal
  – Middle (exc. Thumb)
  – Distal
◆ METACARPALS
◆ CARPAL BONES
  – Scaphoid, Lunate, Triquetrum,
    Pisiform, Trapezium,
    Trapezoid, Capitate, Hamate
Hand Joint Anatomy

◆ INTERPHALANGEAL
  – Distal = DIP
  – Proximal = PIP

◆ Metacarpophalangeal
  – MCP joints

◆ Carpometacarpal
  – CMC joints
  – TMC (Thumb)

Hand Dissection

◆ Skin
◆ Palmar Fascia
◆ Subcutaneous tissues
◆ Bursa
◆ Pulleys/Sheaths
◆ Neurovascular bundles
Hand Neural Anatomy

- Median Nerve
  - Radial & Ulnar Digital nerves to Thumb → ring ½
- Ulnar Nerve
  - Ulnar ½ Ring
  - Radial & Ulnar digital nerve to SF

Hand Vascular Anatomy

◆ Radial Artery
  - Deep palmar arch
◆ Ulnar Artery
  - Superficial palmar arch
◆ Common Digital Artery
  - Radial Digital Artery
  - Ulnar Digital Artery
Hand Extensor Tendons

- Origin at lateral elbow, dorsal forearm
- APL/EPB
- ECRB/ECRL
- EPL
- EDC/EIP
- EDQp
- ECU
  (6 dorsal compartments)

Hand Flexor Tendons

- Origin at medial elbow, volar forearm
- FCR
- FPL
- FDS(4)/FDP(4)
- PL
- FCU
SF Ray Resection

- Caught small finger on plant hook while trying to catch after hanging Xmas tree
- Degloved small finger distal to MCP
- Avulsion FDP tendon with muscle belly

- 26910 = ray resection

Serial Wound Management

- Maintain barrier
- Prevent dessication
- Promote growth of granulation tissue
- NS Wet → Dry QID
- Negative Pressure Wound Therapy
- Wound VAC q2-3d
Interpretation of What’s Done

• Basilar Joint Arthroplasty
  – Removal of carpal bone (trapezium)
  – Secure/suspend thumb metacarpal
  – Advance EPB tendon/ check MCP stability
    • ?tendon transfer
    • ?arthroscope
    • ?carpectomy

• The Operating Surgeon themselves are in the BEST position to know what is done and what is not done
• The operative report may or may not reflect what has actually been done
• The surgeon MUST play an active role in interpreting what has been done and applying the proper codes to reflect this
  – Eg. “train vs hand” on paper op note, versus…
Case Examples

- Complex Distal Radius Fracture
- Submuscular Ulnar Nerve (SMUNT)
- Basilar Joint Arthroplasty
- Tablesaw incomplete multidigit amputations
- Thumb replantation
- Scapholunate reconstruction

Complex Distal Radius Fracture

- Intra-articular “dusted” distal radius fracture with 3 hours operative time much different than a “20 minute ex-fix” - old system didn’t differentiate
- 25620 = ORIF
- 20690 = Ex-fix, uniplanar
- 29847 = AARIF (Arthroscopic-assisted reduction & internal fixation)
Distal Radius

◆ 25606 = CRPP
◆ 25607 = ORIF Extra-articular fx
◆ 25608 = ORIF 2 frag. articular fx
◆ 25609 = ORIF 3+ frag. artic. Fx

◆ 25650 = closed tx ulnar styloid fx
  – Only used alone, not with above

Distal Radius/Ulna

• 25650 = for closed treatment of isolated ulnar styloid fx
• 25651 = CRPP ulnar styloid
• 25652 = ORIF ulnar styloid

• 20690 = Application of Uniplanar External fixator (in addition to ORIF)
Other newer CPT codes

◆ 25109 = excision of tendon in forearm, flexor or extensor

◆ 24910 = nerve repair with conduit
◆ 64911 = neurorrhaphy w/veingraft

◆ 69990 is inclusive to above nerve repairs, not allowable
Other newer CPT codes

• 20527 = Dupuytren’s injection of Collagenase into a cord
• 26341 = next-day manipulation of finger to straighten and disrupt cord

11040 & 11041 have been deleted

11042 = debridement of skin & SQ tissue
External Fixation

- External Fixation has been removed from all fracture treatment codes
- “with or without internal fixation” is corrected now

CPT 20690
CPT 20692

Subsequently the RVU’s for fracture treatment codes have been decreased

Epicondylitis

- CPT 24357 – percutaneous elbow tenotomy, med. Or lateral
- CPT 24358 – tenotomy elbow, debride soft tissue +/- bone

- CPT 24359 – tenotomy elbow, lateral or medial, debridement soft tissue or bone, with tendon repair or reattachment
Submuscular Ulnar Nerve Transposition (SMUNT)

• 64718 = Ulnar neurolysis at elbow
• 24305 = Z-lengthen flexor-pronator mass

• Anterior Ulnar Nerve Transposition
• Lengthening during repair to minimize risk of iatrogenic compression of nerve

Tablesaw/Multidigit Revasc.

• 11012 = I&D Open fx’s
• 35207 = digital artery repair
• 64831 = digital nerve repair
• 26356 = flexor tenorrhaphy- Zone 2
• 26418 = extensor tenorrhaphy

• Pale dysvascular fingers with open fractures and tendon injuries, incomplete amputation
4yr old vs. Meatgrinder

- Amputation of IF/MF/RF
- Open carpal fx’s
- Median nerve injury

- Severe mangling of child’s hand with central loss extending into palm

Thanksgiving Pie Mixer

- Fingers caught in mixer blades
- Extensor tendon lacs
- Phalangeal fx
- Transient ischemia-dysvascular
SLIO Recon for Wrist Instability

◆ SLIO dissociation
◆ Ligament repair
◆ Dorsal capsulodesis

◆ 25320 = open capsulorrhaphy/ reconstruction for carpal instability

Trans-Scaphoid Perilunate Fracture/Dislocation

◆ ORIF Trans –scapho Perilunate = 25685
◆ Dorsal Capsulodesis = 25320
◆ PIN Denervation = 64772
Hand Surgery

◆ Multiple Organ Systems

- Musculoskeletal
- Integumentary
- Vascular
- Neurological

Replantation Principles

- Thumb essential
- Single digit replant- a relative contraindication
- Secondary surgeries
- Intensive monitoring/ transfusion/rehabilitation
- Soft tissue coverage
- Much more stringent than past experiences
Case Quiz

- I&D Grade 3 open fx
- ORIF Distal Radius
- ORIF DRUJ/TFCC
- Volar fasiotomy/CTR
- Brachioradialis → FPL
- FDS Repair → IF/MF
- Uniplanar Ex-fix
- Wound Vac applic.

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- 11012
- 25526
  - (ORIF Galeazzi)
- 25023
- 26485
- 25260
- 20690
- 97579
Near Amp/ Degloving

- Plastic Surgery Consult for Soft tissue coverage as area too large for groin flap/graft donor.
- Patient has 3 kids and redundant abdominal skin for donor site with minimal donor site morbidity, in fact, donor site benefit
- ABDOMINOPLASTY → FTSG

THANK YOU

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