2012 CPT Code Changes – Part II

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Get prepared for not only decreased reimbursement but for bundling issues and significant changes that will be affecting how you report your surgical procedures in 2012.

New coding for Dupy’s cord injection

Starting Jan 1, 2012 there will now be coding for the injecting of Xiaflex into the palmar fascia codes as well as a code for manipulation the second day.

- 20527 Injection, enzyme (eg, collagenase), palmar fascial cord (i.e., Dupuytren’s contracture)

  Subsection Notes: For manipulation of palmar fascial cord (i.e., Dupuytren’s cord) post enzyme injection (e.g., collagenase), use 26341

- 26341 Manipulation, palmar fascial cord (i.e., Dupuytren’s cord), post enzyme injection (e.g., collagenase), single cord

  Subsection Notes: Report custom orthotic fabrication/application separately

You will want to double check with your given private payers and also your local Medicare carrier regarding their internal policies and requirements. Many will require that your physicians be credentialed in performing these types of injections and will require that you have the certificate available upon request. Here is an example of how the coding could be reported.

First the documentation, below is an example from the CPT Changes An Insider’s View 2012: “Procedure: The contracted fascial cord is injected in three separate but proximate locations with Xiaflex 0.58 mg. During the course of the injection, appropriate needle placement is confirmed by assessing neural function and tendon flexion. Great care is taken to avoid injection into the adjacent neurovascular bundles and flexor tendons.”
The patient returns the next day for manipulation and splinting. The wrist is held in flexion while gentle but firm traction is placed across the contracted finger until the rupture of the fascial cord is felt and the digit fully extends. This process was repeated two more times at 10-minute intervals to finally achieve full extension.”

Now the coding: Answer: First encounter – 20527; J0775x58 units; 728.6; There may be additional reporting for any wasted injectable Xiaflex depending on payer/carrier and situation. Second Encounter – 26341; 728.6.

Medicare Trailblazers gives the following example showing that you can also report for the wasted drug.

- **Day 1:**
  - 728.6 – ICD-9-CM diagnosis code.
  - J0775 – Injection, collagenase, clostridium histolyticum, 0.01 mg.
  - Bill J0775x58 units - with quantity billed equal to amount administered (e.g., 58 Units (equivalent to 0.58mg based on HCPCS code description)) on one claim line.

Bill J0775-JW with quantity billed equal to amount wasted (e.g., 32 Units (equivalent to 0.32mg based on HCPCS code description)) on a second claim line of the same claim.”

Since Xiaflex comes in single-use glass vials containing 0.9 mg of collagenase clostridium histolyticum as a sterile, lyophilized powder for reconstitution and you usually only inject .58mg there will be some wasted drug. When you have to reconstitute a drug that means you have to use it that day it can’t not usually be saved for later usage. That is why in the above example from Trailblazers shows the additional reporting of J0775-JWx32 units. The modifier JW represents wasted medication.


**New vs. Established Patients**

Another issue you need to be aware of for 2012 is the definition of same specialty for the reporting of new vs. established patients. Per CPT and CMS it is going to come down to how your given provider is credentialed with the payer/carrier. There is just general Orthopedics which covers all aspects of Orthopedics. However, if your provider is credentialed as a Hand Surgeon and has separate boards and the payer/carrier has listed them as a Hand Surgeon, they could then be considered “different specialty”. In the CPT Changes An Insider’s View gives the following two examples: “Dr. Green and Dr. Blue are in the same cardiology practice. Dr. Green is
a general cardiologist. Dr. Blue does electrophysiology exclusively. Dr. Blue has separate boards in EP and the payer has him classified in that specialty. Dr. Green refers a patient to Dr. Blue for consideration of an ICD.

Is this a new or established patient to Dr. Blue?? ANSWER: **New** to Dr. Blue as he is not the exact same specialty; he has separate board certification and is recognized by the payer as a separate physician designation.”

Second example: “Dr. Grey is a neurologist and is treating a patient with Parkinson’s Disease. The patient is not responding well to treatment and Dr. Grey elects to send the patient to Dr. Black, who is a neurologist movement disorder specialist, for further recommendations (Dr Grey and Dr Black are in the same group practice).

Is this a new or established patient to Dr. Black?? ANSWER: **Established** for Dr. Black because he is in the same exact same specialty and does not have separate board certification, nor is he recognized by the payer as a separate physician designation.”