

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Boost Anatomical Finger/Toe Modifier Mastery With These Tips

Offer comprehensive, specific notes on patients' injuries.

If you get confused by the myriad different CPT® modifiers and how to use them, you're not alone.

For instance, take anatomical modifiers, which "designate the area or part of the body on which the procedure is performed and assist in prompt, accurate adjudication of claims," explains **Mary I. Falbo, MBA, CPC**, CEO of Millennium Healthcare Consulting Inc. in Lansdale, Pennsylvania.

The modifiers are numerous - and can be tricky to navigate without the proper guidance. Check out this quick primer on the anatomical modifiers your Part B practice is most likely to see.



Know Anatomy for Modifier Mastery

Anatomical modifiers are used by coders in a variety of specialties because there are modifiers for several different anatomical locations. The modifier categories include coronary artery, eyelid, finger, and toe, says Falbo. There are specific modifier groups for each of the aforementioned locations; obviously, you'll need to focus on the finger and toe modifiers.

The reasons for using these modifiers are numerous; anatomical modifiers alert the payer as to which digit you are coding for, which can make it easier to process payments. Also, the modifiers help paint a better picture of the patient's injury, which in turn could improve possible future outcomes for the patient as they recover from their injury.

Warning: "Anatomical modifiers should only be utilized on procedures or supply codes. They should not be attached to E/M services, even if the chief complaint is specific to one side. These modifiers also should never be attached to a diagnostic code," cautions Falbo.

Thumb Through These Hand/Finger Modifiers

The modifiers you might use with hand/finger procedures are as follows:

- FA (Left hand, thumb)
- F1 (Left hand, second digit)
- F2 (Left hand, third digit)
- F3 (Left hand, fourth digit)
- F4 (Left hand, fifth digit)
- F5 (Right hand, thumb)
- F6 (Right hand, second digit)
- F7 (Right hand, third digit)
- F8 (Right hand, fourth digit)
- F9 (Right hand, fifth digit)

According to Falbo, these are just some of the code sets that will account for your use of modifiers FA-F9:

- 26010 (Drainage of finger abscess; simple) through 26080 (Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each)
- 26100 (Arthrotomy with biopsy; carpometacarpal joint, each) through 26262 (Radical resection of tumor, distal phalanx of finger)
- 26320 (Removal of implant from finger or hand)
- 26340 (Manipulation, finger joint, under anesthesia, each joint) through 26596 (Excision of constricting ring of finger, with multiple Z-plasties)
- 26820 (Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)) through +26863 (Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure))
- 26910 (Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer) through 26952 (Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood))



Example: A patient has a crush injury on the second and third digits of the right hand with open fracture of the middle phalanges, and requires an open reduction of each fracture. Coding for this encounter would be as follows:

- 26735 (Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each) Modifier F6 appended to 26735 to show that the surgeon repaired the second right digit
- 26735 for the second repair
- Modifier F7 appended to 26735 to show that the surgeon repaired the third right digit

This ensures that both CPT® codes will get paid - and that payers don't think you are double-coding for a single surgery.

Use 'T' Modifiers to Clarify Toe/Foot Surgery

The modifiers that you might use with foot surgeries are as follows:

- TA (Left foot, great toe)
- T1 (Left foot, second digit)
- T2 (Left foot, third digit)
- T3 (Left foot, fourth digit)
- T4 (Left foot, fifth digit)
- T5 (Right foot, great toe)
- T6 (Right foot, second digit)
- T7 (Right foot, third digit)
- T8 (Right foot, fourth digit)
- T9 (Right foot, fifth digit)

You'll find most of the CPT® codes you can append modifiers TA-T9 to in the 28001 (Incision and drainage, bursa, foot) through 28899 (Unlisted procedure, foot or toes) range. Be careful before appending the modifiers, however; not all of the codes in this group are TA-T9 eligible.

For example, CPT® says modifiers are not for use on unlisted procedure codes, as they have no procedure description attached to them. Individual payers might have different policies for unlisted procedures, however.