

Possible Billing Codes for the DigiFix®

The following CPT codes may be appropriate when the DigiFix® External Fixator is used.
Final determination of the correct coding is to be made by the provider or his/her biller.

20690 – “application of a **uniplane** (pins or wires in 1 plane), unilateral, external fixation system” may be used when the DigiFix® is only procedure performed and is applied in a **unilateral configuration**.

20692 – “application of a **multiplane** (pins or wires in more than 1 plane) external fixation system” may be used when the DigiFix® is only procedure performed and is applied in a **quadrilateral configuration**.

If another procedure is performed at the same time as the DigiFix® application, 20690 or 20692 may be used in addition to primary procedure code(s):

For IP Dislocation:

26775 – “closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia”

26776 – “percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation”

26785 – “open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single”

For Fracture:

26725 – “closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each”

26727 – “percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, each”

26735 – “open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, included internal fixation, when performed, each”

26742 – “closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each”

26746 – “open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, included internal fixation, when performed, each”

For Contracture:

26440 – “tenolysis, palm or finger; flexor tendon”

26442 – “tenolysis, palm and finger; flexor tendon”

26444 – “tenolysis, hand or finger; extensor tendon”

26525 – “capsulectomy or capsulotomy; interphalangeal joint, each joint”

For Dupuytren:

26045 – “faciotomy, palmar (eg. Dupuytren’s contracture) open partial”

26121 – “fasciectomy, palm only, with or without z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)”

26123 – “fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)”

For Arthrodesis:

26860 – “arthrodesis, interphalangeal joint, with or without internal fixation”

26862 – “arthrodesis, interphalangeal joint, with or without internal fixation, with autograft (includes obtaining graft)”

For questions, please call 1-888-316-6798.

Disclaimer:

The coding and reimbursement information provided by Virak Orthopedics is presented for informational purposes only. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining pre-authorization, if necessary. For these reasons, providers are advised to contact Medicare and/or specific payers if they have any questions regarding billing, coverage and payment. Likewise, providers should contact a medical specialty society or the AMA for coding clarification. Providers should check the complete and current HCPCS and/or CPT manual to see and consider all possible HCPCS and/or CPT codes. Virak Orthopedics makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information.