



## Modifier Coding Alert

### Reader Question: Consider F/T, 51 Modifiers When Provider Fixes Cut, Splints Finger

**Question:** A patient reports to the physician with a laceration to her left index finger, extending slightly into the palm. The physician uses surgical glue to repair a 6 cm laceration. The finger is bruised, and the patient complains of pain when she moves it. The physician applies a splint to the finger and tells her to use ibuprofen and ice to treat the bruise. Can I report the splint application separately from the laceration repair?

Washington Subscriber

**Answer:** Yes, you can code for both; depending on the payer, however, you might need the help of some modifiers. On the claim, you should report 12002 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities [including hands and feet]; 2.6 cm to 7.5cm) for the laceration repair with modifier F1 (Left hand, second digit) appended to show the location of the repair, if the payer requires finger/toe (F/T) modifiers.

Then, you should report 29130 (Application of finger splint; static) for the splint application with modifier F1 appended (if required). Lastly, apply modifier 51 (Multiple procedures) to 29130, if required, to show that the repair and splint application were separate services.

**Best bet:** Check with your payer before coding this claim, as the modifier situation will completely depend on individual policy. Depending on the payer, you may need file the claim with any of the following modifier combinations:

- F1 x 2 and 51
- 51 only
- F1 x 2 only
- No modifiers at all.