Fracture Care Coding
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Topics

- ICD-9-CM coding considerations
- CPT® coding considerations
- Global concept as it applies to fracture care
- Modifiers
- Scenarios

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ICD-9-CM Fracture Coding

- Fracture, dislocation, or both
- Open vs. closed fracture
- Acute vs. stress fracture
- Malunion vs. nonunion
- Late effect coding
- E Codes and V Codes

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ICD-9-CM Fracture Coding

- Traumatic fractures are reported with categories 800 through 829
- Dislocations are reported with categories 830 through 839
- A dislocation and fracture of the same bone is coded to the fracture, only.

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ICD-9-CM Fracture Coding

"Closed" fractures include:

- Comminuted
- Depressed
- Elevated
- Fissured
- Greenstick
- Impacted

- Linear
- Simple
- Slipped epiphysis
- Spiral
- Torus
- Unspecified

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ICD-9-CM Fracture Coding

- "Open" fractures include:
  - Compound
  - Infected
  - Missile
  - Puncture
  - With foreign body
- A fracture not indicated as closed or open should be classified as closed.

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ICD-9-CM Fracture Coding

- Traumatic fractures are coded using the acute fracture codes (800-829) while the patient is receiving active treatment for the fracture.
  - Surgical treatment
  - Emergency department encounter
  - Evaluation and treatment by a new physician

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ICD-9-CM Fracture Coding

- Fracture care services are coded using the aftercare codes, V54._, when the patient is receiving care for a fracture during the healing or recovery phase.
  - Cast change or removal
  - Removal of external or internal fixation devices
  - Medication adjustment
  - Follow up visits following fracture treatment

ICD-9-CM Fracture Coding

- Pathologic fractures are not coded with the 820-829 range, but are assigned to subcategory 733.1
- Stress fractures are coded to subcategory 733.9

ICD-9-CM Fracture Coding

- Care of complications of fractures, such as a malunion or a nonunion, are coded with appropriate codes for those conditions 733.81 and 733.82, respectively.

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ICD-9-CM Fracture Coding

- Late effects of fractures are reported using a fracture code indexed under the entry "Late" and not with a code for the acute fracture.
- Subcategories 905.0 – 905.5
- Code for the condition (sequela) is sequenced first
- For ICD-10-CM a 7th digit indicates the episode of care: A, D, G, K, P or S.

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ICD-9-CM Fracture Coding

- Multiple fractures are reported using codes that describe combinations of fractures, if available.
- For a torus fracture of the lower end of both the radius and ulna, report 813.47 instead of 813.45 and 813.46.
- To report open shaft fractures of the tibia and fibula, report 823.32 instead of 823.30 and 823.31.

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Fracture of the Distal Radius

813.41

- Colles'
- Smith's

813.42

- Barton's
- Dupuytren's
- Galeazzi's
- Moore's

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Don't Forget E Codes!

- As they relate to fracture care, E Codes report:
  - the cause of an injury,
  - the location of an event that caused an injury
  - the activity engaged in when the injury occurred.
- Not mandatory, but are encouraged.

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"Landmarks" are Important

- Diaphysis – the shaft section of a long bone
- Metaphysis – the widened part of the diaphysis
- Epiphysis – the end of a log bone
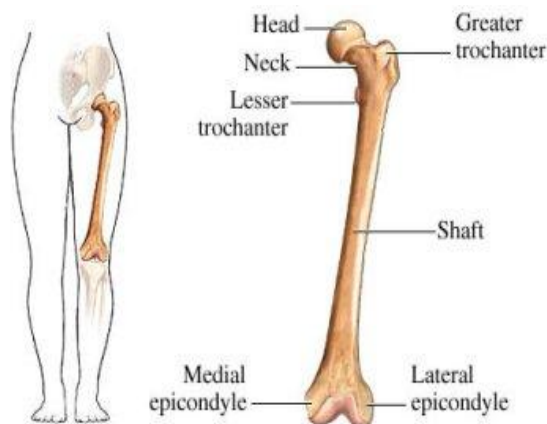- Physis – the growing part of a long bone, between the metaphysis and the epiphysis. Also called the growth plate.

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"Landmarks" are Important

- Condyle – a projection on the end of a bone that forms part of a joint.
- Epicondyle – a rounded projection at the end of a bone, located on or above a condyle. Does not form a joint.
- Tubercle/tuberosity – projections off the ends of bones for the attachment of a muscle or tendon, tubercle is smaller.

"Landmarks" are Important

Head
Neck
Lesser trochanter
Greater trochanter
Shaft
Medial epicondyle
Lateral epicondyle

Coding for Fracture Care

- "The codes for treatment of fractures and joint injuries (dislocations) are categorized by the type of manipulation (reduction) and stabilization (fixation or immobilization)."

- *CPT Coding Guidelines, Musculoskeletal System*

Coding for Fracture Care

- Where is the site of the fracture?
- Was treatment open or closed?
- Was manipulation performed?
- Was skin or skeletal traction involved?
- Was there any debridement or bone grafting required?

Coding for Fracture Care

- **Closed treatment** – fracture site is not surgically opened.
  - Closed treatment without manipulation, ex. 27500
  - Closed treatment with manipulation, ex. 27502
  - Closed treatment with or without traction, ex. 27502

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Coding for Fracture Care

- **Open treatment** – when the fractured bone is either:
  - Surgically opened and the fracture visualized and internal fixation may be used, such as a plate/screw-type implant, ex. 27507; or
  - The fractured bone is opened remote from the fracture site in order to insert an intrame-dullary nail across the fracture site, ex. 27506

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Coding for Fracture Care

- **Percutaneous skeletal fixation** – fracture care that is neither open nor closed. The fracture fragments are not visualized, but fixation is placed across the fracture site under fluoroscopy or other X-ray imaging, ex. 27509.
- The type of fracture does not dictate the type of fracture care.

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Correct Coding Concepts

- Surgical Package Concept
  - CPT® definition
  - CMS National Correct Coding Initiative
  - AAOS Global Service Data
    - Includes procedures commonly performed by Orthopaedic surgeons
    - Lists the services which are included and which are excluded for each procedure

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CPT® Surgical Package Definition

- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
- Subsequent to the decision for surgery, one related E/M encounter on the date immediately prior to or on the date of procedure (including history and physical)
- Immediate postoperative care, including dictating operative notes, talking with the family and other physicians
- Writing orders
- Evaluating the patient in the post-anesthesia recovery area
- Typical postoperative follow-up care

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CMS Surgical Package

- All procedures on the Medicare Physician Fee Schedule are assigned a Global period of 000, 010, 090, XXX, YYY, or ZZZ.
- Procedures with zero or ten day global period are considered minor.
- Procedures with a 90 day global period are considered major procedures.
  - Decision for surgery E/M is separately payable
- Follow-up care, including treatment for complications, is not separately payable, unless it requires a return to the operating room.

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CPT® vs. CMS

• Global package concept, but no defined number of days • "Typical" postoperative follow-up care	• Major procedures include 90 days post-op • Minor procedures include 0 or 10 days post-op • Follow-up care includes pain management and care for complications, unless they require a return to the operating room

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Fracture Care Coding per CPT®

- Fracture care is a type of global "surgical" service.
- Fracture care codes include:
  - Normal, uncomplicated follow-up care
  - Application of the first immobilization device, e.g., cast or splint.
  - Removal of any casts applied by the same provider

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Fracture Care Coding per CPT®

- Not included in the global period for fracture care:
  - Replacement of immobilization devices
  - Casting material or other supplies provided in the office setting
  - Treatment for complications
    - Re-reduction of a fracture
  - Treatment for unrelated injuries or conditions

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Fracture Care Coding per CPT®

- Per CPT ®: Codes for reporting external fixation are to be used only when external fixation is not already listed as part of the basic procedure.
- Ex: 26607 – Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone

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CMS National Correct Coding Initiative

- Debridement of tissue related to an open repair of a fracture or dislocation may be separately reportable with CPT® codes 11010-11012.

- If a tissue transfer procedure such as a graft, (e.g., CPT® codes 20900-20926) is included in the code descriptor of a primary procedure, the tissue transfer code is not separately reportable.

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CMS National Correct Coding Initiative

- If a physician treats a fracture, dislocation, or injury with a cast, strap or splint as an initial service without any other definitive procedure or treatment and only expects to perform the initial care, the physician may report an evaluation and management (E/M) service, a casting, splinting, or strapping CPT code, and a cast, splint, or strap supply code.

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Fracture Care or Not?

- When closed fracture care does not involve manipulation, the provider is presented with coding options:
  - Global fracture code with an E/M
  - Global fracture code without an E/M
  - E/M service, cast or splint application, and casting or splint supply codes

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Let's Talk Modifiers

- 24, 79 – Treatment for an unrelated condition during the global for fracture care.
- 25 – A medically necessary, separately identifiable E/M service on the same date as application of an immobilization device.

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Let's Talk Modifiers

- 54 – A provider renders only the "surgical" portion of a global service.
- 57 – An E/M service at which the provider determines that a surgical procedure, such as fracture care, is necessary.
- 58 – Application of traction to immobilize a fracture until definitive restorative treatment is provided. Appended to the code for the definitive restorative treatment.

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Let's Talk Modifiers

- 76 – Re-reduction of a fracture during the global period, by the same provider.
- 78 – Subsequent (unplanned) procedures or complications that are related to the original treatment, such as debridement or removal of internal fixation devices, during the global period. CMS specifies a requirement for such treatment in an operating room.

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Coding Scenarios

- An Emergency Department physician determines that a patient has sustained a Colles' fracture of the right wrist. He applies a splint to immobilize the fracture and refers the patient to an orthopaedic surgeon. The orthopaedic surgeon evaluates and concludes that the fracture is best treated by closed reduction and immobilization for eight weeks.

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Coding Scenarios

- A ED physician examines a patient who has been injured during an altercation. The ED physician calls a specialist to evaluate an apparent fracture. The orthopaedic surgeon determines that the patient has an articular metacarpophalangeal fracture, performs manual reduction in the ED, and applies a cast. At the two-week re-check, it is evident that the fracture has slipped out of alignment. The Orthopaedic surgeon takes the patient to the OR for a re-reduction and casting.

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Coding Scenarios

- A patient presents to the ED with a fractured metacarpal. After examining the patient and reviewing X-rays, the ED physician asks the Orthopaedic surgeon on call to evaluate and treat the patient. She confirms the injury and performs a closed reduction utilizing fluoroscopy, with application of an external fixator in the OR the same day.

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Coding Scenarios

- A patient trips and falls going up the stairs, suffering a displaced fracture of the ulna. The Orthopaedic surgeon performs a closed reduction and immobilizes with a cast. Ten days later, the fracture is determined to be displaced. The same physician performs an open reduction with a plate and screws to hold the fracture in place while healing.

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Coding Scenarios

- A patient is involved in an auto accident and suffers an open fracture of the proximal shaft of the femur. The patient is admitted and the Orthopaedic surgeon evaluates the patient and applies skeletal traction. Two days later, when the patient stabilizes, the surgeon's partner performs open reduction and internal fixation with an intramedullary rod.

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Coding Scenarios

- A 30-year old male fell approximately 20 feet and incurred an open fracture of the left calcaneus. Debridement of subcutaneous tissue, muscle and cancellous bone was required. The fracture was then reduced and held in place with a plate and screws. A wound VAC was placed to facilitate healing.

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Coding Scenarios

- The same patient, with the open fracture of the calcaneus, experiences an inflammatory reaction to the plate and screws, during the global period. The surgeon removes the implants.

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Coding Scenarios

- A five-year old has fallen from the playground equipment and is brought to the provider's office by her mother. The physician determines that she has sustained a torus fracture of the ulna. The patient is placed into a short-arm static, fiberglass splint and asked to return in two weeks for a re-check.

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Resources

- ICD-9-CM Guidelines
- CPT® Surgery Guidelines
- CPT® Musculoskeletal System Guidelines
- National Correct Coding Initiative Policy Manual for Medicare Services, Chapter IV
- American Academy of Orthopaedic Surgeons Global Service Data
- AMA's <u>Principles of ICD-9-CM Coding</u>

Websites

- http://www.aapc.com/memberarea/forums/
- http://www.margievaught.com/
- http://www.ahima.org/resources/bok.aspx
- http://www.karenzupko.com/meetkza/mlegrand.html
- http://www.supercoder.com/

Thank you!

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