

# CODING FOR ORTHOPAEDIC TRAUMA: TOP TIPS

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- Current Treasurer AAOs
- Current Member and Past Chair AAOs Coding Coverage and Reimbursement Committee
- Current Member and Past Chair of the OTA Practice Management Committee
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# Objectives

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- How to code for closed treatment of fractures
- How to use the modifiers
- How to code appropriately for office visits and consults

# Documentation Important

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- Need complete H and P to substantiate E&M codes 99203, 99213, 99243, 99253
  - Detailed History
  - PMH
  - FH/SH/WH
  - ROS
  - PE

# Coding for closed treatment of fractures

AAOS 2008 LeGrand, Maley, Henley, et al.

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- "Global" reporting of services by using the 90-day global fx. code
- "Itemized" reporting of the services by reporting each encounter separately

# Coding for closed treatment of fractures

AAOS 2008 LeGrand, Maley, Henley, et al.

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“The AAOS position is that the orthopaedist must have the option of coding these services either way to enable the treating surgeon to address the specific situation and to meet the physician’s contractual obligations with payors.”

# Coding for closed treatment of fractures

AAOS 2008 LeGrand, Maley, Henley, et al.

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The Centers for Medicare and Medicaid Services (CMS) does not have a preference for coding closed nonmanipulative fracture services. Processing a single global claim for 90 days of care may be less expensive for the government, insurance companies, and physician offices than submitting and processing multiple claims (during 90 days of fracture care) and adjudicating disputes resulting from appeals to claim denials.

# Advantages of “global” fracture coding

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- 90-day global (just like ORIF f/u)
- No specific E&M documentation required for subsequent visits during global period
- No need to submit and process multiple claims (during 90 days of fracture care)
- ? Higher reimbursement

# CPT Codes for Closed Treatment of U.E. Fractures

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- Clavicle 23500
- Scapula 23570
- Proximal humerus 23600
- Humeral Shaft 24500
- Radial head 24650
- Distal radius 25600

# CPT Codes for Closed Treatment of L.E Fractures

- Acetabulum 27220
- Pelvic ring fracture 27193 (\*deleted in 2017)
- Sacral Fracture/SI Joint with associated rami fxs. 27197
- Tibial plateau 27530
- Lateral malleolus 27786

# How Best to Document Closed Treatment of Fractures

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- Usually dictate standard consult or office visit note and code with -25 or -57 modifier
  - 57 Decision for surgery
  - 25 Significant separately identifiable eval. and management service by the same physician on the same day of the procedure

# How Best to Document Closed Treatment of Fractures

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- Dictate a procedure note at the end of your consult note or...
- Dictate a separate procedure note

# PROCEDURE NOTE (EXAMPLE)

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- Pre Procedure Dx: R midshaft clavicle fx.
- Pre Procedure Dx: R midshaft clavicle fx.
- Procedure: Closed treatment of right clavicle fracture without manipulation
- Surgeon: John Doe M.D.
- Indications: 59 y/o female fell down some stairs and sustained a R midshaft clav. fx.

## PROCEDURE NOTE EXAMPLE (cont.)

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- Procedure: We evaluated Mrs. X and determined based on P.E and radiographic studies that she has satisfactory alignment of her R midshaft clavicle fx. and she will be treated closed without manipulation. She will be fitted with a sling and Codman exercises will be initiated. We will obtain f/u xrays in the clinic in 2 weeks...

# MODIFIERS

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- -22 Unusual Procedural Services
- -51 Multiple Procedures
- -57 Decision for surgery
- -58 Staged Procedure
- -83 Assistant Surgeon (when resident surgeon not available)

## -22 Modifier Defined

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- - *Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code...*

## -22 Modifier Defined (cont.)

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- ... *Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required*

# -22 Modifier Example #1

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- The 22 modifier has been appended to the above-mentioned CPT codes due to the increased risk, complexity & length of time associated with the procedure caused by the patient's body habitus, with body mass index greater than 35...

## -22 Modifier Example #1 (cont.)

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- ...This lead to increased time and/or risk associated with positioning, exposure, radiographic visualization and access to the anatomy for safe placement of instrumentation & neural decompression as well as increasing perioperative risk. I estimate that the length of the procedure was in excess of 1.5 times that normally attributed to the above-mentioned CPT codes.

# -22 Modifier Example #2

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- The extent of dissection & the extent of the scar added approximately an hour of extra operative time. This is at least another 50% longer than would be anticipated for this procedure had it been done for the first time. For that reason, modifier -22 is applicable.

## -22 Modifier Example #3

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- This fracture is quite unusual given its multi-fragmentary nature, its comminution, its articular depression, and its complex fracture pattern...

## -22 Modifier Example #3

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- ...This is supported by the patient being transferred from another hospital where the reason for the transfer was “need for specialized care” attributed to the orthopaedic surgeon who felt that the complexity of this injury was so great that it was beyond his ability to repair and thus much greater than normally encountered.

# -22 Modifier Example #4

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- a 22 modifier was used given the complexity and time required for fixation of this olecranon fracture. There was significant displacement and comminution with contamination. As part of the debridement, portions of contaminated bone required removal. As a result, the overall reduction strategy was quite difficult and required an approximate doubling of nl. operative time for fixation of an olecranon fracture

# -22 Modifier Example #5

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- Modifier 22 has been added to the index procedure, the open repair of the tibial nonunion, due to the significantly altered surgical field. Increased physician services were required due to prior trauma and prior surgery. Given the severity of the patient's prior injury, significant scarring was encountered resulting in increased surgical time in excess of 7 hours...

## -22 Modifier Example #5 (cont.)

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- ...The complexity of this patient's care, the time and effort required to repair the nonunion in the setting of broken screw and broken plates and scarring which altered the surgical fields both laterally and posteromedially added significantly to the physician work thereby substantiating modifier 22.

