

Billing tips and tricks for fracture management

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Disclaimer and other truths

- I am not a coding expert
 - Consult your coding expert
- It is all about **documentation**
 - Technical and Cognitive
- If you think it is unethical, it is likely unethical

This is not comprehensive...

- Strongly consider OTA Coding Workshop
 - Karen Zupko & Associates
- Top 5 “issues”

1. Debridement and Irrigation

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 - Margin: "healthy bleeding"

1. Debridement and Irrigation

- Excisional debridement
 - "Debridement was carried out in excisional fashion by sharp cutting and curetting for any necrotic, contaminated-, and/or infected- appearing skin, subcutaneous tissue, muscle, fat, and bone until healthy-appearing tissues with bleeding edges were obtained. In total, a 3-cm x 3-cm area along the traumatic wound was debrided along the aforementioned areas.

2. Operative treatment for ex-fix

Situation: Patient presents with pilon fracture

- E&M
- CPT for procedure:
 - Ex-fix application (20692 – multiplanar)
 - Must say “Delta frame” or “A frame” configuration
 - Closed treatment with manipulation (27825)
 - Must state the act of **closed reduction** and the **rationale** for treatment
 - May be **DEFINITIVE** treatment

3. Staged treatment for ex-fix

Situation: Patient is in GLOBAL PERIOD of ex-fix

- E&M – Global evaluation
- CPT – must use modifier 58
 - Must state the “staged” nature
 - Remember to code for ex-fix removal (20694)

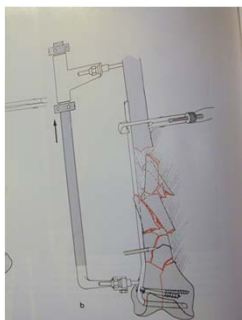
4. Closed treatment

Situation: Pelvic fracture, scapula fracture, etc.

- *Multiple E&M visits before closed treatment*
 - Which offers more RVUs?
- **My take:** if fx has potential to change tx plan, delaying closed tx is ok
 - Good: Humerus fractures, some pelvic rings
 - Bad: Scapula, distal phalanx, fibular head
 - DOCUMENT!

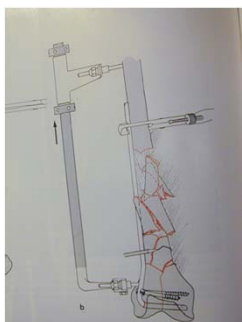
5. Complicated fractures

- Situation: Intra-articular distal femur and shaft
- ORIF with plate/screws
- How to code?
 - Supracondylar w/ IC (27513)
 - Femur (27507)



5. Complicated fractures

- Two ways:
 - Code as both
 - Femoral shaft
 - Supracondylar with IC
 - Code one CPT w/ modifier
 - Predominant fracture
 - Complex modifier (22)



22 Modifier - painful

- Document:
 - Increased intensity
 - Time
 - Technical difficulty
 - Severity of condition
 - Physical and mental effort
- Need both operative report AND concise statement
- Does it work?
 - 31% success rate
 - Less provider reimbursement

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- Must document:
 - Fracture exits beyond “Hiam’s square”
 - AO/OTA
 - Two fractures addressed with singular implant



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Summary

- “Coding is a game” – Brad Henley
- Documentation IS KEY
- Be efficient and thorough, not unethical

Thank you