Local Coverage Article:
Billing and Coding: Fracture Care (A53322)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID **Original Effective Date**

A53322

Article Title
Billing and Coding: Fracture Care

Article Type
Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

10/01/2015

Revision Effective Date
10/01/2015

Revision Ending Date
N/A

Retirement Date
N/A

CMS National Coverage Policy

N/A

Article Guidance

Article Text:

Many times the initial treating physician does not provide all of the follow-up care after surgery. View examples of acceptable ways to bill for definitive or restorative treatment of a fracture.

Coding and Billing Options

Claim Coding Example #1

When the surgeon does not provide any of the follow-up care for the 90 day global payment period, the surgeon bills the closed treatment of radial shaft fracture as follows:

Date	Place of Service	CPT/Modifier	Charge	Units
2/15/2014	Applicable Code	25500 54	$$	1

Second physician bills the follow-up care for the closed treatment of radial shaft fracture as follows:

Date	Place of Service	CPT/Modifier	Charge	Units
2/15/2014	Applicable Code	25500 55	$$	1

Documentation in item 19 of 1500 claim form: 2/16/2014- 5/16/2014

Claim Coding Example #2

When post operative care is provided by both physicians (45 days each), the surgeon bills the closed treatment of radial shaft fracture as follows:

Date	Place of Service	CPT/Modifier	Charge	Units
2/15/2014	Applicable Code	25500 54	$$	1
2/15/2014	Applicable Code	25500 55	$$	1

Document in item 19 of 1500 claim form 2/16/14-4/1/2014

Second physician bills the closed treatment of radial shaft fracture as follows:

Date	Place of Service	CPT/Modifier	Charge	Units
2/15/2014	Applicable Code	25500 55	$$	1

Document in item 19 of 1500 claim form 4/2/2014-5/16/2014

If the decision to have surgery was made by the surgeon on the day before or the day of surgery, a modifier 57 needs to be appended to the evaluation and management code used. Without this modifier, your visit will be denied as included in the global package of the surgery.

If a patient visit occurs after surgery which is unrelated to the surgical procedure, a modifier 24 must be appended to the evaluation and management code.

To assist physicians and practitioners to select the correct code for the casting, splinting and splinting supplies, the

following crosswalk provides guidance on which supply code are applicable for the various types of casts listed by Level I CPT codes.

The splints and cast Q codes are considered Level II codes and to be used when supplies are indicated for cast and splint purposes. The payment is in addition to the payment made under the physician fee schedule for the procedure for applying the splint or cast.

Level I	Level II	Level I	Level II
29000	Q4001 or Q4002	29126	Q4021 through Q4024
29010	Q4001 or Q4002	29130	Q4049
29015	Q4001 or Q4002	29131	Q4051
29020	Q4001 or Q4002	29305	Q4025 through Q4028
29025	Q4001 or Q4002	29325	Q4025 through Q4028
29035	Q4001 or Q4002	29345	Q4029 through Q4032
29040	Q4001 or Q4002	29355	Q4029 through Q4032
29044	Q4001 or Q4002	29365	Q4033 through Q4036
29046	Q4001 or Q4002	29405	Q4037 through Q4040
2949	Q4050	29425	Q4037 through Q4040
29055	Q4003 or Q4004	29435	Q4037 through Q4040
29058	Q4003	29440	Q4050
29065	Q4005 through Q4008	29445	Q4037 through Q4040
29075	Q4009 through Q4012	29450	Q4035, Q4036, Q4039
29085	Q4013 through Q4016		Q4040
29105	Q4017 through Q4020	29505	Q4041 through Q4044
29125	Q4021 through Q4024	29515	Q4045 through Q4048

The allowance for application of a cast, splint or strapping includes removal or repair by the same physician or other physician in the same group. Billing for cast removal or repair (29700-29750) should be employed only for casts applied by another physician group.

Coding Information

CPT/HCPCS Codes

N/A

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
24	UNRELATED EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN DURING A POSTOPERATIVE PERIOD: THE PHYSICIAN MAY NEED TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) UNRELATED TO THE ORIGINAL PROCEDURE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -24 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09924 MAY BE USED.
54	SURGICAL CARE ONLY: WHEN ONE PHYSICIAN PERFORMS A SURGICAL PROCEDURE AND ANOTHER PROVIDES PREOPERATIVE AND/OR POSTOPERATIVE MANAGEMENT, SURGICAL SERVICES MAY BE IDENTIFIED BY ADDING THE MODIFIER -54 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09954.
55	POSTOPERATIVE MANAGEMENT ONLY: WHEN ONE PHYSICIAN PERFORMS THE POSTOPERATIVE MANAGEMENT AND ANOTHER PHYSICIAN HAS PERFORMED THE SURGICAL PROCEDURE, THE POSTOPERATIVE COMPONENT MAY BE IDENTIFIED BY ADDING THE MODIFIER -55 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09955.
57	DECISION FOR SURGERY.<T>AN EVALUATION AND MANAGEMENT SERVICE THAT RESULTED IN THE INITIAL DECISION TO PERFORM THE SURGERY, MAY BE IDENTIFIED BY ADDING THE MODIFIER -57 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09957 MAY BE USED.

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2015	R3	As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage.
10/01/2015	R2	This Article effective 10/1/2015, combines JEA A53321 in the JEB A53322 so that both JEA and JEB contract numbers will have the same final Medicare Coverage Database (MCD) Article number.
10/01/2015	R1	This article was revised to includeSouthern California, Nevada, Hawaii and Territories.

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 05/08/2020 with effective dates 10/01/2015 - N/A
Updated on 07/25/2014 with effective dates 10/01/2015 - N/A
Updated on 07/18/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A