

# Coding Update: Revisions to the Musculoskeletal System

## Introductory Guidelines

For the Current Procedural Terminology (CPT®) 2022 code set, the introductory guidelines in the Musculoskeletal System section were revised and reorganized to clarify fracture and dislocation treatment services. In September 2018, concern was raised by a relevant specialty society regarding an article published in the January 2018 issue of *CPT® Assistant* (p 3) titled “Reporting Fracture and Restorative Care and Dislocations.” To mitigate ongoing confusion and provide better clarification, new guidelines were added and revised for the CPT 2022 code set. This article provides an overview of these guideline changes.

## Musculoskeletal System

### Application of Casts and Strapping

► All services that appear in the Musculoskeletal System section include the application and removal of the first cast, splint, or traction device, when performed. Supplies may be reported separately. If a cast is removed by someone other than the physician or other qualified health care professional who applied the cast, report a cast removal code (29700, 29705, 29710). Subsequent replacement of cast, splint, or strapping (29000-29750) and/or traction device (eg, 20690, 20692) during or after the global period may be reported separately. A cast, splint, or strapping is not considered part of the preoperative care; therefore, the use of modifier 56 for preoperative management only is not applicable. ◀

The introductory guidelines regarding casts, splints, traction devices, and obtaining bone grafts were revised to clarify that the application and removal of the first cast, splint, or traction device are included in all services that appear in the Musculoskeletal System section. When a cast is removed by someone other than the physician or other qualified health care professional (QHP) who applied the cast, then a cast removal code (eg, 29700, 29705, 29710) may be reported.

### ► Fracture and/or Dislocation Treatment

Fracture and dislocation treatment codes appear throughout the Musculoskeletal System section. These codes are categorized by the type of treatment (closed, percutaneous, open) and type of stabilization (fixation, immobilization). There is no coding correlation between the type of fracture/dislocation (eg, open [compound], closed) and the type of treatment (eg, closed, percutaneous, open) provided. For example, a closed fracture may require open treatment.

#### Fracture/Dislocation Treatment Definitions

**Manipulation:** Reduction by the application of manually applied forces or traction to achieve satisfactory alignment of the fracture or dislocation. If satisfactory alignment (reduction) is not maintained and requires subsequent re-reduction of a fracture or dislocation by the same

physician or same qualified health care professional, append modifier 76 to the fracture/dislocation treatment code.

**Traction:** The application of a distracting or traction force to the spine or a limb. **Skeletal traction** includes a wire, pin, screw, or clamp that is attached to (penetrates) bone. **Skin traction** is the application of force to a limb using strapping or a device that is applied directly to the skin only.

**Closed treatment:** The treatment site is not surgically opened (ie, not exposed to the external environment nor directly visualized). Closed treatment of a fracture/dislocation may be performed without manipulation (eg, application of cast, splint, or strapping), with manipulation, with skeletal traction, and/or with skin traction.

Casting, splinting, or strapping used solely to temporarily stabilize the fracture for patient comfort is not considered closed treatment.

**Percutaneous skeletal fixation:** Treatment that is neither open nor closed. In this procedure, the fracture fragments are not visualized, but fixation (eg, pins, screws) is placed across the fracture site, typically with imaging guidance.

**Open treatment:** The site is opened surgically to expose the fracture/dislocation to the external environment for treatment, or the fracture/dislocation is treated through the traumatic wound or an extension thereof or is treated with an intramedullary nail or other internal fixation device placed through a surgical exposure that is remote from the fracture site with or without direct visualization of the fracture site.

**External fixation:** The use of pins and/or wires that penetrate the bone(s) and interconnection devices (eg, clamps, bars, rings) for fracture/dislocation treatment. External fixation may be used for temporary or long-term fracture/dislocation treatment. **Uniplanar external fixation** places all the pins in approximately the same plane but may also include triangular fixation across a joint.

**Multiplanar external fixation** uses transosseous wires and threaded pins placed in several planes that are held with interconnected stabilizing and/or tensioning rings and/or half rings. External fixation may be used for all types of fracture/dislocation treatment (ie, closed, percutaneous, open). Codes for external fixation are reported separately only when external fixation is not listed in the code descriptor as inherent to the procedure.

### **Reporting Fracture and/or Dislocation Treatment Codes**

The physician or other qualified health care professional providing fracture/dislocation treatment should report the appropriate fracture/dislocation treatment codes for the service he or she provided. If the person providing the initial treatment will **not** be providing subsequent treatment, modifier 54 should be appended to the fracture/dislocation treatment codes. If treatment of a fracture as defined above is not performed, report an evaluation and management code. ◀

The Musculoskeletal System section guidelines were also revised to clarify that the treatment codes throughout the Musculoskeletal System section are structured by the type of treatment and

stabilization that is performed. As noted in the guidelines, there is no coding correlation between the type of fracture or dislocation injury and the type of treatment performed.

The definitions for *manipulation*, *closed treatment*, and *external fixation* were revised to clarify the work that encompasses these types of treatment. The definition of *manipulation* now states that if satisfactory alignment (reduction) is not maintained and requires subsequent re-reduction of a fracture or dislocation by the same physician or same QHP, then modifier 76, *Repeat Procedure of Service by Same Physician or Other Qualified Health Care Professional*, should be appended to the fracture or dislocation treatment code.

The “Reporting Fracture and/or Dislocation Treatment Codes” subsection now provides guidelines for reporting the fracture and/or dislocation treatment codes. Modifier 54, *Surgical Care Only*, should be appended to the treatment code if the same physician or QHP providing the initial treatment will **not** be providing subsequent treatment. It is important to note that if the fracture treatment provided is not included in the updated treatment definitions of the Musculoskeletal System section guidelines, then an evaluation and management services code should be reported for the treatment.

In summary, the terms “definitive” and “restorative” were removed from the guidelines, definitions were added and/or updated throughout to provide greater clarity, and the casting and strapping guidelines were simplified to provide greater consistency with the preceding guidelines.