How to code for sprains, dislocations, fractures
from the AAP Division of Health Care Finance and Quality Improvement

As a primary care physician or pediatric emergency physician, you often are the first provider to see a patient with an injury such as a fracture or dislocation. Often, your main goal is to make the patient as comfortable as possible and protect the injury until he or she sees a specialist.

You may provide an evaluation and management (E/M) service and stabilize the injury. You are not planning to assume care for this type of injury because surgery might be required or the care is out of your scope. Or you determine that the injury is a sprain instead of a fracture, and you stabilize the injury to aid in healing. How can you capture your services?

The Application of Casts and Strapping codes 29000-29799 are used to report the following:
- a replacement cast/strapping procedure, during or after the period of normal follow-up care;
- an initial service performed without restorative treatment or procedures to stabilize or protect a fracture, injury or dislocation, and/or to afford pain relief to a patient;
- an initial cast/strapping service when no other treatment or procedure is performed or expected to be performed by the same physician; or
- an initial cast/strapping service, when another physician provides a restorative treatment or procedure(s).

Therefore, any time you see an injury (including a sprain or strain), and the application of a cast, strap or splint falls into any one of the categories listed, you may report the appropriate application code in addition to an E/M service with modifier 25, that is significant, separately identifiable and medically necessary.

For example, you see a young patient with an injured finger, and a fracture is not suspected. You decide to splint the finger to keep it stable while it heals. No restorative services are planned nor do you plan to refer the patient to a specialist.

You can report CPT code 29130 (Application of finger splint; static) for splinting the finger. You also can report supplies in addition to the procedure and E/M service if appropriate.

As a physician in an urgent care facility, you see a patient who fell off her bike. After an X-ray shows there is a fracture of her right arm, you place a temporary short arm cast on her and give her a pediatric orthopedic specialist’s number to call for an appointment.

You can report an appropriate E/M service code with modifier 25, code for the X-ray if appropriate, and code 29075 (Application of elbow to finger cast [short arm]) along with any supplies.

Since the global period defined by the Centers for Medicare & Medicaid Services (CMS) is 0-days, any follow-up care provided can be reported separately for those payers that follow CMS payment policies.

Keep in mind the following information when coding casts and strapping applications of fractures, dislocations and injuries:
- If the cast/strapping is applied in the office, then supplies/materials can be billed separately using CPT code 99070 or Level 2 HCPCS codes.
- If the key components of an E/M service are met at the time of a cast/strapping application, then report the appropriate level of E/M code, with the 25 modifier appended.

The July Coding Corner will discuss how to code for fracture or dislocation care when a physician decides to treat the injury.

Becky Dolan contributed to this article. For coding and billing questions, e-mail AAP coding staff at aapcodinghotline@aap.org.

RESOURCES
- Learn how to simplify coding and billing by participating in the AAP Pediatric Coding Webinar series. Leading pediatric coding experts offer pediatric-specific insights and strategies. For information, visit www2.aap.org/pccorse/webinars/coding/.
- Keep pace with the latest in coding with the monthly AAP Pediatric Coding Newsletter. To view a sample issue, visit www.coding.aap.org. A new column features the latest guidance on ICD-10-CM.
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