



EFFECTIVE DATE: 10|01|2017
POLICY LAST UPDATED: 12|18|2018

OVERVIEW

This Blue Cross & Blue Shield of RI (BCBSRI) policy describes correct coding for fracture care.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Per CPT coding guidelines, comprehensive fracture treatment should only be billed by the provider who provides the global fracture treatment service. Physicians providing less than comprehensive fracture care should bill using the CPT codes reflecting the specific services rendered. BCBSRI will pay one fracture treatment service and related services for the same fracture during the 90 day global period. The fracture treatment codes include the direct fracture care as well as follow up visits.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery benefits/coverage.

BACKGROUND

Blue Cross & Blue Shield of RI follows CPT coding guidelines regarding the rendering of fracture care services:

Current Procedural Terminology (CPT) manuals suggest that the provider who performs "restorative" treatment is "responsible for the initial cast, follow-up evaluation(s) and the management of the fracture until healed" should use the procedure code which supports the code. The CPT manual continues with definitions of "closed treatment," "open treatment," and "percutaneous skeletal fixation." Closed treatment specifically means that the fracture site is not surgically opened. Closed fracture situations are treated 1) with manipulation; 2) or without manipulation; 3) with or without traction (see the current year CPT manual for additional information).

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update February 2019

Provider Update April 2018

REFERENCES

Not applicable

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