

EXAMPLE 3: OPTIONS FOR CODING CLOSED TREATMENT OF CLAVICLE FRACTURE WITHIN GLOBAL PERIOD OF FEMUR FRACTURE

Elderly patient who was evaluated in the emergency department (ED) on the same day that both her intertrochanteric fracture was stabilized surgically and her clavicle fracture was treated without manipulation.

Global reporting:

When both global services are provided on the same date of service, the following codes should be reported:

9924X-57: Initial ED E&M consultation service with 57 modifier for “decision for surgery” within the global period
27245: Treatment of intertrochanteric femur fracture with intramedullary (IM) implant
23500-51: Closed nonmanipulative treatment of the clavicle fracture

If the medical decision making related to the closed treatment of the clavicle fracture is performed on a day subsequent to the IM nailing of the intertrochanteric femur fracture and reported with a global service code (that is, after assessing the patient’s ability to use crutches after hip surgery and confirming no

additional fracture displacement), the closed treatment service would be reported as follows:
23500-79: Closed nonmanipulative treatment of the clavicle fracture—Modifier 79 is required to describe an “unrelated procedure or service by the same physician during the postoperative period.”

Itemized reporting:

If the itemized method is used to report the closed nonmanipulative treatment of the clavicle fracture on the same day as the treatment of the intertrochanteric fracture, the initial E&M service reported will encompass the physician work associated with diagnosis of the clavicle fracture and the decision for surgery for the intertrochanteric hip fracture. Subsequent E&M services relating to the clavicle fracture only are reported with modifier 24 appended to indicate that an “unrelated” E&M service was performed by the same physician during a postoperative period (for the intertrochanteric hip fracture surgery).

Reporting for the initial encounter would be as follows:

9924X-57: initial ED E&M consultation service with 57 modifier for “decision for surgery” within the global period
27245: Treatment of intertrochanteric femur fracture with intramedullary implant

If itemized services are reported, E&M codes reported subsequent to the surgical/procedural service must be reported with modifier 24. They should be linked to a different diagnosis than that reported for the surgical service reported with the global code.

For the second and all subsequent encounters for clavicle fracture management (during the 90 day global period for 27245), 9923X-24 should be reported for E&M services while the patient is still hospitalized and 9921X-24 should be reported for services in the office after hospital discharge. All of these postoperative E&M services must be linked to a clavicle fracture diagnosis (ICD-9 code). Modifier 24 is used to designate an “unrelated E&M service by the same physician during a postoperative period.”