Code surgical treatment of pelvis correctly

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Medicare decision to treat pelvis as unilateral structure creates confusion

Have you received a denial from Medicare, stating that Category I Current Procedure Terminology (CPT) codes 27215–27218 are invalid? If so, you’re not alone.

In 2009, the American Medical Association (AMA) made changes to the CPT descriptors for those codes and to its coding guidelines to clarify that each of the surgical procedures was for the treatment of a unilateral pelvic injury. In the presence of bilateral pelvic injuries, these surgical treatments could be billed bilaterally.

The Centers for Medicare and Medicaid Services (CMS), however, did not agree with the AMA CPT changes. This decision has and is continuing to cause confusion about coding pelvic fractures and dislocations.

In its opinion, Medicare stated that the pelvis is a single anatomic (ie, unilateral) structure. As a result, Medicare does not allow bilateral billing. Instead, Medicare created four new “G” codes (temporal national codes) to report and be reimbursed for pelvic surgical procedures, which would be considered as unilateral only.

Medicare does not recognize the bilateral modifier for these services, correctly coding these four procedures for Medicare beneficiaries requires that you use the G codes.

Here’s the rule: To code pelvic fractures correctly, use CPT Category I codes when billing non-Medicare payors and use Medicare’s temporary national G codes when billing Medicare.

Understanding the shift

Table 1 shows how the five-digit Category I CPT codes parallel the associated Medicare G codes. Note that Medicare added the terms unilateral or bilateral to the G codes, thus invalidating CPT codes 27215–27218 as valid codes.

It is important to understand how to read the Medicare fee schedule so that you can identify when a code is invalid. The ultimate tool for fast, easy, and accurate coding and cross-referencing is Orthopaedic Code X, which not only shows the code status of each code but also enables you to navigate, translate, and integrate all six critical coding databases.

In Fig. 1, the Code Status for CPT codes 27215–27218 shows that they are invalid codes for Medicare, and any claims submitted to Medicare using these codes will be denied.

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Table 1: Parallel coding for pelvic fractures

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
<th>2010 RVUs for Unilateral Procedure</th>
<th>Medicare Temporary G Code</th>
<th>Medicare Description</th>
<th>Medicare RVUs for Unilateral or Bilateral Procedure</th>
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<tr>
<td>27215</td>
<td>Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed</td>
<td>18.45</td>
<td>G0412</td>
<td>Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fractures(s), unilateral or bilateral, for pelvic bone fracture patterns which do not disrupt the pelvic ring (includes internal fixation, when performed)</td>
<td>18.45</td>
</tr>
<tr>
<td>27216</td>
<td>Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)</td>
<td>27.21</td>
<td>G0413</td>
<td>Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral (includes ilium, sacroiliac joint and/or sacrum)</td>
<td>27.21</td>
</tr>
<tr>
<td>27217</td>
<td>Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)</td>
<td>25.72</td>
<td>G0414</td>
<td>Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)</td>
<td>25.72</td>
</tr>
<tr>
<td>27218</td>
<td>Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)</td>
<td>35.37</td>
<td>G0415</td>
<td>Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)</td>
<td>35.37</td>
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