

CPT Coding for Rib Fracture Care

CPT® Assistant.

August 2015; Volume 25: Issue 8

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For the 2015 CPT® code set, four Category III CPT codes (0245T-0248T) were converted to three new Category I CPT codes (21811-21813) to report open reduction and internal fixation of rib fractures. This article addresses the deletions and additions made to this set of musculoskeletal codes.

Code 21800, which previously described closed treatment of rib fracture, uncomplicated, was deleted because the standard practice no longer includes using strapping or rib belts as closed treatment for rib fractures. Currently, the predominate treatment for this type of fracture is pain control and perhaps an incentive spirometry. Therefore, a parenthetical note was added directing users to use the evaluation and management (E/M) services codes to report closed treatment of an uncomplicated rib fracture. In addition, code 21810, which previously described treatment of rib fracture that requires external fixation for the flail chest was deleted due to low utilization, and a parenthetical note was added to direct users to report 21899, Unlisted procedure, neck or thorax, for external rib fixation procedures.

New Codes

Category III codes 0245T-0248T were replaced with three new Category I codes, 21811-21813, to report open reduction and internal fixation of rib fracture(s), including thorascopic visualization when performed. Each code is differentiated by the number of ribs treated. These codes are considered unilateral procedures. For bilateral procedures for which the same number of ribs is treated, report the primary code (21811-21813) with modifier 50 appended. If, however, a different number of ribs are treated on each side for bilateral procedures, then report each side separately with the appropriate code and append modifiers LT and RT.

Fracture and/or Dislocation

- ▶(21800 has been deleted)◀
- ▶(To report closed treatment of an uncomplicated rib fracture, use the Evaluation and Management codes)◀
- ▶(21810 has been deleted. For external rib fixation, use 21899)◀

● **21811**

Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs

▶(For bilateral procedure, report 21811 with modifier 50)◀

● **21812**

4-6 ribs

▶(For bilateral procedure, report 21812 with modifier 50)◀

● **21813**

7 or more ribs

▶(For bilateral procedure, report 21813 with modifier 50)◀

Coding Tip

Code selection of codes 21811-21813 is based on the number of fractured ribs treated with internal fixation (eg, open reduction and internal fixation) and not the number of fractured ribs.

Clinical Example (21811)

A 72-year-old female presents with multiple displaced fractures of ribs 5, 6, and 7 on the right side after a fall resulting in intractable pain and an inability to maintain adequate oxygenation. On post-injury day three, open reduction and internal fixation of the rib fractures is performed.

Description of Procedure (21811)

Make a small incision over the displaced rib, dividing the skin, subcutaneous tissue, and muscle and exposing the ribs. Deflate the lung with the dual lumen endotracheal tube. Place a thoracoscope through a small separate incision in the pleural cavity, and visualize the area of the fractured ribs. Make additional similar small skin incisions over the fracture sites as identified by thoracoscopic visualization.

Identify and separate the intercostal nerve bundles. Using thoracoscopic visualization, fit the drill guide and plate or splint to the rib overlying the fracture. Drill the screw holes for

attachment of the plate or splint insertion in each fracture site of the rib. Secure the splint or plate to the rib with locking screws to fix the hardware in place over the fracture. Repeat this procedure at each rib and/or fracture site. Remove the thoracoscope, inflate the lung, and close the wounds in layers.

Clinical Example (21812)

A 55-year-old male involved in a high-speed motor vehicle crash suffers segmental fractures of ribs 5 through 9 on the left side resulting in severe pain, progressive atelectasis, and enlarging hemothorax. Open reduction and internal fixation of the rib fractures is performed.

Description of Procedure (21812)

Make a small incision over the displaced rib, dividing the skin, subcutaneous tissue, and muscle and exposing the ribs. Deflate the lung with the dual lumen endotracheal tube. Place a thoracoscope through a small separate incision in the pleural cavity, and visualize the area of the fractured ribs. Make additional similar small skin incisions over the fracture sites as identified by thoracoscopic visualization.

Identify and separate the intercostal nerve bundles. Using thoracoscopic visualization, fit the drill guide and plate or splint to the rib overlying the fracture. Drill the screw holes for attachment of the plate or splint insertion in each fracture site of the rib. Secure the splint or plate to the rib with locking screws to fix the hardware in place over the fracture. Repeat this procedure at each rib and/or fracture site. Remove the thoracoscope, inflate the lung, and close the wounds in layers.

Clinical Example (21813)

A 24-year-old pedestrian is struck by a car and suffers multiple left-side rib fractures with obvious flail chest. A three-dimensional (3D) CT chest reconstruction confirms comminuted and displaced fractures of ribs 2 through 10, with flail segments of ribs 4 through 8 and significant chest wall collapse. Open reduction and internal fixation of the rib fractures is performed.

Description of Procedure (21813)

Make a small incision over the displaced rib, dividing the skin, subcutaneous tissue, and muscle and exposing the ribs. Deflate the lung with the dual lumen endotracheal tube. Place a thoracoscope through a small separate incision in the pleural cavity, and visualize the area of the fractured ribs. Make additional similar small skin incisions over the fracture sites as identified by thoracoscopic visualization.

Identify and separate the intercostal nerve bundles. Using thoracoscopic visualization, fit the drill guide and plate or splint to the rib overlying the fracture.

Drill the screw holes for attachment of the plate or splint insertion in each fracture site of the rib. Secure the splint or plate to the rib with locking screws to fix the hardware in place over the fracture. Repeat this procedure at each rib and/or fracture site. Remove the thoracoscope, inflate the lung, and close the wounds in layers. ◆