Coding Brief: Closed Treatment of Pelvic Fracture(s)/Dislocation(s)

CPT® Assistant.

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Two new codes, 27197 and 27198, were established in the Current Procedural Terminology (CPT®) 2017 code set to report closed treatment of posterior pelvic ring fracture(s)/dislocation(s), with or without anterior pelvic ring fracture(s)/dislocation(s). Prior to the establishment of the new codes, there was no differentiation in the type of pelvic ring fracture that was reported with codes 27193, Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation, and 27194, Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation with manipulation, requiring more than local anesthesia. Codes 27193 and 27194 were deleted in the 2017 CPT code set. This coding brief provides an overview of the new codes and their reporting.

Fracture and/or Dislocation

(27193, 27194 have been deleted. To report, see 27197, 27198)

27197
Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation

27198
with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)

To report closed treatment of **only** anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate evaluation and management services codes)

Pelvic fractures and dislocations represent a broad spectrum of injuries, but are often separated into two categories those that are inherently stable and those that are unstable or potentially unstable. Injuries involving only the anterior pelvic ring are typically the result of low energy trauma (eg, falling from a standing position) and are usually stable. In comparison, injuries that involve the posterior pelvic ring are typically the result of higher energy trauma (eg, motor vehicle collision) and may be unstable.
Separate codes were established to differentiate the level of effort required to perform the two services and to align reporting with current clinical practice. The services described by codes 27197 and 27198 differ from services performed to treat anterior-only pelvic ring injuries, which are now reported only with an evaluation and management code. A parenthetical reference was also added following codes 27197 and 27198 to direct users to the appropriate evaluation and management codes to report isolated anterior pelvic ring fractures unassociated with an injury to the posterior pelvic ring.

Clinical Example (27197)

A patient who was involved in a vehicle crash presents with pelvic pain and pain with attempted weight bearing. Imaging studies show minimally displaced fractures of the anterior and posterior portions of the pelvic ring, with ipsilateral fractures of the pubic rami and sacrum. The patient's fractures are treated without manipulation.

Description of Procedure (27197)

The fractures are treated with a pelvic sling, binder, sheet, or other orthosis to prevent further fracture displacement, increase patient comfort, and improve patient mobility

Clinical Example (27198)

A patient who was involved in a vehicle crash presents with pelvic pain and pain with attempted weight bearing. Imaging studies show minimally displaced fractures of the anterior and posterior portions of the pelvic ring, with ipsilateral fractures of the pubic rami and sacrum. The patient's fractures are treated with manipulation under nonlocal anesthesia.

Description of Procedure (27198)

The fractures are treated with manipulation under anesthesia to ascertain the propensity for displacement and stability. This includes a combination of skeletal traction, limb positioning, and external supports. A pelvic sling, binder, sheet, or other orthosis is applied to enhance fracture stability, increase patient comfort, and improve patient mobility.

