

Reporting Nasal Bone Vs Septal Fracture Treatment

CPT® Assistant.

September 2019; Volume 29: Issue 9

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Recently, there have been questions regarding appropriate reporting of closed treatment of nasal bone and septal fractures. Appropriate use of four Current Procedural Terminology (CPT®) codes (21310, 21315, 21320, 21337) is being debated among coders and health care professionals. These codes were developed pre-1990 and their descriptors were revised in 1993 as part of a major revision to all fracture-treatment codes in the Musculoskeletal System section. Confusion often occurs due to a failure of fully reviewing the entire code and the subtleties of managing nasal bone and septal fractures. Compounding the issue, these codes have different global periods (0, 10, 90). This article provides an overview of the goals of closed treatment of nasal fractures and provides clarification on the appropriate use of these four codes.

Fracture and/or Dislocation

21310

Closed treatment of nasal bone fracture without manipulation

21315

Closed treatment of nasal bone fracture; without stabilization

21320

Closed treatment of nasal bone fracture; with stabilization

21337

Closed treatment of nasal septal fracture, with or without stabilization

Closed Treatment

Closed treatment means that the fracture site is not surgically opened (exposed to the external environment and directly visualized). This terminology is used in the context of nasal fractures to describe procedures that treat fractures by two methods: (1) without manipulation (ie, without attempted reduction of the fracture), or (2) with manipulation (ie, reduction or restoration of a fracture to its normal anatomic alignment by the application of manually applied forces).

Closed Reductions

The goal of a closed reduction of a nasal bone or septal fracture is to realign the cartilaginous and/or bony structures to their pre-injury locations. Indications include the following:

- Simple fracture (one that does not penetrate the overlying skin) of nasal bone(s)
- Simple fracture of nasal bone(s) and nasal septum
- Simple fracture of the nasal septum

Closed reductions require manipulation (eg, repositioning) of the fractured bone(s) to achieve proper alignment (eg, using nasal elevators or forceps). In addition, stabilization with the use of nasal splints can help maintain the nasal bones or the septum in their appropriately reduced position. Intranasal splints or packing may be placed if there is significant displacement of either the nasal bones or the septum, or if there are significant intranasal mucosal lacerations.

Codes 21310, 21315, and 21320 describe the closed treatment of nasal bone fractures. Code 21310 describes the evaluation and management (E/M) necessary to treat non-displaced nasal bone fractures that do not require any physical manipulation of the nasal bone(s) or stabilization of the fracture (eg, splint or skeletal fixation). No reduction is performed, and the treatment is limited to the nose. This care may also be provided within the context of and as a component of an E/M services visit that may be reported with the appropriate level of E/M service code, if care beyond the nasal fracture is also provided. Code 21310 has a global period of 0-day, indicating that no follow-up E/M visits are typically required and, therefore, are not included in the reimbursement for the procedure.

If manipulation occurs, but no stabilization is used once the bones are realigned, code 21315 should be reported. Code 21315 has a global period of 10 days, indicating that all E/M visits related to the procedure for 10 days after the day of the procedure are included in the reimbursement for the procedure. The typical follow-up for procedures with a 10-day global period is, and includes, at least one postoperative visit (eg, to verify the bones remain aligned).

If the patient was treated by a physician or other qualified health care professional (QHP) who does not intend to provide subsequent postoperative care for the procedure represented by code 21315 during the 10-day global period, then modifier 54, Surgical Care Only, should be appended to code 21315. Of note, if the nose must be packed to control bleeding, code 21320 is used to report closed treatment of a nasal fracture that includes both manipulation and stabilization (eg, with an external splint or intranasal packing). The global period assigned to code 21320 is 10 days, and all E/M visits related to the procedure for 10 days after the day of the procedure are included in the reimbursement for the procedure. As with code 21315, if the physician/other QHP reporting code 21320 does not intend to provide subsequent care during the 10-day global period, modifier 54 should be appended.

Code 21337 describes closed treatment of a nasal septal fracture, with or without stabilization. In this procedure, the physician/other QHP performs a closed reduction (ie, manipulation) of the nasal septum. Treatment of a nasal septal fracture typically requires more procedural time and postoperative work for proper treatment, compared to code 21310, 21315, or 21320. Code 21337 describes a much more involved and complicated procedure that includes a 90-day global period, in which any necessary postoperative care related to the procedure performed for 90 days is included in the reimbursement for the procedure. Similar to the other closed treatment of nasal fracture codes, if the

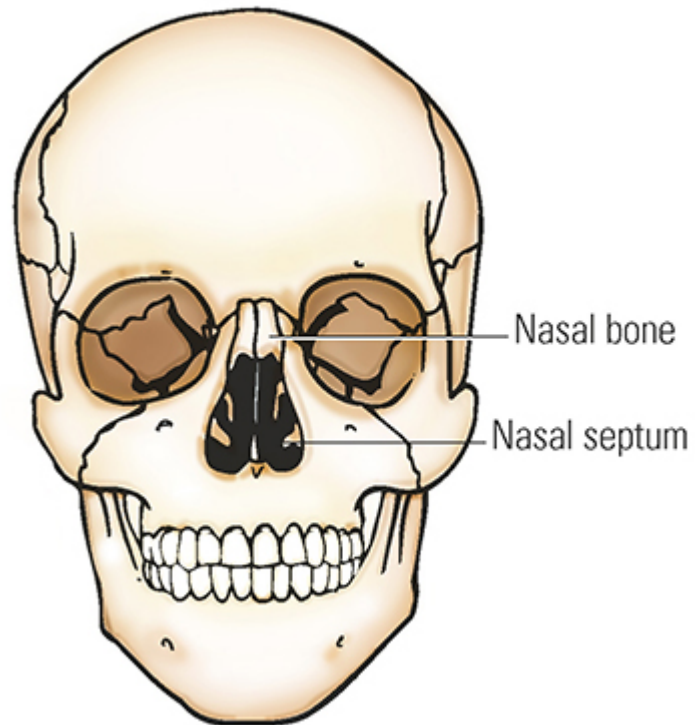
physician/other QHP does not intend to provide subsequent postoperative care during the 90-day global period, modifier 54 should be appended.

Correct Coding

The first step to correct coding of closed treatment of a nasal fracture is to identify the appropriate anatomy: nasal bones or nasal septum. Refer to Figure 1 for a view of the nasal bones and septum.

Figure 1. Nasal Bones Vs Septum

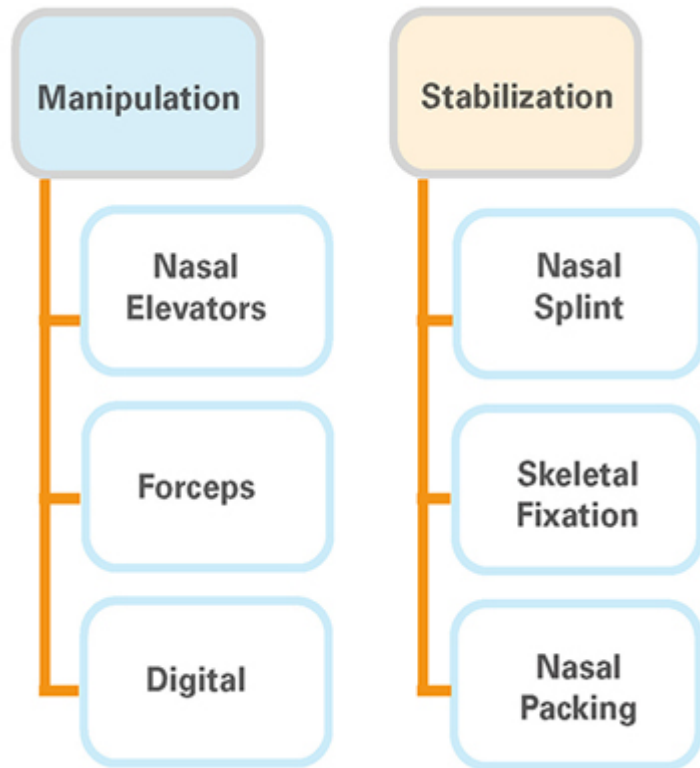
Skull, Frontal View



Note the location of the nasal bones in relation to the nasal septum. The nasal bones are located side by side in the middle, upper part of the face, forming the bridge of the nose. The nasal septum divides the nasal airway and is located posterior and inferior to the nasal bones, forming a pyramid-like structure, and has both a cartilaginous and bony component.

Another requirement for correct coding of closed treatment of a nasal fracture involves an understanding of the differences between the terms 'manipulation' and 'stabilization' as described above and shown in Figure 2. If there is no documentation of manipulation and/or stabilization of a nasal fracture, code 21310 should be reported.

Figure 2. Manipulation Vs Stabilization



In summary, when reporting code 21310, 21315, 21320, or 21337, pay close attention to the documentation of the exact structures treated and the techniques employed in the procedural or operative note. The services described by these codes vary significantly. Therefore, to ensure correct coding, the procedures performed must be documented accurately to minimize errors in reporting these four codes (21310, 21315, 21320, 21337).◆