



Reporting Closed Treatment of Vertebral Body Fracture(s) (22310)

CPT® Assistant.

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Current Procedural Terminology (CPT®) code 22310 was identified by the AMA/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) as a 90-day global service with a site-of-service anomaly that showed the service was performed less than 50% of the time in the inpatient/observation setting yet included inpatient/observation evaluation and management (E/M) services. To provide additional education, the AMA/RUC referred code 22310 to CPT® Assistant to clarify the correct reporting of this code for different sites of service and different clinical scenarios.

Fracture and/or Dislocation

22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

(Do not report 22310 in conjunction with 22510, 22511, 22512, 22513, 22514, 22515, when performed at the same level)

Fracture/Dislocation Treatment Definitions

In the Musculoskeletal System subsection of the Surgery section in the CPT® 2024 code set, "closed treatment" is defined as follows:

The treatment site is not surgically opened (ie, not exposed to the external environment nor directly visualized). Closed treatment of a fracture/dislocation may be performed without manipulation (eg, application of cast, splint, or strapping), with manipulation, with skeletal traction, and/or with skin traction.

Code 22310 describes closed treatment of a vertebral body fracture without manipulation. Typically, a brace or other device will be applied to limit motion, to correct alignment, and/or to provide support.

The following clinical example and procedural description reflect a typical clinical scenario for which the code would be appropriately reported.

Clinical Example (22310)

A 75-year-old female presents with a lumbar vertebral body fracture after a fall from standing height. Closed treatment without manipulation is performed with application of a thoracolumbar extension orthosis.

Description of Procedure (22310)

The brace may be applied to the patient supine and lateral decubitus and/or sitting in bed. Apply the brace, making adjustments to padding, straps, and size as needed and confirm correct fit.

Reporting Considerations and Coding Examples

Due to the varying sites of service where this service may be reported, there may be scenarios in which the components of the service are performed by different physicians or other qualified health care professionals (QHPs). The introductory guidelines in the Musculoskeletal System subsection provide key reporting considerations to assist with the appropriate reporting of fracture and/or dislocation treatment codes, noting that the physician or other QHP who provides fracture/dislocation treatment should report the appropriate treatment codes for the service he or she provided. If the person providing the initial treatment will not be providing subsequent follow-up care, modifier 54, Surgical Care Only, should be appended to the fracture/dislocation treatment code. *If treatment of a fracture/dislocation as defined in the CPT® guidelines is not performed, an E/M code should be reported instead of a fracture/dislocation treatment code. In addition, there may be instances in which both an E/M service code and fracture/dislocation code may be reported on the same date of service by the same physician or other QHP; however, this article focuses on reporting of code 22310. Check with the specific third-party payer for*



guidance as to which circumstances allow additional reporting of E/M service codes, along with what modifier must be appended, if any.

The following coding examples of different sites of service provide clarification on when code 22310 would be appropriately reported.

Coding Examples

1. Inpatient/Observation Discharge: Hospitalist and Surgeon

A patient is admitted to the hospital for a syncope work-up after a fall with loss of consciousness. Based on patient complaints of back pain, imaging is ordered, revealing an L3 vertebral body fracture. The admitting hospitalist requests an assessment of the patient by a surgeon. After patient evaluation and review of imaging studies, the surgeon orders a brace and is present for the application and guides the application of a thoracolumbar extension orthosis to stabilize the fracture. The surgeon educates the patient as to the potential complications and signs or symptoms of neurologic compromise and arranges a follow-up visit for the patient after discharge.

Reporting:

- Admitting physician: Report appropriate level of E/M code(s) but not a fracture treatment code.
- Surgeon: Report code 22310.

2. ED Discharge: ED Physician and Surgeon

A patient presents to the emergency department (ED) after falling off a stepstool. The ED physician examines the patient and orders imaging that reveals an L3 vertebral body fracture. The ED physician requests an assessment of the patient by a surgeon. After patient evaluation and review of the imaging studies, the surgeon orders a brace and is present for the application and guides the application of a thoracolumbar extension orthosis to stabilize the fracture and educates the patient as to the potential complications and signs or symptoms of neurologic compromise. The surgeon arranges a follow-up visit for the patient after discharge from the ED to assess fracture healing.

Reporting:

- ED physician: Report an appropriate level of E/M code but not a fracture treatment code.
- Surgeon: Report code 22310.

3. ED Discharge: ED Physician with Surgeon Follow-up

A patient presents to the ED after falling off a stepstool. The ED physician examines the patient and orders imaging that reveals an L3 vertebral body fracture. The ED physician orders a brace and is present for the application and guides the application of a thoracolumbar extension orthosis to stabilize the fracture and educates the patient as to the potential complications and signs or symptoms of neurologic compromise. The ED physician instructs the patient to follow up with a surgeon after discharge from the ED.

Reporting:

- ED Physician: Report code 22310 and append modifier 54 to indicate that the ED physician provided closed treatment without manipulation by stabilizing the fracture with a brace. Also, the ED physician may report an appropriate level E/M code.

4. Office Treatment: Surgeon

A patient presents to a surgeon's office with complaints of back pain after several minor falls. After an evaluation of the patient and a review of imaging studies, the surgeon determines that the patient has an L3 vertebral body fracture. The surgeon orders a brace and is present for the application and guides the application of a thoracolumbar extension orthosis to stabilize the fracture and educates the patient as to the potential complications and signs or symptoms of neurologic compromise. The surgeon arranges a follow-up office visit in 2 weeks (or sooner, if needed) to assess fracture healing.

Reporting:

- Surgeon: Report code 22310.



Coding Tip

Application of a brace or other device must be performed by a physician or staff who are under the direct supervision of a physician. **Direct supervision** means that the physician or other QHP must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician or other QHP must be present in the room when the procedure is performed. For more information, visit <https://www.cms.gov/files/document/r11901bp.pdf>.