

Open Treatment of Rib Fractures

Policy Number	OTRF08012012RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	08/27/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPCS Codes	2
References Included (but not limited to):	2
CMS LCD(s)	2
UnitedHealthcare Reimbursement Policies	2
History	2

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American

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Summary

Overview

Patients diagnosed with flail chest due to chest wall injury have benefited from fracture reduction and the surgical placement of internal fixation. Literature supports a reduction in mortality rate, occurrence of disease and increased quality of life. It is anticipated that internal rib fixation would only be utilized in cases where the severity of symptoms would necessitate the use of stabilization.

Reimbursement Guidelines

Payment for CPT codes 0245T thru 0248T is allowed for the open treatment and internal fixation of fractured ribs and or flail chest when medically necessary effective 08/01/2012.

CPT/HCPCS Codes

Code	Description
0245T	Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs
0246T	Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs
0247T	Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs
0248T	Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

UnitedHealthcare Reimbursement Policies

Category III CPT Codes

History

Date	Revisions
08/27/2014	Annual Review
07/10/2013	Policy created; MRPC approved