

Orthopedic Coding and Billing 101 – Add Questions

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Introduction

- Coding and billing is a boring subject and isn't taught very well but it is essential to getting paid for services that have been provided
- Huge fines can be assessed when coding is done wrong

Outline

- ICD-10 Codes
- CPT Codes
- Bundling
- Global Period
- Evaluation and Management
- Conclusion and Key Points

ICD-10

- ICD-10
 - “International Statistical Classification of Diseases and Related Health Problems” (WHO)
 - It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases
 - Base Classification allows for over 14,400 codes

ICD-10

- We will do an example of coding carpal tunnel from diagnosis to surgery and management
 - G56.01 - R Carpal Tunnel Syndrome
 - G56.02 - L Carpal Tunnel Syndrome
 - G56.03 – Bilateral Carpal Tunnel Syndrome

What are CPT Codes?

- “Current Procedural Terminology” (AMA)
- “Describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians”

Types of CPT Codes

- Evaluation and Management: 99201 – 99499
- Anesthesia: 00100 – 01999; 99100 – 99140
- Surgery: 10021 – 69990
- Radiology: 70010 – 79999
- Pathology and Laboratory: 80047 – 89398
- Medicine: 90281 – 99199; 99500 – 99607

Tracked Procedures for Specialty by Category

For All Defined Categories

For All CPTs in All Areas and All Types



Shoulder - Amputation

CPT Code	Defined Ctgy	Description
23900		Interthoracoscapular amputation (forequarter)
23920		Disarticulation of shoulder;
23921		Disarticulation of shoulder; secondary closure or scar revision

Shoulder - Arthrodesis

CPT Code	Defined Ctgy	Description
23800		Arthrodesis, glenohumeral joint;
23802		Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)

Shoulder - Arthroscopy

CPT Code	Defined Ctgy	Description
29805	SARTHRO	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	SARTHRO	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	SARTHRO	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	SARTHRO	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	SARTHRO	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	SARTHRO	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	SARTHRO	Arthroscopy, shoulder, surgical; debridement, limited
29823	SARTHRO	Arthroscopy, shoulder, surgical; debridement, extensive
29824	SARTHRO	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	SARTHRO	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	SARTHRO	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	SARTHRO	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	SARTHRO	Arthroscopy, shoulder, surgical; biceps tenodesis

Shoulder - Excision

CPT Code	Defined Ctgy	Description
23065		Biopsy, soft tissue of shoulder area; superficial
23066		Biopsy, soft tissue of shoulder area; deep
23071		Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23075		Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm

23077		Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
23078		Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
23100		Arthrotomy, glenohumeral joint, including biopsy
23101		Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105		Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106		Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107		Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120		Claviclectomy; partial
23125		Claviclectomy; total
23130		Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140		Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150		Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155		Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156		Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170		Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172		Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174		Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190		Ostectomy of scapula, partial (eg, superior medial angle)
23195		Resection, humeral head
23200		Radical resection of tumor; clavicle
23210		Radical resection of tumor; scapula
23220		Radical resection of tumor, proximal humerus

Shoulder - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
23500		Closed treatment of clavicular fracture; without manipulation
23515		Open treatment of clavicular fracture, includes internal fixation, when performed
23520		Closed treatment of sternoclavicular dislocation; without manipulation
23530		Open treatment of sternoclavicular dislocation, acute or chronic;
23532		Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540		Closed treatment of acromioclavicular dislocation; without manipulation
23550		Open treatment of acromioclavicular dislocation, acute or chronic;

23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	Closed treatment of scapular fracture; without manipulation
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23660	Open treatment of acute shoulder dislocation
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed

Shoulder - Incision

CPT Code	Defined Ctgty	Description
23000		Removal of subdeltoid calcareous deposits, open
23020		Capsular contracture release (eg, Sever type procedure)
23030		Incision and drainage, shoulder area; deep abscess or hematoma
23031		Incision and drainage, shoulder area; infected bursa
23035		Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040		Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044		Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body

Shoulder - Intro or Removal

CPT Code	Defined Ctgty	Description
23330		Removal of foreign body, shoulder; subcutaneous
23333		Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334		Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335		Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23350		Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

Shoulder - Manipulation

CPT Code	Defined Ctgty	Description
23505		Closed treatment of clavicular fracture; with manipulation
23525		Closed treatment of sternoclavicular dislocation; with manipulation
23545		Closed treatment of acromioclavicular dislocation; with manipulation

23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

Shoulder - Other

CPT Code	Defined Ctgty	Description
23929		Unlisted procedure, shoulder

Shoulder - Repair/Revision/Reconstruction

CPT Code	Defined Ctgty	Description
23395		Muscle transfer, any type, shoulder or upper arm; single
23397		Muscle transfer, any type, shoulder or upper arm; multiple
23400		Scapulopexy (eg, Sprengels deformity or for paralysis)
23405		Tenotomy, shoulder area; single tendon
23406		Tenotomy, shoulder area; multiple tendons through same incision
23410		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415		Coracoacromial ligament release, with or without acromioplasty
23420		Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430		Tenodesis of long tendon of biceps
23440		Resection or transplantation of long tendon of biceps
23450		Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455		Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460		Capsulorrhaphy, anterior, any type; with bone block
23462		Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465		Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466		Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470		Arthroplasty, glenohumeral joint; hemiarthroplasty
23472		Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23473		Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474		Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23480		Osteotomy, clavicle, with or without internal fixation;

23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus

Humerus/Elbow - Amputation

CPT Code	Defined Ctgy	Description
24900		Amputation, arm through humerus; with primary closure
24920		Amputation, arm through humerus; open, circular (guillotine)
24925		Amputation, arm through humerus; secondary closure or scar revision
24930		Amputation, arm through humerus; re-amputation
24931		Amputation, arm through humerus; with implant
24935		Stump elongation, upper extremity
24940		Cineplasty, upper extremity, complete procedure

Humerus/Elbow - Arthrodesis

CPT Code	Defined Ctgy	Description
24800		Arthrodesis, elbow joint; local
24802		Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)

Humerus/Elbow - Arthroscopy

CPT Code	Defined Ctgy	Description
29830		Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834		Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835		Arthroscopy, elbow, surgical; synovectomy, partial
29836		Arthroscopy, elbow, surgical; synovectomy, complete
29837		Arthroscopy, elbow, surgical; debridement, limited
29838		Arthroscopy, elbow, surgical; debridement, extensive

Humerus/Elbow - Excision

CPT Code	Defined Ctgy	Description
24065		Biopsy, soft tissue of upper arm or elbow area; superficial
24066		Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071		Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073		Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24075		Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076		Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077		Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
24079		Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24100		Arthrotomy, elbow; with synovial biopsy only

CPT Codes

- Some specialties cross multiple CPT code categories – for example hand surgery
- Plastics, Ortho, Neuro

Hand Surgery

- CPT - 11760 – Repair of Nail Bed
- CPT – 25215 – Carpectomy; all bones of proximal row
- CPT – 64721 – Neuroplasty (carpal tunnel release)

Hand Surgery

- Carpal Tunnel Release
 - 64721
 - “Neuroplasty and/or transposition; median nerve at carpal tunnel”
- Endoscopic Carpal Tunnel Release
 - 29848

Bundling

- A bundling package defines which surgical CPT codes can be reimbursed either separately or in combination. For example, **29880 is the CPT code for a medial AND lateral meniscectomy**. Therefore, several codes would be bundled together or billing for multiple procedures would be “disallowed” by the bundling package. These bundled procedures include:
 - 29881 – **medial OR lateral meniscectomy** is obviously included with medial AND lateral.
 - 28982 – **medial OR lateral meniscal repair** cannot be reimbursed when you have performed a meniscectomy.
 - 28983 – **medial AND lateral meniscal repair** cannot be reimbursed when you have performed a meniscectomy.

Modifiers

- The most common modifier used is the 59 modifier
- Modifier 59 is used to identify procedures or services that are not normally reported together but are appropriate under the circumstances.

Bundling

- If you perform several procedures in one surgical setting, example – arthroscopic rotator cuff repair, acromioplasty, distal clavicle resection and biceps tenodesis. This procedure would be coded:
- Arthroscopic rotator cuff repair – 29827
- Arthroscopic biceps tenodesis – 29828, 59 modifier
- Arthroscopic distal clavicle resection – 29824, 59 modifier
- Arthroscopic acromioplasty – 29826

Unbundling

- Unbundling occurs when multiple CPT codes are billed for the component parts of a procedure when there is a single code available that includes the complete procedure
- It is akin to the value meal at a restaurant including all of the food items for a set price vs. purchasing each item a la carte

Unbundling

- Unbundling errors—coding separately for procedures that should have been bundled—are a frequent cause of claims denials and negative audit findings. Conversely, unnecessary bundling harms reimbursement.

Global Period

- A global period is a period of time starting with a surgical procedure and ending some period of time after the procedure (Established by CMS)
- 090 - Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule amount.

Global Period

- The payment for the index procedure covers all additional costs of management for 90 days post-operatively (for major surgeries)
- Regardless of the number of post-operative visits or the length of each visit the payment is the same (for the first 90 days)
- E&M code 99024 for post-op visits

Office Billing

- Called Evaluation and Management (E&M)
- Main codes used designate whether the patient is a new patient or established patient
- The visit is then coded level 1 to level 5 based on the complexity of the care provided

New Patient

- New patient is billed as 99201-99205 based on level of visit
 - Has not received professional services from the physician or any other providers in the same practice group and specialty within the last 3 years

Established Patient

- Established patient is billed as 99211 – 99215 again based on level
 - Has received professional services from the physician or any other providers in the same practice group and specialty within the last 3 years

90 day global

- CTP Code 99024
 - There is a 90-day post-operative period where all follow-up services are considered part of the global fee and cannot be billed separately

Consultation Codes

- 99241-99245
 - Service requested by another physician
 - Advice must be object of request, not transfer of care
 - Request must be documented in chart
 - Level of visit must be documented
 - Written response to requesting physician must be provided by consulting physician

Level of E&M Service Performed

- Component Based
 - history, examination, and medical decision making
 - levels include problem focused, expanded problem focused, detailed, comprehensive
 - billing level is limited to the lowest level of history, examination, or medical decision making

Level of E&M Service Performed

- Time Based
 - When visit consists mainly of counseling and coordination of care

E&M Coding

Key Components to both new and established patient visits

1. Chief Complaint and History (CC and Hx)
2. Physical Examination (PE)
3. Medical Decision Making (MDM)

New Patient →

99201	99202	99203	99204	99205
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History	Focused	Expanded	Detailed	Comprehensive	Comprehensive
Chief Complaint	1	1	1	1	1
History of Present Illness Location, Quality, Severity, Timing, Duration, Context, Modifying Factors, Associated Symptoms.	1	1	4	4	4
Review of Systems (14 systems) <i>Symptoms NOT Diseases</i>		1	2	10	10
Past, Family, and Social History 3 areas: Past (illness, injury, meds, surgery, allergy) / Family/ Social			1	3	3

Physical Exam

- The goal is that every new patient visit is a level 3 physical exam! This means we must document 12 bullets, which is easily achievable. If you are using an EMR and are achieving meaningful use you will likely have to record the blood pressure, height and weight. What exactly does 'meaningful use' mean? Meaningful use is the set of standards defined by the Centers for Medicare & Medicaid Services Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria. The true goal of meaningful use is to promote the use of EMRs. If not you do not need the vital signs for EMR purposes, you can still obtain twelve bullets.

Physical Exam

- It is important is to realize that a level 4 or 5 new patient visit requires 30 bullets which = all the bullets available from vitals signs to lymph node exam!
- See example on next slide

Musculoskeletal Exam Bullet Counter

Physical Exam Elements	Bullet count			
Vital Signs (at least 3: BP, T, P, R, Ht. Wt.)	1			
General Appearance	1			
Orientation X 3	1			
Mood and Affect	1			
Gait and Station	1			
BODY AREA (neck, back, RUE, LUE, RLE, LLE)	BA 1	BA 2	BA 3	BA 4
Inspection/Palpation	1	1	1	1
Range of Motion	1	1	1	1
Stability	1	1	1	1
Strength	1	1	1	1
Skin	1	1	1	1
CV (any 1: pulse, temp, edema, swelling, varicosities)	1			
Lymph (at least one area)	1			
Sensation	1			
DTR and Pathologic Reflexes	1			
Coordination and Balance	1			
Total	30			

Note 1: As a minimum, for a **comprehensive** exam all **4 bullets** (Inspect/palpate, ROM, Stability, and Strength)

in 4 body areas and **Skin in 4 body areas** in addition to all other exam elements noted above must be documented.

Note 2: Documentation of multiple joints in the same body area is only 1 bullet for each descriptor (Inspect/palpate, ROM, Stability, Strength). Example, ROM of right shoulder, R elbow and R wrist is one bullet. But, ROM R shoulder, L shoulder, R knee, L knee, and back is 6.

	99201	99202	99203	99204	99205
Medical Decision Making (2 out of 3 Data, Diagnosis, Risk)	Straight Forward	Straight Forward	Low	Moderate	High
Data add points (# points) (2) Interpret Imaging (2) Review/Summary record and/or curb—Side and/or Translator and/or History from other (1) Order imaging or review report (1) Order lab or review report (1) order tests (EMG, Vasc. Lab, PFT's etc.) or review report (1) Review with performing MD (1) Order old records	1	1	2	3	4
Diagnosis add points (# points) (1) Minor Problem (max of 2) (1) Established Problem—stable or better (each) (2) Estab. Prob.—worse (each) (3) New prob. no work up planned (max of 1) (4) New prob. work up planned (each)	1	1	2	3	4
Risk Management options selected, Diagnostic procedure ordered, Presenting problem	Rest Ace Wrap Lab Test <i>Minor (bug bite, cold)</i>	Rest Ace Wrap Lab Test <i>Minor (bug bite, cold)</i>	OTC PT X-ray Arterial punt. Biopsy (superficial) 1 problem	Prescription Med Injection (script) Aspiration Surgery Fracture/Dislocation (no manipulation) Biopsy (deep) MRI, CT, BS X-ray 2 area exacerbation 2 chronic probs	Surgery with risk Emergency Surgery Fracture/Dislocation (with manipulation) Neuro Loss Discography Myelography Arthrogram Toxic Rx monitoring Life or limb

Established Patient Visits

- Established Patient
 - Seen by you or your partner within the past 3 years (otherwise considered new patient)
- Key Components are still:
 - History
 - Physical Exam
 - Medical Decision Making
- However – only 2 of these 3 components must be met (or exceeded) to qualify for a particular code level

Distribution of Allowed Services by E&M Subcategory

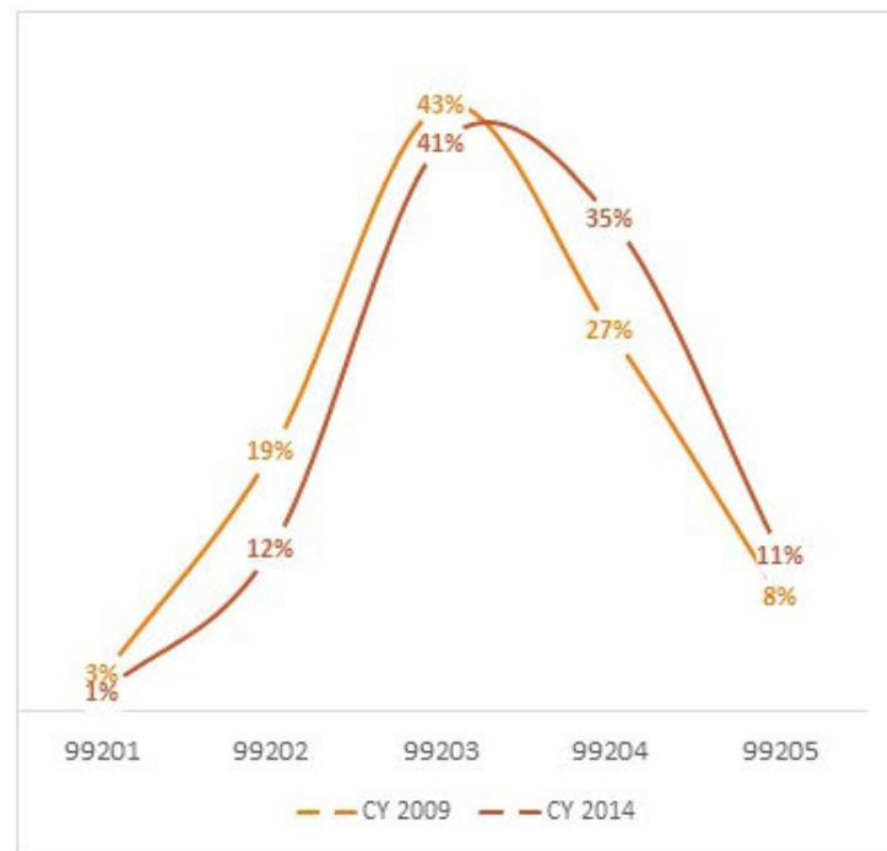
ESTABLISHED PATIENT VISITS

CPT© CODES 99211-99215



NEW PATIENT VISITS

CPT© CODES 99201-99205





Thank you!