

	Fracture Care	
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	Version Number: 003	Version Effective Date 4/1/2024
	Policy Status: Active	Next Review Date 4/1/2027

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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Fracture/dislocation treatment codes are structured by type of treatment (closed, open, percutaneous) and the type of stabilization.

Coding and reimbursement for fracture care is dependent upon a number of factors including:

- Is the initial cast, splint or strapping performed at the same time as a restorative procedure (i.e., surgical repair, closed or open reduction)?
- Will the same or a different physician be assuming responsibility for follow up care?
- Is the casting, splinting, or strapping the initial (first cast after surgery or fracture care) or a replacement application?

Policy

Initial Cast, Splint, or Strapping Without Restorative Procedure

Casting, splinting, or strapping may be performed without associated musculoskeletal restorative treatment; In some cases, restorative treatment may not be necessary (e.g., strapping performed for pain relief only), or the restorative treatment will be performed at a later date, typically by an orthopedist.

For example, an emergency department (ED) physician may apply a splint to stabilize a fracture and then instruct the patient to follow up with an orthopedic.

surgeon for further care. In this case, the ED physician is not performing restorative care but is only stabilizing the fracture until the patient can be seen by an orthopedist. The ED provider should report the splint application, and an evaluation and management (99281-99285) with modifier 25.

Initial Cast, Splint, or Strapping with Restorative Procedure

All services that appear in the Musculoskeletal System section (20100–29999) include the application and removal of the first cast, splint or traction device when performed. Therefore, when a physician or other qualified health care professional performs a restorative procedure such as fracture reduction or stabilization, reimbursement for the initial cast, splint, or strapping application and/or removal is considered to be included in the payment for the restorative procedure when performed by the same entity (physician/ qualified health care professional or group practice.) Blue KC will not separately reimburse for the cast, splint or strapping application or removal during the global period (major procedures 90 days) this is considered part of the global package.

Global and Split Fracture Care

The physician who performs the restorative procedure, typically an orthopedic surgeon, should bill globally using the appropriate procedure code with no modifier. The physician may also bill for an E/M service on the day before, or the day of the surgical procedure if the key components of the E/M are met and modifier 57 (decision for surgery) is appended to the E/M code.

The performing physician is responsible for all subsequent fracture care under the global surgical package. The follow up fracture care is, therefore, not separately reimbursable. Splitting fracture care between an Emergency Department (ED) physician and another physician, such as the orthopedic surgeon may be necessary when restorative treatment is performed in the Emergency Department.

Restorative Procedure in the Emergency Department

If the ED physician performs restorative treatment such as a closed reduction with the application of a splint or cast, and then refers the patient to an orthopedic surgeon, the ED physician should report the fracture treatment code with modifier

54 (Surgical Care Only). A non-ED physician, such as the orthopedic surgeon, who then provides casting, follow-up evaluation(s), and management of the fracture until healed, may submit a claim for the fracture treatment code with CPT modifier 55 (follow-up care only).

Removal or Replacement of Cast, Splint or Strapping

As stated above, removal of the first cast, splint or traction device is included in the restorative procedure and is therefore not separately reimbursable, unless the initial application of the cast, splint or strapping was performed by a different entity.

Subsequent replacement of cast, splint or strapping during the global period is not separately reimbursable. Cast replacement after the global period may be separately reimbursable when reasonable and necessary.

Examples are.

- the cast becomes damaged,
- is significantly loose due to swelling reduction,
- is no longer providing adequate immobilization, or
- is causing skin irritation.

Supplies

No additional reimbursement will be made for surgical trays, or other miscellaneous supply codes. The allowance for these codes is considered bundled into payment for the other services rendered. If the cast, splint, or strapping is applied in the office, supplies may be billed separately with the appropriate HCPCS codes (Q4001-Q4051). Cast, splint, and strapping supplies provided in a facility place of service are not reimbursable as they are considered to be included in the facility's reimbursement for services provided. Other supplies used in the office place of service are generally considered incidental or bundled into payment for any other service performed.

Coding

Code Range	Description
21315 - 21499	Care of Fractures/Dislocations of the Cranial and Facial Bones
26600 - 26785	Treatment of Fracture/Dislocation of Fingers and Hand
28400 - 28675	Treatment of Fracture/Dislocation of Foot/Toe
24500 - 24685	Treatment of Fracture/Dislocation of Elbow/Upper Arm
21811 - 21825	Fracture Care: Ribs and Sternum
27197 - 27269	Treatment of Fracture/Dislocation Hip/Pelvis
22325 - 22328	Open Treatment Vertebral Fractures: Posterior Approach
27750 - 27848	Treatment of Fracture/Dislocation Lower Leg/Ankle
27500 - 27566	Treatment of Fracture/Dislocation of Femur/Knee
Q4001-Q4051	Casting and Splinting Supplies

References and Resources

Blue KC Provide Reference Guide
 American Medical Association
 Centers for Medicare and Medicaid Services

Related Documents

POL-PP-106 Global Surgical Package

Revision History		
Version	Date	Summary of Revisions
001	4/1/2024	Initial Version
002	4/1/2025	Annual review- Clarification was added on original and replacement of casting, splinting, and strapping during and after the global period
003	4/1/2026	Annual review, there were no changes or updates made to the policy.