

## Part B Insider (Multispecialty) Coding Alert

### READER QUESTION :Open Fracture May Not Require Use of Open Fracture Care Codes

Keep an eye on the full operative report -- not just the diagnosis codes -- to determine fracture care type.

Question: Our orthopedic surgeon documented fracture care for an open scapula fracture, and our coder automatically assigned the open fracture care code, but I didn't think open fractures always required open treatment. Who is right?

Answer: An open fracture (also referred to as a "compound fracture") occurs when a patient breaks his bone and the skin and has an open wound down to the fracture site.

For such a fracture to the scapula, for example, you'd report 811.1x (Fracture of scapula; open) to describe the injury.

Many coders mistakenly assume that open fractures always require open treatment, in which the physician makes a surgical incision to treat the fracture.

If the orthopedic surgeon performs open fracture care at the scapula, you should report 23585 (Open treatment of scapular fracture [body, glenoid or acromion] includes internal fixation, when performed). But you should not assume that this code is accurate just because the physician documented an open fracture.

Physicians can address open fractures using closed fracture treatment as well. Closed treatment can include casting, strapping, and splinting.

If your physician tells you that he performed closed fracture care of the scapula, you should report 23570 (Closed treatment of scapular fracture; without manipulation) or 23575 (... with manipulation, with or without skeletal traction [with or without shoulder joint involvement]).

If the physician does not specify in the report whether he performed open or closed treatment, you should ask him which service he performed rather than simply assuming that he performed open treatment. Ninety-nine percent of the time, the physician does -- but don't be caught offguard by that one percent.