

-2 series (Musculo skeletal system) (6 question)

- Osteo -> Bone

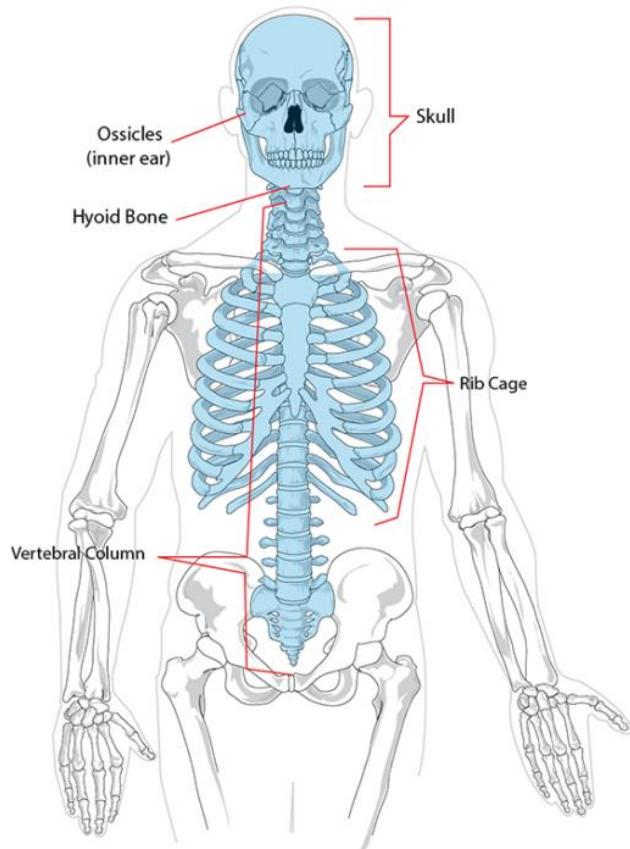
Myelo->

Itis->

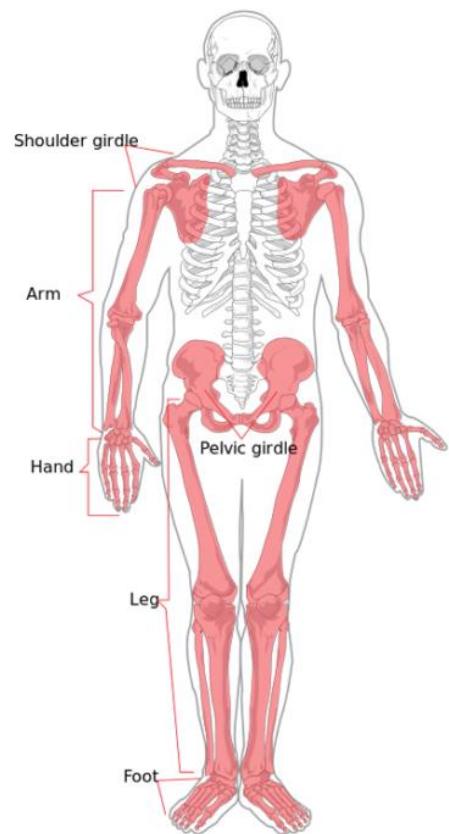
Bone to bone connected by -> ligament (BBL)

Muscle to bone connected by -> tendon (MBT)

AXIAL SKELETON DIAGRAM



APPENDICULAR SKELETON DIAGRAM



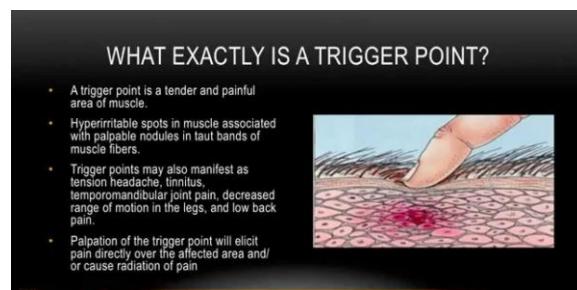
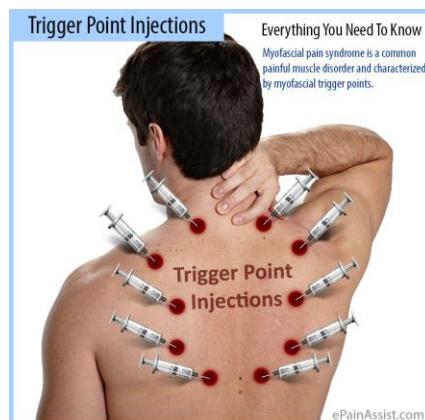
Coding Concept:

Wound exploration -> 20100-20103

- ➔ These codes describe surgical exploration and enlargement of the wound, extension of dissection (to determine penetration). Debridement, removal of foreign body (s), Ligation (or) coagulation of minor subcutaneous and or muscular blood vessels of the subcutaneous tissue, muscle fascia and (or) muscle, not requiring thoracotomy (or) laparotomy
- ➔ If they are doing repair in that doing enlarging (or) dissection like that you have to go on 2 series
- ➔ If they are doing repair but not doing enlargement (or) dissection means you have to go to 1 series codes.

1. WE+ Laparotomy=?
2. WE (not requiring enlargement of the wound, extension of dissection) + Repair=?
3. WE (requiring enlargement of the wound, extension of dissection) + Repair=?

Trigger point Injections:



20552= injection(s); single (or) multiple trigger points, 1 (or) 2 muscles

20553= single (or) multiple trigger points, 3 (or) more muscles

Coding points:

Code selection is based on how many number of muscles were injected not based on injections

Example:

1. 3 injections performed to 2 para spinal muscles
2. 3 injections performed to 3 para spinal muscles
3. Patient is having Right & left leg pain came to office physician performed trigger point injections to right leg 3 muscles then left leg 3 muscles?
a) 20553-RT, 20553-LT b) 20552 c) 20553-50 d) 20553

Arthrocentesis: 20600-20611

Arthro = Joint

Centesis= Puncture a cavity to remove fluid

Coding point:

Location of joint

1. Small joint: fingers, toes
2. Intermediate joint: temporomandibular, acromioclavicular, wrist. Elbow or ankle, olecranon bursa
3. Major joint: shoulder, hip, knee, subacromial bursa

Look guidance used with ultrasound (or) without ultrasound

Any other guidance: means CT, MRI, fluoroscopy?

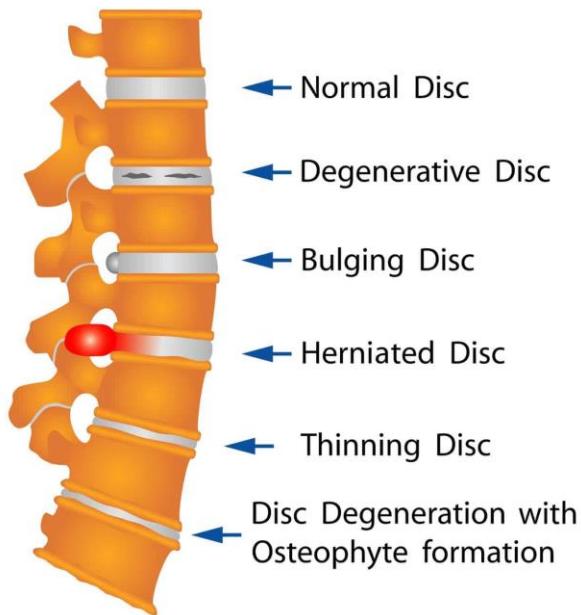
- CT= guidance: 77012
- MRI= guidance: 77021
- Fluoroscopy= guidance: 77002

1. Arthrocentesis performed to knee with fluoroscopic guidance
2. Steroid injections performed to knee with CT guidance?
3. Aspiration of knee with MRI guidance?
4. Arthrocentesis, Knee?

Arthrocentesis/ Aspiration/ injection

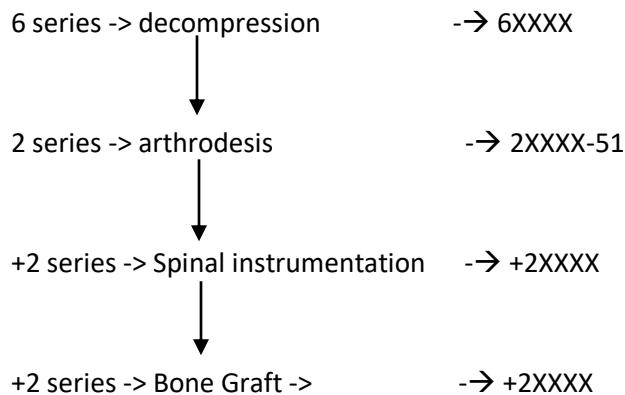
Notes:

- ➔ When a joint aspiration and injections are performed on the same joint only report the procedure once
- ➔ If the procedures are performed on more than 1 joint list each procedure separately



Hierarchy of Spin procedures

Spin procedures:



Decompression:

- ➔ Removing scar tissue (or) bone from area, most commonly the spine to relieve pressure on nerve (or) nerve roots
- ➔ Discectomy/laminectomy/foraminectomy
- ➔ We have to code from 6 series code ranges 63001-63048
- ➔ It is often performed on placement on bone graft, screw, plates, rods to maintain the alignments of the bone

Q1. Partial Vertebral corpectomy to L2, L3 by, trans peritoneal approach

Arthrodesis:

- ➔ Fusion of Joints

Anterior	Posterior
22548 - 22586	22590 - 22634

Spinal bones:

Cervical- 7

Thoracic- 12

Lumbar- 5

Sacral- 5

What is inter space?

- In between spaces of two vertebrae (e.g) L1-L5 a inter spaces = 4

What is segments?

Each bone= 1 segments (e.g) L1-L5 = 5

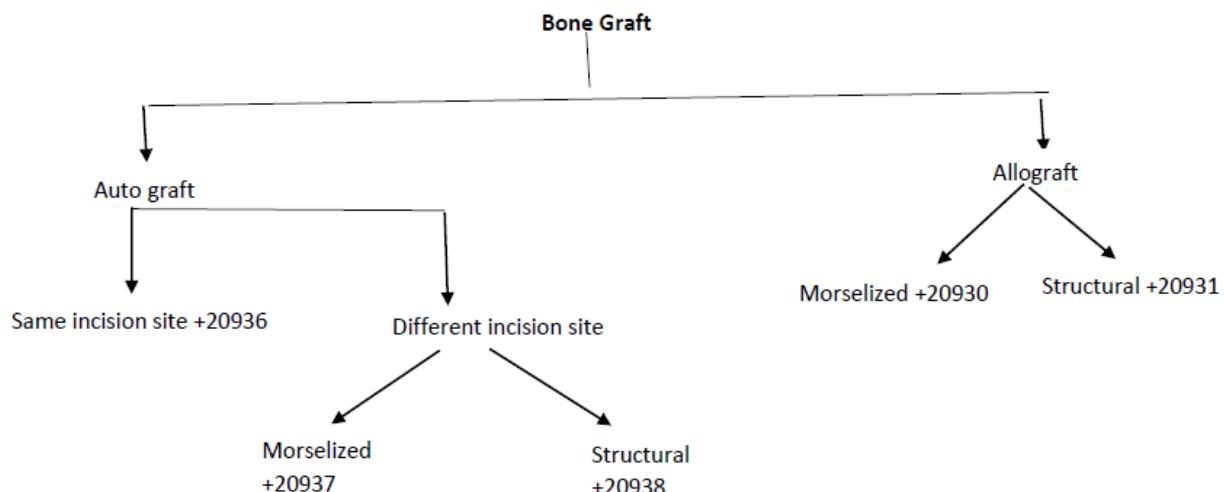
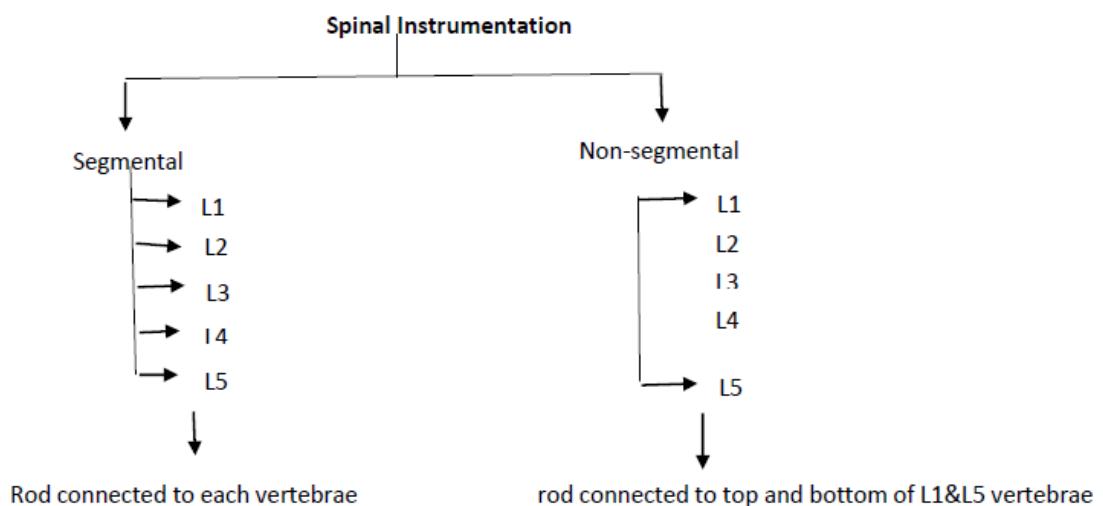
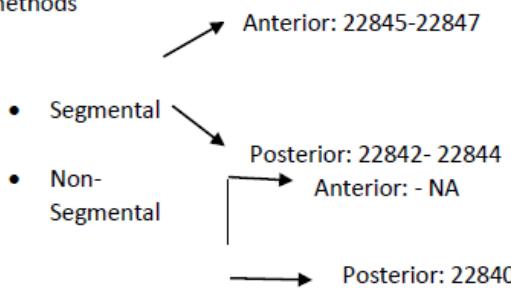
1. Anterior arthrodesis performed to L1-L4?

Ans:

Spinal Instrumentation:

- They connect the rods

2 methods



- Do not add modifier -> 51
- Morselized = Bone with surrounding structures
- Structural= Pure bone

Example:

Partial corpectomy to L2 by thoracolumbar approach, anterior arthrodesis performed to L1-L3, anterior instrumentation segmental performed to L1-L3 and structural allo graft performed?

Fracture: Broken of bone

As per we have 2 types. 1) Traumatic 2) Pathologic

Traumatic:

- 1) Open
- 2) Close

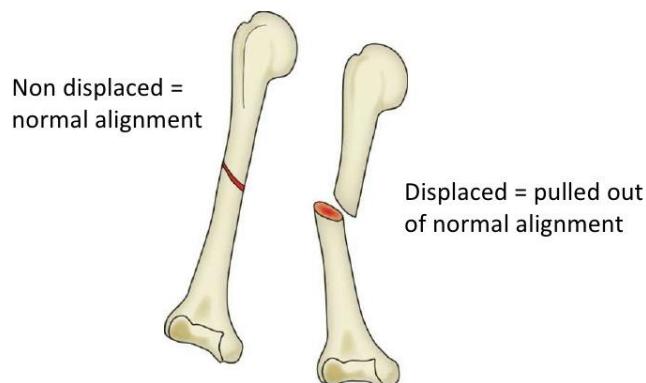
Pathologic:

- 1) Open
- 2) Close

As per ICD:

- Traumatic/Non Traumatic (Pathological)
- Open/closed
- Displaced/Non Displaced
- Location (Which bone)
- Specific site of the bone
 - Distal: Lower end
 - Proximal: Upper end
 - Shaft: Middle
- Type of encounter

Displaced and Non displaced



As per CPT 3 methods

- 1) Closed
- 2) Open Treatment
- 3) Percutaneous

Closed:

- Bone not came out from skin

Open:

- Bone came out through skin

Closed:

- Closed treatment
Without manipulation (another Name Definitive care)
- Closed treatment with manipulation
another name Restorative care (or) Reduction

Closed treatment without manipulation

- Fracture confirmed by x-ray(TYPE of fracture)
- MD should examine the fractured site after apply the supporting care
 - Splints, cast, strapping, buddy tape, sling, immobilizer

Closed treatment with manipulation/ Restorative care/ manipulation/ reduction

- Fracture confirmed by x-ray(TYPE of fracture)
- Reduction/Restored displaced bone in original position by method
- MD should examine the fractured site after apply the supporting care
 - Splints, cast, strapping, buddy tape, sling, immobilizer
- Splints, cast, strapping, buddy tape, sling, immobilizer should not code in (active) initial care of fracture.
- Follow up visits can code splint, cast separately.

Definitive care:

- He is not restoring original position MD only give supporting care through splints, cast, strapping

Displaced Fracture:

- Bone is moved from original position

Non-displaced fracture:

- Fracture happens but will not move from original position

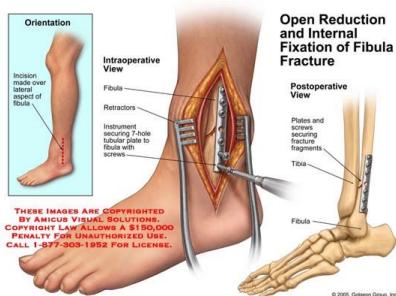
Percutaneous:

- Treatment given through way of the skin

Open treatment:

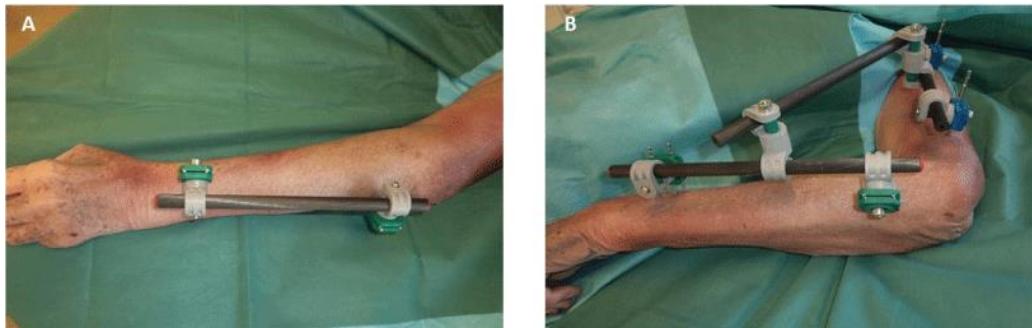
Used when fracture bone is either (or) surgically opened (exposed to the external environment) and the fracture (bone ends) visualized and internal fixation may the fracture bone is opened remote fracture

site in order to insert an intramedullary nail across the fracture site (the fracture site is not opened and visualized)



Percutaneous treatment:

Percutaneous pinning is a way to support unstable fractures (breaks). "Percutaneous" means "through the skin." When the patient is asleep, a surgeon will reduce (set) the fracture. The doctor will insert pins to hold the fracture in position until the bone is healed.



1. Patient is having non displaced fracture in shaft of radius & ulna. MD applied supporting care (splint) to the fracture site then discharge to home
2. ORIF metacarpal?
3. ORIF metatarsal?
4. ORIF for patella fracture with internal fixation?
5. ORIF for blowout fracture with implantation of bone graft?

EM/ED+FRACTURE**99XXX-57**

Fracture-54-RT/LT

EM/ED+SPLINT**99XXX-25**

2XXXX-RT/LT

Direct questions:

1. Removal of implant Deep?
2. Removal of implant Superficial?
3. Application of uniplane in external fixation system?
4. Application of Multiplane in external fixation system?
5. Lipoma excision in thigh 3.5cm to subcutaneous tissue?
6. Lipoma excision in thigh 7cm to subfascial?
7. Arthroscopy TMJ with diagnostic?
8. Arthroscopy TMJ with surgical?
9. Arthroscopy shoulder with partial synovectomy?
10. Arthroscopy hip with femoroplasty?
11. Arthroscopically aided anterior cruciate ligament repair?
12. Arthroscopy; Knee, surgical; with meniscus repair of medial?