

1 **Clinical Practice Guideline:** **Closed Treatment of Lower Extremity Fractures or**
 2 **Dislocations**

4 **Date of Implementation:** **December 18, 2015**

6 **Product:** **Specialty**

9 **GUIDELINES**

10 A. American Specialty Health – Specialty (ASH) considers services consisting of CPT®
 11 Codes 27750, 27760, 27767, 27768, 27780, 27781, 27786, 27788, 27808, 27810,
 12 27816, 27818, 27824, 27830, 27831, 27840, 27842, 28400, 28405, 28430, 28435,
 13 28450, 28455, 28470, 28475, 28490, 28495, 28510, 28515, 28530, 28540, 28545,
 14 28570, 28575, 28600, 28605, 28630, 28635, 28660, or 28665 to be medically necessary
 15 for closed treatment of fractures **upon meeting the following criteria:**

16
 17 When supported by **1 or more of the following diagnoses** (diagnosis code must
 18 correlate with CPT code):

20 **ICD-10 Codes and Descriptions**

ICD-10 Code	ICD-10 Code Description
M24.374 – M24.376	Pathological dislocation of foot, not elsewhere classified
M84.361(A)(D)(G)(K)(P)(S) – M84.369(A)(D)(G)(K)(P)(S)	Stress fracture, tibia and fibula
M84.371(A)(D)(G)(K)(P)(S) – M84.379(A)(D)(G)(K)(P)(S)	Stress fracture, ankle, foot, and toes
M84.461(A)(D)(G)(K)(P)(S) – M84.469(A)(D)(G)(K)(P)(S)	Pathological fracture, tibia and fibula
M84.471(A)(D)(G)(K)(P)(S) – M84.479(A)(D)(G)(K)(P)(S)	Pathological fracture, ankle, foot, and toes
S82.201(A)(D)(G)(K)(P)(S) – S82.299(A)(D)(G)(K)(P)(S)	Fracture of shaft of tibia, for closed fracture
S82.301(A)(D)(G)(K)(P)(S) – S82.309(A)(D)(G)(K)(P)(S), S82.391(A)(D)(G)(K)(P)(S) – S82.399(A)(D)(G)(K)(P)(S)	Unspecified and other fracture of lower end of tibia for closed fracture
S82.311(A)(D)(G)(K)(P)(S) – S82.319(A)(D)(G)(K)(P)(S)	Torus fracture of lower end of tibia
S82.401(A)(D)(G)(K)(P)(S) – S82.499(A)(D)(G)(K)(P)(S)	Fracture of shaft of fibula, for closed fracture

ICD-10 Code	ICD-10 Code Description
S82.51X(A)(D)(G)(K)(P)(S) – S82.66X(A)(D)(G)(K)(P)(S)	Fracture of medial malleolus of tibia and lateral malleolus of fibula for closed fracture
S82.811(A)(D)(G)(K)(P)(S) – S82.829(A)(D)(G)(K)(P)(S)	Torus fracture of fibula and tibia, for closed fracture
S82.831(A)(D)(G)(K)(P)(S) – S82.839(A)(D)(G)(K)(P)(S)	Other fracture of upper and lower end of fibula
S82.841(A)(D)(G)(K)(P)(S) – S82.856(A)(D)(G)(K)(P)(S)	Bimalleolar and trimalleolar fracture of lower leg, for closed fracture
S82.871(A)(D)(G)(K)(P)(S) – S82.876(A)(D)(G)(K)(P)(S)	Pilon fracture of tibia, for closed fracture
S92.001(A)(D)(G)(K)(P)(S) – S92.066(A)(D)(G)(K)(P)(S)	Fracture of calcaneus, for closed fracture
S92.101(A)(D)(G)(K)(P)(S) – S92.199(A)(D)(G)(K)(P)(S)	Fracture of talus, for closed fracture
S92.201(A)(D)(G)(K)(P)(S) – S92.209(A)(D)(G)(K)(P)(S), S92.301(A)(D)(G)(K)(P)(S) – S92.356(A)(D)(G)(K)(P)(S),	Fracture of tarsal or metatarsal bone(s), for closed fracture
S92.211(A)(D)(G)(K)(P)(S) – S92.216(A)(D)(G)(K)(P)(S), S92.221(A)(D)(G)(K)(P)(S) – S92.246(A)(D)(G)(K)(P)(S), S92.251(A)(D)(G)(K)(P)(S) – S92.256(A)(D)(G)(K)(P)(S)	Fracture of navicular [scaphoid], cuboid, or cuneiform of foot, for closed fracture
S92.401(A)(D)(G)(K)(P)(S) – S92.499(A)(D)(G)(K)(P)(S)	Fracture of great toe, for closed fracture
S92.501(A)(D)(G)(K)(P)(S) – S92.599(A)(D)(G)(K)(P)(S)	Fracture of lesser toe(s), for closed fracture
S92.901(A)(D)(G)(K)(P)(S) – S92.909(A)(D)(G)(K)(P)(S)	Unspecified fracture of foot, for closed fracture
S92.911(A)(D)(G)(K)(P)(S) – S92.919(A)(D)(G)(K)(P)(S)	Unspecified fracture of toe(s), for closed fracture

1 B. ASH considers services consisting of CPT Codes 27840, 27842, 28545, 28575, 28600,
2 28605 28630, 28635, 28660, or 28665 to be medically necessary for closed treatment
3 of dislocation upon meeting the following criteria:
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5 When supported by **1 or more of the following diagnoses** (diagnosis code must
6 correlate with CPT code):
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ICD-10 Code	ICD-10 Code Description
S93.01XA – S93.06XS	Subluxation or dislocation of ankle joint
S93.101A – S93.106S	Unspecified subluxation or dislocation of toe
S93.111A – S93.149S	Subluxation or dislocation of interphalangeal and metatarsophalangeal joint of toe
S93.301A – S93.306S	Unspecified subluxation or dislocation of foot
S93.311A – S93.316S	Subluxation or dislocation of tarsal joint of foot
S93.321A – S93.326S	Subluxation or dislocation of tarsometatarsal joint of foot
S93.331A – S93.336S	Other subluxation or dislocation of foot

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9 **CPT® Codes and Descriptions**

CPT® Code	CPT® Code Description
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27760	Closed treatment of medial malleolus fracture; without manipulation
27767	Closed treatment of posterior malleolus fracture; without manipulation
27768	Closed treatment of posterior malleolus fracture; with manipulation
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27808	Closed treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation

CPT® Code	CPT® Code Description
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond), with or without anesthesia; without manipulation
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
28400	Closed treatment of calcaneal fracture; without manipulation
28405	Closed treatment of calcaneal fracture; with manipulation
28430	Closed treatment of talus fracture; without manipulation
28435	Closed treatment of talus fracture; with manipulation
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28475	Closed treatment of metatarsal fracture; with manipulation, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation

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Closed Treatment of Lower Extremity Fractures or Dislocations

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To CQT for review 07/08/2024

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QIC reviewed and approved 08/06/2024

To QOC for review and approval 08/19/2024

QOC reviewed and approved 08/19/2024

CPT® Code	CPT® Code Description
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28530	Closed treatment of sesamoid fracture
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28570	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia

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DESCRIPTION/BACKGROUND

According to the American Medical Association Current Procedural Terminology (CPT), The above CPT codes are billed globally and not in an itemized manner. The global period includes applying the initial splint or cast and follow-up for 90 days, or 10 days for isolated metatarsophalangeal and interphalangeal joint dislocations (but excludes billing for replacement casts/splints, supplies, and x-rays as appropriate). The original E/M service may be coded with a modifier (such as 57 or 25), depending on the level of the encounter. If the encounter is minimal, which it may be for evaluation of an isolated injury, do not code for the encounter. In other words, based on a limited encounter, the concurrent E/M office service that resulted in the decision for the closed treatment of the fracture or dislocation is not reported.

In closed fractures, the surrounding skin remains intact. All forms of treatment of fractured bones follow one basic rule: the broken pieces must be put back into position and prevented

1 from moving out of place until they are healed. In many cases, the doctor will manipulate
 2 parts of a broken bone back to the original position or ‘reduce’ the fracture. In other
 3 situations, no manipulation is necessary. In both cases, immobilization with splinting or
 4 casting is typically required to stabilize the fracture. Minor foot fractures may only need a
 5 removable brace, boot, or shoe with a stiff sole. A fractured toe is usually taped to a
 6 neighboring toe, with a piece of gauze between them. Conscious sedation and local or
 7 regional anesthesia may be used to control pain and to promote muscle relaxation.

9 **PRACTITIONER SCOPE AND TRAINING**

10 Practitioners should practice only in the areas in which they are competent based on their
 11 education, training, and experience. Levels of education, experience, and proficiency may
 12 vary among individual practitioners. It is ethically and legally incumbent on a practitioner
 13 to determine where they have the knowledge and skills necessary to perform such services
 14 and whether the services are within their scope of practice.

16 It is best practice for the practitioner to appropriately render services to a member only if
 17 they are trained, equally skilled, and adequately competent to deliver a service compared
 18 to others trained to perform the same procedure. If the service would be most competently
 19 delivered by another health care practitioner who has more skill and training, it would be
 20 best practice to refer the member to the more expert practitioner.

22 Best practice can be defined as a clinical, scientific, or professional technique, method, or
 23 process that is typically evidence-based and consensus driven and is recognized by a
 24 majority of professionals in a particular field as more effective at delivering a particular
 25 outcome than any other practice (Joint Commission International Accreditation Standards
 26 for Hospitals, 2020).

28 Depending on the practitioner’s scope of practice, training, and experience, a member’s
 29 condition and/or symptoms during examination or the course of treatment may indicate the
 30 need for referral to another practitioner or even emergency care. In such cases it is prudent
 31 for the practitioner to refer the member for appropriate co-management (e.g., to their
 32 primary care physician) or if immediate emergency care is warranted, to contact 911 as
 33 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for
 34 information.

36 **References**

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