



Class 13 Homework: Musculoskeletal System Overview

1. Coding for the musculoskeletal section requires a professional understanding of ICD-10-CM Section I Guidelines for Chapter 13 (Musculoskeletal) and Chapter 19 (Injury and Poisoning). The coder must develop a clear understanding of:
 1. Bone and joint anatomy and terminology
 2. The anatomical position of the human body
 3. Fracture and disease terminology
 4. An understanding of CPT guidelines
 5. Layout of the dense 20000 Musculoskeletal Section and the Spine codes in the 60000 Section
 6. An understanding of similarities and differences between Surgical Package & Medicare's Global Package
 7. Understanding of NCCI (CCI) Edits
 8. Understanding of NCCI/CCI Chapter pages
 9. Understanding of RVUs
 10. Understanding of the endoscopy coding (diagnostic versus surgical codes) and
 11. A commanding understanding of CPT/HCPCS modifiers.
 - a. True
 - b. False

2. Assign the diagnosis code(s) for a closed, traumatic non-displaced shaft fracture of the left and right humerus.

Possible answer 1: S42.301A S42.302A
Possible answer 2: S42.302A S42.301A
Rationale: *ICD-10-CM Index: Fracture, humerus, shaft S42.30-. Continue to Alphabetic Index. Report S42.301A and S42.302A for right and left.*

3. A 12-year-old boy fell out of a tree four hours ago, he was brought to the clinic, the physician reviewed the x-rays, and examined the boy. The diagnosis is a transverse fracture, shaft of the right humerus. The alignment was perfect, and the clinician will treat this fracture with an appropriate fiberglass immobilizer. He will come back in 7 days for an x-ray and exam.

Choose today's service code from the list provided.

 - a. 24560
 - b. 24505
 - c. 24515
 - d. 24500

4. Consider the code you selected for the previous question and select all that apply from below.
 - a. The code is considered a major surgical code and therefore includes 90 days of follow-up care.
 - b. The construction and application of the fiberglass splint may be coded separately from the surgical fracture care code assigned today.
 - c. The x-ray taken in the clinic today may be coded separately.
 - d. A well-documented E/M code may not be assigned today.



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- e. A well-documented E/M code could be assigned today but would need modifier 57.

5. The 12-year-old child returns to the clinic seven days after diagnosis and initial treatment of the right humerus fracture. An x-ray is taken in this clinic and the humerus fracture remains in perfect alignment. A long-arm fiberglass cast is fitted from the shoulder, goes over the wrist, and stops at the end of the distal metacarpals. He is to return in two weeks for a FU visit. This clinic is a private practice clinic and is not an FQHC clinic. Select all that apply from the list below.
 - a. The visit is provided at no charge. (99024)
 - b. The visit is assigned 99212 because there was minimal hx/ex and straightforward MDM.
 - c. The x-ray and the cast application may not be coded as it is included in the global/surgical package.
 - d. The x-ray and the cast application may be coded separately today.

6. When a patient has a displaced fracture at the neck of 5th metacarpal of the left hand, which statement best describes where this fracture is located?
 - a. The neck of any metacarpal is closer to the wrist than to the fingers.
 - b. The neck of any metacarpal is in the middle of the bone.
 - c. The neck of any metacarpal is closer to the fingers than the wrist. This is the distal end of the metacarpal.
 - d. None of the above are correct because the metacarpals are in the foot.

7. An 18-year-old patient punched the wall 24 hours ago and presents to the clinic with pain and swelling of the left hand. X-ray and exam reveal a displaced fracture at the neck of the fifth metacarpal, left hand. Assign the diagnosis code(s) for this initial visit.
 - a. S62.337A
Rationale: ICD-10-CM: Fracture, metacarpal, fifth, neck (displaced) S62.33-. Continue to Alphabetic index and select S62.337A Displaced fracture of neck of fifth metacarpal bone, left hand.

8. This patient with a displaced fracture at the neck of the fifth metacarpal was seen by the orthopedic surgeon and underwent a closed reduction and casting of the fracture. Assign the CPT code(s) for this service.
 - a. 26605
Rationale: CPT Index: Fracture, metacarpal, closed treatment 26600-26605. Review code options, the correct code is 26605 with manipulation.

9. A 20-year-old patient had a displaced fracture at the neck of the fifth metacarpal, but closed reduction would not hold the fracture in place, so the surgeon did a percutaneous pinning of the fifth metacarpal fracture. Assign the CPT code(s) for this service.
 - a. 26608
Rationale: CPT Index: Fracture, metacarpal, percutaneous fixation 26608.

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10. The 20-year-old in the above story was seen in follow-up by the orthopedic surgeon five days after his percutaneous pinning of the fifth metacarpal fracture. The reduction has slipped and was not acceptable. The surgeon had explained preoperatively that this was a risk with this fracture. The patient was taken to the operating room where an open reduction and internal fixation (ORIF) using a short plate and screws was accomplished. The patient was put in a posterior splint. Will recheck with exam and x-ray in two days.

Assign today's surgical service code(s) and any needed modifier(s).

a. 26615-78

Rationale: *Correct answer is 26615-78. CPT Index: Fracture, metacarpal, open treatment 26615. Apply modifier 78 unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period. A surgical package code was reported five days prior to this visit. It is necessary to indicate this was an unplanned service during the postoperative period.*

11. A 44-year-old woman has right knee pain and intermittent swelling; she describes a type of locking in the right knee. After x-rays and examination, the surgeon scheduled a diagnostic arthroscopy so that an exact diagnosis could be made.

Today's surgical finding after the knee arthroscopy: No findings, knee joint completely normal.

Assign the surgical service code(s).

a. 29870

12. A 44-year-old woman has right knee pain and intermittent swelling; she describes a type of locking in the right knee. After x-rays and examination, the surgeon scheduled a diagnostic arthroscopy so that an exact diagnosis could be made.

Today's surgical finding after the knee arthroscopy: Medial meniscus tear; meniscectomy performed.

Assign the service code(s).

a. 29881

Rationale: *CPT Index: Arthroscopy, surgical, knee 29866-29868, 29871-29889. After reviewing code options, the correct code is 29881 Arthroscopy, knee, surgical; with meniscectomy.*

13. A 44-year-old woman has right knee pain and intermittent swelling; she describes a type of locking in the right knee. After x-rays and examination, the surgeon scheduled a diagnostic arthroscopy so that an exact diagnosis could be made.

Today's surgical finding after the knee arthroscopy: Medial and Lateral meniscus tears; Articular cartilage debridement and repair of both meniscus performed.

Assign the service code(s).

a. 29883

Rationale: *CPT Index: Arthroscopy, surgical, knee 29866-29868, 29871-29889. After reviewing code options, select 29883 Arthroscopy, knee, surgical, with meniscectomy (medial OR lateral, including nay meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.*



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14. A 68-year-old with degenerative osteoarthritis underwent a right total knee arthroplasty. He signed a consent for a total knee arthroplasty to include both sides and the patella. Code the service performed.

a. 27447

Rationale: *CPT Index: Arthroplasty, knee, 27437-27447. Report 27447 Arthroplasty, knee, condyle and plateau; medical AND lateral compartments with or without patella resurfacing (total knee arthroplasty).*

15. A 77-year-old had a total hip replacement ten years ago. It has loosened and is painful. Today we performed a revision of total hip arthroplasty and replaced both the acetabular and femoral component. Bone graft was used. Assign the CPT code(s).

a. 27134

Rationale: *CPT Index: Arthroplasty, hip, revision, 27134-27138. The correct code is 27134 Revision of total hip arthroplasty; both components, with or without autograft or allograft.*