

Understanding Your Fracture Care Bill

Your insurance company requires that we bill our fracture services to you using a coding system known as CPT (Current Procedural Terminology); these codes are found in the “surgery” section of the CPT codebook. Clearly, this does not mean that you had an operation. However, this is the manner in which the CPT book is organized for ease of use by both insurance companies and physicians.

Therefore, the fracture care services rendered in the office today may be shown on your Explanation of Benefits (EOB) form as a surgical procedure. As such, your insurance company may apply a surgical co-insurance responsibility or deductible. Please know that we have correctly performed and documented the services as required by CPT coding guidelines.

The following is *included* in this fracture care fee:

- * All office visits 90 days after initial care
- * Application of fiberglass cast or splint during initial visit
- * Removing all casts and splints
- * Modification of the initial cast or splint as needed
- * Interpretation of all x-rays regarding the fracture, including x-rays taken elsewhere and brought in by you, as well as x-rays taken in our office.

The following items are *not included* under the fracture care code and will be billed separately:

- * Crutches, slings, removable casts
- * Charges for taking x-rays in our office (interpretation of x-rays is covered under the global fee)
- * Any fiberglass cast or splint subsequent to the initial one
- * Casting/splinting supply materials

We will bill your insurance company directly for the fracture care charges and you will *only* be responsible for charges or services not covered by your insurance company.

Please do not hesitate to contact our billing department at (908)782-0600 if you have questions regarding this fracture care policy. Thank you for taking a moment to review this information.



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