FRACTURE CARE BILLING POLICY

Fracture Care Information

Your insurance company requires that we bill our services to you using a coding system known as CPT (Current Procedural Terminology). The codes used to describe the services provided are found in the "surgery" section of the CPT codebook. This does not mean we are implying that you had an operation. This is merely the way the CPT book is organized for ease of use by both the insurance companies and physicians. Your insurance carrier determines the reimbursement for fracture care. Co-pay, coinsurance and/or deductibles may apply.

According to the CPT guidelines, fracture care is billed as a "packaged" service. This means that at the time of the initial care, a bill is generated that includes:

- Restorative treatment or procedure
- The first cast or splint application
- 90 days of normal, uncomplicated, follow up care/visits
- *Any of the above may or may not be required for your specific type of fracture.

Services excluded from the package (billed only as allowed per individual insurance contracts):

- Initial consult/office visit for the fracture
- X-rays and/or review of X-rays done at another facility
- Replacement or subsequent casting and supplies
- Treatment of complication
- Durable Medical Equipment

If you have any questions, please call the Billing Department at (570) 307-1768.