

Understand Fracture Care Billing

Insurance companies require all billing to be done using a coding system referred to as CPT (Current Procedural Terminology) combined with a corresponding diagnosis code referred to as ICD-9 (soon to be ICD-10). The CPT codes for fracture care billing are found in the "Surgical" section of the CPT code book; however, this does not mean that you have actually had an operation. It is simply the way in which the book is organized for physician and insurance company ease of use.

The fracture care service performed in the office by our provider may show up on the Explanation of Benefits (EOB) from your insurance company as a surgical procedure. As a result, your insurance company may apply your responsibility as a deductible or co-insurance. We want to make sure you are aware that we have correctly performed and documented the services as required by the coding guidelines.

The following are services/procedures that are **included** in the fracture care charge:

- Office visits 90 days after initial care
- Cast application or splint during initial office visit
- Removal of all casts and splints
- Any modification of the initial cast or splint as needed
- Interpretation of all X-rays regarding the fracture

The following items are **not included** in the initial fracture care code and will be billed separately at each visit or as applicable:

- Crutches, slings, removable casts
- Charges for taking X-rays in our office
- Cast application or splint subsequent to the initial one
- Casting/splinting supplies

As a courtesy, we will bill your insurance company directly for the fracture care services, and you will only be responsible for charges or services not covered by your insurance company or that are applied to your deductible or co-pay.

If you have any questions, please do not hesitate to contact our billing department at (563) 344-7193.