

If we treat you or your dependent for a fracture, your insurance company requires that we bill our services to you using a coding system known as CPT (Current Procedure Terminology). The codes used to describe the services we completed for you are found in the “surgery” section of the CPT codebook. This does not mean that you had an operation. This is merely the way the CPT codebook is organized for ease of use by both insurance companies and physicians.

According to the CPT guidelines, fracture care is billed as a “packaged” service.

This means that at the time of initial care, a bill is generated that includes:

- Treatment of the fracture
- The first cast or splint application
- 90 days of normal, uncomplicated, follow up care

The procedures and other items NOT included in the package are:

- X-rays
- All casting supplies (including those used with the first cast application)
- Any replacement cast application
- The evaluation and management of any additional problems or injuries
- The treatment of complications

There will be a separate charge for these services.

Your insurance company may cover the care rendered for fractures differently than for office visits. Therefore, when you receive the explanation of insurance benefits, the services may be paid as a surgical procedure with deductible and co-insurance guidelines applied. We are using the most appropriate code available to describe the care rendered. We are required legally to use this code to bill for this service. As always, we encourage you to check with your insurance company and verify the benefits available.

If you have any questions regarding the fracture fee, please do not hesitate to contact our billing department at 912.644.5353.