

Our office makes every effort to follow the current coding practices for reporting medical services as dictated by the Federal government and the American Medical Association. These regulations can be quite complicated and generate many questions from our patients. The purpose of this handout is to clear up any confusion caused by these complicated rules and regarding the billing of Fracture care services.

A fracture, or "broken bone" most often diagnosed by x-ray and can vary greatly in severity and treatment options. However, for billing and insurance coding purposes, fracture care is considered surgery and is subject to special "Surgical Package" rules, regardless of whether these services were provided at the hospital or in the office.

An Insurance claim for fracture care will typically appear as follows:

- 1) An *Exam* at the documented level for diagnosis and decision about: the best treatment options
- 2) An *X-Ray* often is used to diagnose the fracture and/or a post fracture, treatment x-ray to ensure proper alignment
- 3) A *Fracture Code* will be assigned based on the site, type of fracture and whether the treatment is closed or open. Open treatment for a fracture is most often performed in an operating room at the hospital. Closed treatment is usually performed at the Emergency Room or in the Physician Office. However, all fracture treatment is considered "**major surgery**" and will oftentimes be reported as **surgery** on your insurance company Explanation of Benefits.
- 4) The *Cast Application* for the Initial work of applying the cast is included in the above Fracture code, at no charge. Subsequent applications are separately reportable and billable.
- 5) *Cast Supplies* are reported separately and are billable
- 6) *Subsequent Fracture care*: Most "routine fractures" will require several post operative visits which are included at no charge in fracture/surgical fee if related to the same diagnosis. Subsequent X-Rays, Cast Application and Supplies are separately billable.

Some fractures may need additional surgery, procedures or physical therapy that are not included in the fracture fees. There are special rules our office is required to use to report those services.

Insurance coverage and payment amounts vary greatly by payer. If you have any questions about your particular coverage, it is best to check with your company's representative. Please do not hesitate to call us at 512.326.2800 if we may answer any additional questions.

Thank you for choosing Greater Austin Orthopaedics; providing you with first class healthcare is our top priority.

Please sign that you have read and understand the above stated billing of Fracture Care Services.

Patient: _____ Date: _____