

FRACTURE CARE

Dear Patient,

You or your dependent have been treated for a fracture. Your insurance company requires that we bill your services using a coding system known as CPT (Current Procedural Terminology). When you receive your bill and/or EOB (explanation of benefits) from your insurance company, our services for the fracture will be listed as surgery. The billing codes are mandated by the American Medical Association and categorize fractures as "surgery". We must comply with the AMA and bill these codes accordingly. This does not mean you had an operation as fractures can be treated non-operatively (closed treatment) by means of casting/splinting, with manipulation, etc. It is merely the way the insurance companies process your claim.

During your first visit with us for treatment of a fracture, your charges may include:

- Evaluation of the injury
- Fracture care charge for ongoing treatment of a fracture
- X-rays
- Any casting/splinting supplies or DME (durable medical equipment) devices recommended.

When billed for fracture care your subsequent office visits are included for up to 90 days.

You will, however, incur charges for any cast changes (application/supplies) x-rays, the evaluation and management of any additional new problems/injuries or complications if needed.

Your insurance company may cover the care rendered for fractures differently than for office visits. When you receive the explanation of insurance benefits the services may be paid as a surgical procedure, with deductible and co-insurance applied. As always, we encourage you to check with your insurance company and verify benefits available.

If you have any questions regarding the fracture care fees, please contact our billing office at 715-907-0900 or toll free at 800-260-6755

Thank you for choosing Orthopaedic Associates of Wausau for your care!