

Financial Notice for Fracture Care (Global method)

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 regarding the billing of Fracture Care services.

A fracture or “broken bone” is 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 **Initial Fracture care** will typically appear as follows:

1. Exam at the documented level for diagnosis / decisions about the best treatment options.
2. An X-ray often is used to diagnose the fracture and / or post fracture treatment x-ray to ensure proper alignment/healing.
3. A Fracture Code will be assigned based on the site, type of fracture and whether the treatment is closed or open. Open treatment is most often performed in an Operating room at the hospital. Closed treatment often is done at the Emergency Department or in the Office. However, ALL fracture treatment is considered “major surgery” and will often times be reported as surgery on your insurance company’s 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.

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 applications 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 coding rules our office is required to use to report those additional services.

This office is required by Federal Compliance laws to report the services provided based on the documentation in the medical record. As a matter of policy, we cannot improperly alter a claim for the purpose of obtaining payment. If you discover a bona fide billing error, duplicate charge or other posting error, we would greatly appreciate bringing the matter to the attention of our Business Office staff for further investigation and the proper corrective action.

Insurance coverage and payments amounts vary greatly by each payor. If you have any questions about your particular coverage, it is best to check with your company’s representative. Our able and experienced Business Administrator will be happy to assist you in the claims filing process for prompt adjudication and payment of your insurance claim. Providing you with first in class healthcare is our top priority.