

Fracture and Surgery Billing

All insurance carriers require that medical providers submit their charges using a coding system known as CPT (Current Procedural Terminology). The CPT guidelines are written by the AMA (American Medical Association) and are used nationwide by all medical providers and all insurance carriers. Each CPT code describes a very specific service thereby allowing the provider to be as clear as possible about the service rendered. Fractures and surgeries are processed by the insurance in the same manner and are actually located in the same section of the CPT book – the surgical section of the book. Fractures are of course different than surgery but because they are processed the same and they are both in the surgical section of the CPT book there are times when an insurance carrier will refer to a fracture as surgery. The important points to know about a fracture charge are below.

According to the CPT book, most fracture care is considered a “package” service which is the same with most surgery. This means that at the time of the care, a charge is generated that includes:

- The first cast or splint application
- 90 days of normal, uncomplicated and anticipated follow-up care

The things that are not included in the package are:

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

If you have any questions or concerns, please do not hesitate to contact the Finance Department (860) 889-5934