

PEDIATRIC ORTHOPEDIC ASSOCIATES OF SAN ANTONIO

John Edeen, MD
Raymond M. Stefko, MD
Matthew R. Schmitz, MD
Tina Creekmore, MD
Aaron A. See, DO

4499 Medical Drive
Methodist Plaza, Ste. 235
San Antonio, TX 78229-3712
Phone (210) 692-1613
Fax (210) 616-0290

Explanation of Fracture Care

To the parents of _____, Account # _____

Insurance companies require that we bill our services using a coding system know as Current Procedural Terminology (CPT). The codes used to describe fracture care are found in the "surgery" section of the CPT manual. Even though there maybe no operation that will occur in the office, the evaluation and treatment of the fracture is considered a type of "surgery".

According to CPT guidelines, fracture care is billed as a "packaged" service which will include:

1. Evaluation of the fracture
2. The application of the first cast or splint
3. 90 days of normal, uncomplicated, follow-up care

The things that are NOT INCLUDED in the package are:

1. X-Rays
2. All casting supplies
3. The application of replacement cast
4. The evaluation and management of any additional problems or injuries
5. The treatment of complications
6. Treatment or Office Visits AFTER the 90-day global period

There may be a separate charge for these at the initial office visit as well as follow up fracture care visits during the 90-day global period. Cast replacements that the insurance company does not consider medically necessary may be billed to you, the parent or guardian of the patient.

By my signature, I acknowledge that I have read and understand the foregoing.

Parent Signature _____ Date _____
[Please keep a copy of this for your own reference.]