



## WHAT ARE FRACTURE CARE CHARGES?

All insurance companies require that our services are billed using a coding system known as CPT (Current Procedural Terminology). The codes used to describe the services performed are found in the surgery section of the CPT code book. This does not mean you had an operation; it's simply the category that the healthcare industry uses for fracture care billing. Your insurance explanation of benefits (EOB) may list our services as surgery. This is appropriate based on medical billing guideline standards.

According to CPT guidelines, fracture care is billed as a package or global service. Meaning, at the time of initial care, a bill is generated including:

- Treatment of the fracture.
- First cast or splint application  
(this does not include supplies nor any subsequent casts).
- 90 days of normal, uncomplicated, follow-up care.

There are items that are not included in the packaged services. These services **will be billed in addition to the fracture care code.**

- Initial evaluation by **Jewett Orthopaedic Clinic** Physician or Physician's Assistant.
- X-rays.
- Casting supplies and/or support/braces applied.

**Water proof casting materials may not be covered by your insurance.**

Many health plans consider the application of this material a patient convenience rather than medically necessary. If your insurance denies this coverage, you will be responsible for paying this portion of the bill.

If you have any questions regarding your bill, feel free to contact your billing customer service line. **407 599-1685**. Monday through Friday. 8:00 am to 5:00 pm. If you have any questions about your medical care, please contact the physician's office where treatment was received.