



ORTHOPAEDIC SURGERY SPECIALISTS

ARTHRITIS • SPORTS MEDICINE • HAND SURGERY • TRAUMA
ADULT AND PEDIATRIC

Understanding Your Fracture Care Bill

- Many of our patients undergoing treatment for a fracture (broken bone) often have questions about their EOB (Explanation Of Benefits) regarding fracture care. Therefore, we have created this short form to help you better understand your bill, on your road to recovery.
 - We hope you will find this helpful and informative.
- Insurance companies have created a series of numeric codes to be used by physicians when treating patients. Insurance companies mandate that your physician use these codes. There are special codes for patients with fractures.
- If you are being treated for a fracture you may encounter these “codes” on your EOB. They may often times be referred to as “office surgery” or “office procedure.”
 - Many patients are alarmed when they see “surgery” on their bill, when they know that they have not had surgery. This is simply how your insurance company has elected to process and label insurance claims.
- Fracture care codes have a 90 day global period. A 90 day global period is a period of 90 days after a procedure (surgery or initial visit for fracture care) which entitles you to 90 days of follow up care.
 - This means that your physician is paid only the first time they see you for your fracture (broken bone). This fee covers your care for the next 90 days.
 - This fee does NOT cover any repeat X-rays, supplies (braces, casts), or new complaints. These are billed separately.
- Often times your physician will examine you, interpret your X-rays, consider different treatment plans, and determine which is best for you. This may involve a reduction or manipulation of the fracture with possible splinting or casting, or possibly careful continued observation. **Whatever** the treatment rendered, the fracture care code will cover the costs of all your follow up visits for 90 days (excluding repeat X-rays casts/splints).