

Orthopaedic Institute of Southern Illinois

510 Lincoln Drive
Herrin, IL 62948
618.997.6800

Billing Information

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 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** is often used to diagnose the fracture and/or a post fracture treatment x-ray to ensure proper alignment.
- 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 a Surgery Center or Hospital. Closed treatment is often done at the Emergency Room or in the office. **However, all fracture treatment is considered "Major Surgery" and will oftentimes be reported as surgery on your insurance company Explanation of Benefits (EOB).**
- 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 reported and billable.
- 5) **Cast Supplies** are reported separately and billable.
- 6) **Subsequent Fracture Care:** Most "routine" fractures will require several post operative visits which are included at no charge in the fracture/surgical fee if related to the same diagnosis for 90 days. 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 fee. There are special rules our office is required to use to report those services.

This office is required by Federal Compliance law 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 you bringing the matter to the attention of our Business Office staff for further investigation and the proper corrective action will be taken. If you receive a questionnaire from your insurance asking how your injury occurred, please complete the form and return to them promptly. Your insurance will not pay until the form is returned to them.

Insurance coverage and payment amounts vary greatly by payer. If you have any questions about your particular coverage, it is best to check with your company's representative. Our Business Office staff 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.

Patient Signature: _____ Date: _____

**PLEASE READ AND KEEP THIS FORM IF YOU HAVE A FRACTURE,
IT WILL HELP YOU UNDERSTAND YOUR INSURANCE EXPLANATION OF BENEFITS**