



Bay Area Orthopedic Surgery and Sports Medicine

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Dear Patient/Guarantor:

Your insurance company requires that we report our services to them using a coding system known as CPT (current procedural terminology). The CPT codes used to describe the series we did for you are found in the “surgery” section of the CPT workbook. This does not mean we are implying that you had an operation. This is merely the way the CPT book is organized for ease of use by both insurance companies and physicians.

According to CPT guidelines, fracture care may be reported to the insurance company as a “packaged” service. This means that at the time of initial care a claim is generated that includes the following work/services:

1. The application of the first cast or splint
2. 90 days of “normal” and/or “uncomplicated” follow up care.

These services that are not included in the fee associated with the fracture are billed separately:

1. X-rays
2. All casting supplies (including those for first cast application)
3. Replacement cast applications
4. Evaluation and Management for any additional problems or injuries
5. Treatment of complications or surgical procedures

There will be a separate charge for these and any appropriate copayments, deductibles and coinsurance may apply. These will be required at time of service.

Note: Cast replacements that are not for medical necessity may be denied by your insurance company and may be billed to you directly.

If you have any questions please do not hesitate to contact our office.

Medical Staff,
Bay Area Orthopedic Surgery and Sports Medicine