

# **Explanation of your Global Fee**

## Explanation of global billing for fracture care

Insurance company contracts and/or government regulations require that we bill our services using a coding system known as CPT (Current Procedural Technology). The codes used for fractures are found in the “surgery” section of the CPT codebook. This does not mean we are charging you for an operation. This is merely the way the CPT book is organized and the terms they use.

According to CPT guidelines, fracture care is billed as a “packaged” or “global” service. The fee for fracture care includes:

1. Evaluation of the fracture
2. The first cast or splint application
3. 90 days of routine physician office visits.

The things that are not included in the package are:

1. X-rays
2. All casting **supplies**  
(**Including those used in the first cast or splint**)
3. Any replacement cast **application**
4. The evaluation and management of any additional problems or injuries
5. The treatment of complications
6. Convenience items (swim cast) are not covered by insurance

There will be a separate charge for these.

For each follow up visit, most insurance companies require a copay if an x-ray or cast change is done.

If you have any questions, please do not hesitate to contact your office at (804) 272-0726. I apologize for the complicated nature of these rules (which we did not write or choose.)

Children’s Orthopedic Center