



TRINITY

SPINE & ORTHO

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You May Have a Fracture – Understanding Your Insurance Coverage

We would like to provide you with more information for your further understanding of what to expect will and will not be covered by insurance.

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 services we performed for you are found in the “surgery” section of the CPT workbook. This does not mean that we are implying 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 may include the following work/service:

1. The application of the first cast or splint
2. Ninety days of normal, uncomplicated follow-up care

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

1. Surgical charges if it becomes medically necessary
2. X-rays (initial and follow-up)
3. All casting supplies (including those used in the first cast or splint)
4. Replacement cast application for medical necessity
5. Evaluation and management of any unrelated problems or injuries
6. Treatment of complications that require a return to the operating room

There will be a separate charge for these and any appropriate copayments, deductibles, or coinsurances may apply.

Note: Cast replacements that are not for medical necessity may be denied by your insurance company and may be billed to you, the patient, or guarantor of service.

If you have any questions, please do not hesitate to contact our billing department at 469-608-8542.

Patient Signature: _____ Date: _____