

Simple Fracture

Instructions to Plans and Issuers: *Do not modify this tab. The numbers shown here roll up from the Scenario tab.*

| Sample Care Costs | |
|---|----------------|
| Other Facility Services | \$43 |
| Ambulance | \$944 |
| Emergency Department: Facility | \$357 |
| Professional Services: Emergency Department | \$385 |
| Professional Services: Specialist | \$341 |
| Professional Services: Physical Therapy | \$364 |
| Diagnostic Services: Radiology | \$113 |
| Durable Medical Equipment | \$248 |
| Prescription Drugs: Generic | \$5 |
| Total (unrounded) | \$2,800 |

Assumptions

The following are assumptions that all group health plans and health insurance issuers must use for this scenario.

Standard Assumptions

These assumptions are standard across all scenarios.

Costs do not include premiums.

Condition was not excluded as a pre-existing condition.

There are no other medical expenses for any member covered under the plan or policy.

All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.

No out-of-network charges or any other variation in Sample Care Costs.

All services occur in same policy period.

All prior authorizations were obtained.

All services were deemed medically necessary.

All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundredth.

All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest tenth.

If applying the rounding rules causes the out-of-pocket amount displayed to exceed the actual out-of-pocket limit (for self-only coverage), then the out-of-pocket amount must be capped and shown as the amount of the actual out-of-pocket limit.

All medications are covered as generic equivalents if available.

If the plan has a wellness program that varies the deductibles, copayments, coinsurance, or coverage for any of the services listed in a treatment scenario, the plan or issuer must complete the calculations for that treatment scenario assuming that the patient is NOT participating in the wellness program.

Medical Condition:**Simple Fracture**

Note: Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

Explanation of Scenario:

Total – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.

Date of Service – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.

ICD-9 Diagnosis Code – includes the ICD-9 code for each item or service.

ICD-10 Diagnosis Code – includes the ICD-10 code for each item or service.

CPT, HCPCS or Other Billing Code – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.

Provider Type – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.

Category – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.

Description – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.

Allowed Amount – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

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Totals: \$2,800.17

| Date of Service | ICD-10 Diagnosis Code | CPT®, HCPCS, or Other Billing Code | Provider Type | Category | Description | Allowed Amount |
|-----------------|-----------------------|------------------------------------|---------------------|--------------------------------|--|----------------|
| 2-Jun | S99929A | A0425 | Ambulance (land) | Ambulance | Ground mileage, per statute mile | \$161.71 |
| 2-Jun | S99929A | A0429 | Ambulance (land) | Ambulance | Ambulance service, basic life support, emergency transport (bls-emergency) | \$782.16 |
| 2-Jun | S92355A | 99283 | Outpatient Hospital | Emergency Department: Facility | Emergency department visit for evaluation and management of patient, which req 3 key components. Usually, presenting problem(s) are high severity, & require urgent physician evaluation but do not pose | \$357.31 |

| | | | | | | |
|--------|---------|-------------|---------------------|---|---|----------|
| 2-Jun | S92355A | 73630 | Outpatient Hospital | Professional Services: Emergency Department | Radiologic examination, foot; complete, minimum of 3 views | \$49.72 |
| 2-Jun | S92355A | 28470 | Outpatient Hospital | Professional Services: Emergency Department | Closed treatment of metatarsal fracture; without manipulation, each | \$335.16 |
| 2-Jun | S92355A | L4361 | Outpatient Hospital | Durable Medical Equipment | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf | \$211.56 |
| 2-Jun | | E0114 | Pharmacy Retail | Durable Medical Equipment | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips | \$35.97 |
| 2-Jun | | 00093015010 | Pharmacy Retail | Prescription Drugs: Generic | Week supply of Acetaminophen 300 MG / Codeine Phosphate 30 MG Oral Tablet | \$5.24 |
| 9-Jun | S92355A | 99203 | Outpatient Hospital | Professional Services: Specialist | Office or other outpatient visit for the evaluation and management of a new patient, which requires at least 3 key components. Physicians typically spend 30 minutes face-to-face with the patient. | \$127.51 |
| 9-Jun | S92355A | 73630 | Outpatient Hospital | Diagnostic Services: Radiology | Radiologic examination, foot; complete, minimum of 3 views | \$49.72 |
| 9-Jun | S92355A | 29405 | Outpatient Hospital | Professional Services: Specialist | Application of short leg cast (below knee to toes); | \$132.03 |
| 9-Jun | S92355A | Q4038 | Outpatient Hospital | Other Facility Services | Cast supplies, short leg cast, adult (11 years +), fiberglass | \$43.22 |
| 14-Jul | S92355A | 73610 | Primary | Diagnostic Services: Radiology | X-ray of ankle, minimum of 3 views | \$63.18 |

| | | | | | | |
|--------|---------|-------|------------------|---|--|----------|
| 14-Jul | S92355A | 99213 | Primary | Professional Services: Specialist | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Physicians typically spend 15 minutes face-to-face with the | \$81.66 |
| 4-Aug | S92355A | 97001 | Physical Therapy | Professional Services: Physical Therapy | Physical therapy evaluation | \$116.43 |
| 11-Aug | S92355A | 97110 | Physical Therapy | Professional Services: Physical Therapy | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | \$82.53 |
| 11-Aug | S92355A | 97110 | Physical Therapy | Professional Services: Physical Therapy | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | \$82.53 |
| 18-Aug | S92355A | 97110 | Physical Therapy | Professional Services: Physical Therapy | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | \$82.53 |

**** Inpatient costs were calculated based on national averages using the indicated DRG codes. Additional variances may occur based on how health plan hospital contracts are structured (e.g., case rate, per diems, percentage of billed charges, etc.)**

The following are the provider types to use on the "Scenario" tab ~ "Provider Type" column to classify each service by provider type. This aids group health plans and health insurance issuers in applying benefits to each item and service.

Provider Type What providers are covered under this Provider Type and other notes:

- Ambulance (land)
- Outpatient Hospital
- Pharmacy Retail
- Primary
- Physical Therapy

The following are the categories to use on the "Scenario" tab ~ "Category" column to classify each item and service so it rolls up to the same category in the Coverage Example label on the "Label and Assumptions" tab. This facilitates consistency between the "Scenario" tab and Coverage Example label.

Category

What services are covered under this Category and other notes:

Ambulance

Emergency Department: Facility

Professional Services: Emergency Department

Other Facility Services

Durable Medical Equipment

Professional Services: Specialist

Diagnostic Services: Radiology

Professional Services: Physical Therapy

Prescription Drugs: Generic