

Fracture of the Fifth Metatarsal (Foot Fracture)

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

Sample care costs:

Emergency Services	\$1,400
Medical equipment and supplies	\$400
Office Visits and Procedures	\$300
Physical Therapy	\$200
Laboratory Tests	\$90
Prescriptions	\$10
Total	\$2,400

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 hundred.

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

All medications are covered as generic equivalents if available.

If the plan has a wellness program that varies the deductibles, co-payments, co-insurance, or coverage for any of the services listed in a treatment scenario, the plan must complete the calculations for that treatment scenario assuming that the patient is participating in the wellness program. networks.

Medical Condition:

Fracture of the Fifth Metatarsal (Foot 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.

Notes – includes any special notes for an item or service.

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OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Totals:							\$ 2,486.10	
Date of Service	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Descriptor	Allowed Amount*	Notes
02-Jun	959.7	S89.90XA	A0422	Ambulance (land)	Emergency Services	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	\$ 45.63	
02-Jun	959.7	S89.90XA	A0425	Ambulance (land)	Emergency Services	Ground mileage, per statute mile	\$ 287.07	
02-Jun	959.7	S89.90XA	A0427	Ambulance (land)	Emergency Services	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	\$ 555.20	
02-Jun	825.25	S92.309A	99284	Outpatient Hospital	Emergency Services	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	\$ 234.03	
02-Jun	825.25	S92.309A	73630	Outpatient Hospital	Laboratory Tests	Radiologic examination, foot; complete, minimum of 3 views	\$ 51.76	
02-Jun	825.25	S92.309D	28470	Outpatient Hospital	Emergency Services	Closed treatment of metatarsal fracture; without manipulation, each	\$ 275.85	
02-Jun	V54.16	S92.309D	29540	Outpatient Hospital	Medical equipment and supplies	Strapping; ankle and/or foot	\$ 163.17	
02-Jun	V54.16	S92.309D	29515	Outpatient Hospital	Medical equipment and supplies	Application of short leg splint (below knee to toes);	\$ 146.12	
02-Jun	V54.16	S92.309D	E0114	Pharmacy Retail	Medical equipment and supplies	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	\$ 60.70	
02-Jun			OTC Medication	Pharmacy Retail	Prescriptions	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$ 9.19	
16-Jun	825.25	S92.309D	99203	Outpatient Hospital	Office Visits and Procedures	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.	\$ 129.76	
16-Jun	825.25	S92.309D	29405	Outpatient Hospital	Office Visits and Procedures	Application of short leg cast (below knee to toes);	\$ 113.00	
16-Jun	825.25	S92.309D	Q4038	Outpatient Hospital	Medical equipment and supplies	Cast supplies, short leg cast, adult (11 years +), fiberglass	\$ 58.77	
28-Jul	825.25	S92.309D	73600	Primary	Laboratory Tests	Radiologic examination, foot; 2 views	\$ 34.77	
28-Jul	825.25	S92.309D	99213	Primary	Office Visits and Procedures	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	\$ 91.93	
04-Aug	825.25	S92.309D	97001	Physical Therapy	Physical Therapy	Physical therapy evaluation	\$ 51.08	
04-Aug	825.25	S92.309D	97110	Physical Therapy	Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 59.36	
11-Aug	825.25	S92.309D	97110	Physical Therapy	Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 59.36	
18-Aug	825.25	S92.309D	97110	Physical Therapy	Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 59.36	

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

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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:
Emergency Services	Includes ambulance and emergency department visits
Laboratory Tests	Includes radiology and imaging procedures, x-rays
Medical equipment and supplies	Includes crutches, splint, cast, or other durable medical equipment
	Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not administered in a hospital, physician's office or other facility. Note, this category also includes over-the-counter drugs such as prenatal vitamins and other pharmacy items.
Prescriptions	
	Includes orthopedic evaluation and management visits, application/removal of splint, cast, or other durable medical equipment, and interpretation of x-rays
Office Visits and Procedures	
Physical Therapy	Includes evaluation and therapy sessions

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