

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 02/01/07</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: General Medical Policy</b>	<b>Section: 53.29</b>	
	<b>Pages: 1</b>	
<b>Subject: Casting, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference:</b>	

For the professional fees for application of casts, splints, or strapping performed in the office setting, a physician, physician assistant, or nurse practitioner must bill the appropriate CPT evaluation and management code, or fracture or dislocation codes, or application of casts and strapping code. Providers must follow the CPT coding guidelines for selection of the appropriate code.

For casting, splinting, or strapping supplies provided by a physician, physician assistant, or nurse practitioner in the office setting, the provider must bill the HCPCS codes in the Q4001-Q4050 range for the cost of the supplies.

The coding criteria listed above apply to replacement casts, splints, or strapping.

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<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Foot Care</b>	<b>Section: 42.11</b>	
	<b>Pages: 1</b>	
<b>Subject: Casts, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference: Casting, Splinting, or Strapping in Office Setting 53.29</b>	

Refer to General Medical Policy, Section 53.29, in this manual.

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<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Surgery</b>	<b>Section: 52.15</b>	
	<b>Pages: 1</b>	
<b>Subject: Casting, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference: Casting, Splinting, or Strapping in Office Setting 53.29</b>	

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