

# Insurance: What to Know and What to Expect

## General Terminology

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**DEDUCTIBLE:** This dollar amount determined by your insurance plan is the amount that you must cover up to 100% before your plan will contribute to the cost of a medical service. Typically, any payments made to your deductible also go to your out-of-pocket maximum but please consult with your insurance plan to verify as this is not always the case.

**CO-INSURANCE:** Once you have met your deductible in full, your co-insurance is the percentage amount you will be financially responsible for from the total cost of the service. Ex: if your co-insurance is 15%, you will need to pay 15% of the cost of the medical service and your insurance plan will cover the other 85%.

**CO-PAY:** This is typically a flat dollar amount that is your responsibility to pay at the time of service. Check with your insurance plan if your co-payment can apply towards your deductible or out-of-pocket maximum.

**OUT-OF-POCKET MAXIMUM:** This dollar amount is the maximum amount of money you will have to pay for any covered healthcare services within a plan year. Once met, your insurance plan should pay the cost for all remaining covered medical expenses for the rest of the year in full.

**BALANCE BILLING:** Out-of-network providers and facilities that haven't signed a contract with a particular insurance plan may be permitted to bill you for the difference between what your plan agreed to pay and the total amount charged for service.

## Facility

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Capital Orthopedic Surgery Center (COSC) is a third-party facility that partners with your surgeon to provide you with the surgical services and care you may need. We are **NOT** a part of the Centers for Advanced Orthopedics (CAO), nor any of CAO's offices throughout the DMV area. Additionally, we are **NOT** a part of Anderson Orthopaedic Foot and Ankle Institute, and Summit Orthopaedic Surgery Division.

At Capital Orthopedic Surgery Center (COSC) we do **NOT** balance bill patients. Once a patient meets their co-insurance and/or co-payment balance with our center, our facility will not balance bill for anything additional the insurance plan did not cover. Your in-network co-insurance and/or co-pay rates are always used at COSC because you are treated as an in-network patient. If you have an In-network deductible, co-insurance, and or co-pay it will be collected at time of surgery.

Aetna, Cigna, United Health Care, Humana Military (Tricare) and Multiplan are currently in-network with COSC.

**EXPLANATION OF BENEFITS (EOB):** if applicable, your insurance company may send you an Explanation of Benefits (EOB) about 3-6 weeks after your surgery. An EOB is **NOT** a bill, but many patients are still initially alarmed upon receiving this because the document will state something along the lines Capital Orthopaedic Surgery Center (COSC) is out-of-network, and the total dollar amount for your service must be paid in full. Please do not be alarmed if you receive this letter – please call us at COSC to let us know you received this letter. Our facility will contact your insurance company and sort it out; if you paid your co-insurance/co-payment in full to the facility, COSC will not charge you for any additional amount. We do not balance bill.

At COSC we can provide crutches, walkers, and DVT (deep vein thrombosis device) at our facility. We do not supply any other durable medical equipment (DME). The equipment will be billed to your insurance, and you

will only receive a bill if your insurance plan doesn't cover a portion of the cost. You can check with your plan prior to surgery to verify your coverage.

## Anesthesia

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Capital Anesthesia Associates (also known as Reston Anesthesia Associates) is the third-party anesthesiologist Capital Orthopaedic Surgery Center (COSC) will use for your anesthesia services during surgery. They are **NOT** a part of Capital Orthopaedic Surgery Center (COSC).

Approximately 4-6 weeks after your procedure, Capital Anesthesia will bill your insurance for anesthesia services received for your procedure. Whatever portion is not covered by insurance is billed to the patient. Typically, if you are in-network with the surgeon performing your procedure, Capital Anesthesia will also be in-network with your insurance plan as well. However, because they are a third party, it is **strongly** recommended for the patient to call them directly for any concerns about coverage or billing.

## Surgeon Services

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Sometime after your procedure, you may also receive a bill from the surgeon performing your procedure. This is for the cost of their service as the operating surgeon.

## Prior Authorization

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Prior authorization, also known as prior approval, preauthorization, or precertification, is the process insurance companies use to determine whether a patient is eligible to receive certain procedures, medications, imaging tests, or other services. A prior authorization determines if something is medically necessary.

All plans have their own set of guidelines and criteria on what services need prior authorization, and what meets minimum requirements to be determined as medically necessary. Outpatient surgical procedures may require prior authorization; Your surgeon's office team will determine if this is the case for your plan with the anticipated procedure and initiate that process for approval as needed.

## Coding Terminology

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**CPT CODES:** Current Procedural Terminology (CPT) codes are used as a uniform language for coding and billing medical services and procedures.

**ICD10 CODES:** International Classification of Diseases, Tenth Revision (ICD10) codes are used as a uniform language for coding and classification of all diagnoses, symptoms, and medical services and procedures.

## Contact Information

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### **Capital Orthopedic Surgery Center (COSC)**

**Main Phone:** 301-701-6900

**Fax:** 240-658-6199

**Billing Phone:** 240.658.9144

### **Capital Anesthesia Associates/Reston Anesthesia Associates**

**Main Phone:** 703-471-0919

