



'Billed charges' as a measure of economic impact in follow-up radiographs: reply to Degnan

Ethan A. Smith¹

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Dear editors,

With regard to our manuscript, "Clinical utility and economic impact of routine delayed follow-up radiographs in children with uncomplicated distal radius Salter–Harris 2 fractures" [1], we appreciate Dr. Degnan's clarification that billed charges do not reflect the actual payments made by third party payors for medical services provided to pediatric patients [2]. With this in mind, we were careful throughout the manuscript to refer to any financial estimates as "billed charges" so as not to conflate billed charges with actual payments made by insurers and patients. Medical billing is complex and oftentimes opaque. The true cost of a procedure also requires calculation of non-billed financial burdens, for example parental time off of work and transportation costs. We acknowledged these challenges in the "Discussion" section of the paper, as well as acknowledging that billed charges vary among institutions. Our hope was that by clearly describing the estimates as "billed charges" throughout the manuscript, the readership of *Pediatric Radiology* would have an adequate understanding of the context and limitations of

those estimates. As always, further clarification and critical assessment, as provided by Dr. Degnan, is welcome, and we hope it adds to the readers' understanding of our manuscript.

Declarations

Conflicts of interest None

References

1. Brahee DD, Smith EA (2021) Clinical utility and economic impact of routine delayed follow-up radiographs in children with uncomplicated distal radius Salter–Harris 2 fractures. *Pediatr Radiol* 51:1231–1236
2. Degnan AJ (2021) Billed charges are unsuitable for estimating economic impact of imaging studies and clinical services. *Pediatr Radiol*. <https://doi.org/10.1007/s00247-021-05165-x>

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✉ Ethan A. Smith
ethan.smith@cchmc.org

¹ Department of Radiology, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave., MLC 5031, Cincinnati, OH 45229, USA