

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-012
Subject: Rigid Immobilization
Effective Date: October 30, 2017
Issue Date: April 29, 2024
Date Reviewed: April 2024
Source: Reimbursement Policy

End Date:
Revised Date: April 2024

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy is designed to provide direction on procedures applying rigid immobilization in conjunction with fracture care or surgery and without fracture care or surgery.

REIMBURSEMENT GUIDELINES:

In Conjunction with Fracture Care or Surgery

The application of any form of rigid immobilization (e.g., brace, cast, strapping) is considered part of the doctor's service and is included within the global allowance following fracture care or surgery. Separate payment cannot be made for rigid immobilization, when applied in conjunction with fracture care or within the normal postoperative period following surgery.

Follow-up care and removal of rigid immobilization should also be considered part of the global fracture/surgical care when performed within the postoperative period by the same doctor who applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.). The cost of materials will not be separately reimbursed.

The application of a localizer jacket (29010-29015) after scoliosis surgery, is eligible for separate payment.

The cost of an orthotic device incorporated into the cast (e.g., cast brace) is not included in the surgical allowance. Coverage for the orthotic device is determined according to individual or group benefits.

Without Fracture Care or Surgery

The application of rigid immobilization may be eligible for separate payment when provided as an initial service for a condition other than a fracture when no other procedure or treatment (e.g., fracture manipulation/reduction, surgical repair) is performed or is expected to be performed. This may be used for the treatment of sprains, dislocations, and various other injuries to provide stabilization, protection, or to afford comfort to the patient.

The removal of rigid immobilization, which was not applied for a fracture or following surgery, is eligible for payment when it is removed by a doctor other than the doctor (his associate/partner) who originally applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.) The cost of materials will not be separately reimbursed.

Applicable Codes:

29000	29010	29015	29035	29040	29044	29046	29049	29055
29058	29065	29075	29085	29105	29125	29126	29305	29325
29345	29355	29358	29365	29405	29425	29435	29445	29505
29515	29700	29705	29710					

POLICY UPDATE HISTORY INFORMATION:

10 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
4 / 2023	Policy reviewed no changes made
4 / 2024	Administrative review with no changes in policy direction

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-012
Subject: Rigid Immobilization
Effective Date: October 30, 2017
Issue Date: April 24, 2023
Date Reviewed: April 2023
Source: Reimbursement Policy

End Date:
Revised Date: April 2023

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy is designed to provide direction on procedures applying rigid immobilization in conjunction with fracture care or surgery and without fracture care or surgery.

REIMBURSEMENT GUIDELINES:

In Conjunction with Fracture Care or Surgery

The application of any form of rigid immobilization (e.g., brace, cast, strapping) is considered part of the doctor's service and is included within the global allowance following fracture care or surgery. Separate payment cannot be made for rigid immobilization, when applied in conjunction with fracture care or within the normal postoperative period following surgery.

Follow-up care and removal of rigid immobilization should also be considered part of the global fracture/surgical care when performed within the postoperative period by the same doctor who applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.). The cost of materials will not be separately reimbursed.

The application of a localizer jacket (29010-29015) after scoliosis surgery, is eligible for separate payment.

The cost of an orthotic device incorporated into the cast (e.g., cast brace) is not included in the surgical allowance. Coverage for the orthotic device is determined according to individual or group benefits.

Without Fracture Care or Surgery

The application of rigid immobilization may be eligible for separate payment when provided as an initial service for a condition other than a fracture when no other procedure or treatment (e.g., fracture manipulation/reduction, surgical repair) is performed or is expected to be performed. This may be used for the treatment of sprains, dislocations, and various other injuries to provide stabilization, protection, or to afford comfort to the patient.

The removal of rigid immobilization, which was not applied for a fracture or following surgery, is eligible for payment when it is removed by a doctor other than the doctor (his associate/partner) who originally applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.) The cost of materials will not be separately reimbursed.

Applicable Codes:

29000	29010	29015	29035	29040	29044	29046	29049	29055
29058	29065	29075	29085	29105	29125	29126	29305	29325
29345	29355	29358	29365	29405	29425	29435	29445	29505
29515	29700	29705	29710					

POLICY UPDATE HISTORY INFORMATION:

10 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
4 / 2023	Policy reviewed no changes made

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 012
Subject: Rigid Immobilization
Effective Date: October 30, 2017
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market
Applicable Medicare Advantage Market
Applicable Claim Type

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy is designed to provide direction on procedures applying rigid immobilization in conjunction with fracture care or surgery and without fracture care or surgery.

REIMBURSEMENT GUIDELINES:

In Conjunction with Fracture Care or Surgery

The application of any form of rigid immobilization (e.g., brace, cast, strapping) is considered part of the doctor's service and is included within the global allowance following fracture care or surgery. Separate payment cannot be made for rigid immobilization, when applied in conjunction with fracture care or within the normal postoperative period following surgery.

Follow-up care and removal of rigid immobilization should also be considered part of the global fracture/surgical care when performed within the postoperative period by the same doctor who applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.). The cost of materials will not be separately reimbursed.

The application of a localizer jacket (29010-29015) after scoliosis surgery, is eligible for separate payment.

The cost of an orthotic device incorporated into the cast (e.g., cast brace) is not included in the surgical allowance. Coverage for the orthotic device is determined according to individual or group benefits.

Without Fracture Care or Surgery

The application of rigid immobilization may be eligible for separate payment when provided as an initial service for a condition other than a fracture when no other procedure or treatment (e.g., fracture manipulation/reduction, surgical repair) is performed or is expected to be performed. This may be used for the treatment of sprains, dislocations and various other injuries to provide stabilization, protection, or to afford comfort to the patient.

The removal of rigid immobilization, which was not applied for a fracture or following surgery, is eligible for payment when it is removed by a doctor other than the doctor (his associate/partner) who originally applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.) The cost of materials will not be separately reimbursed.

Applicable Codes:

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RELATED MEDICAL POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-39: Provider Overhead Expenses

POLICY UPDATE HISTORY INFORMATION:

10 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-012
Subject: Rigid Immobilization
Effective Date: October 30, 2017 **End Date:**
Issue Date: October 30, 2017
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>		
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

PURPOSE:

This policy is designed to provide direction on procedures applying rigid immobilization in conjunction with fracture care or surgery and without fracture care or surgery.

REIMBURSEMENT GUIDELINES:

In conjunction with fracture care or surgery

The application of any form of rigid immobilization (e.g., brace, cast, strapping) is considered part of the doctor's service and is included within the global allowance following fracture care or surgery. Separate payment cannot be made for rigid immobilization, when applied in conjunction with fracture care or within the normal postoperative period following surgery.

Follow-up care and removal of rigid immobilization should also be considered part of the global fracture/surgical care when performed within the postoperative period by the same doctor who applied it.

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The application of a localizer jacket (29010-29015) after scoliosis surgery, is eligible for separate payment.

The cost of an orthotic device incorporated into the cast (e.g., cast brace) is not included in the surgical allowance. Coverage for the orthotic device is determined according to individual or group benefits.

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.

Without fracture care or surgery

The application of rigid immobilization may be eligible for separate payment when provided as an initial service for a condition other than a fracture when no other procedure or treatment (e.g., fracture manipulation/reduction, surgical repair) is performed or is expected to be performed. This may be used for the treatment of sprains, dislocations and various other injuries to provide stabilization, protection, or to afford comfort to the patient.

The removal of rigid immobilization, which was not applied for a fracture or following surgery, is eligible for payment when it is removed by a doctor other than the doctor (his associate/partner) who originally applied it.

The application of any form of rigid immobilization includes the cost of usual materials and/or apparatus (plaster, gauze, splints, light cast, strapping, etc.) The cost of materials will not be separately reimbursed.

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RELATED MEDICAL POLICIES:

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy Z-39: Provider Overhead Expenses