

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.

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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
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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



HISTORY VERSION

Bulletin Number: RP-012

Subject: Rigid Immobilization

Effective Date: October 30, 2017 End Date:

Issue Date: April 24, 2023 Revised Date: April 2023

Date Reviewed: April 2023

Source: Reimbursement Policy

Applicable Commercial Market PA WW DE NY DE NY Applicable Medicare Advantage Market PA WW DE NY DE NY

Applicable Claim Type UB 1500

A checked box indicates the policy is applicable to that market (ither eptirely, or partially, as indicated within the policy.

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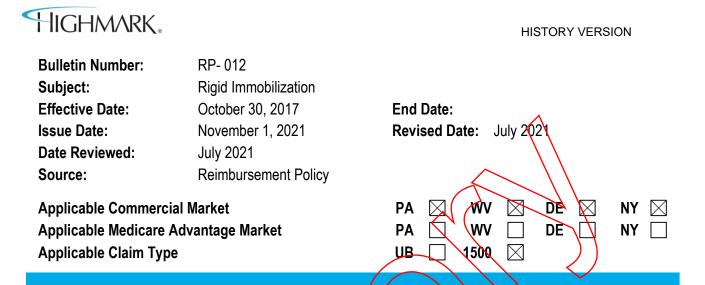
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POLICY UPDATE HISTORY INFORMATION:

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



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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



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 🖂 WV 🖂 DE 🖂

Applicable Medicare Advantage Market PA WV

Applicable Claim Type UB ☐ (\ 1500 区

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:

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REIMBURSEMENT GUIDELINES:

In conjunction with fracture care or surgery

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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.

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23000	23010	23013	23033	23040	23044	23040	23043	23000
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Refer to the following Medical Policies for additional information:

Commercial Medical Policy Z-39: Provider Overhead Expenses