

Title: **Rigid Immobilization**

Policy Number: RP-012

Version Number: 2026.08.24

Medicare Advantage: PA, WV, DE, NY

Commercial: PA, WV, DE, NY

Claim Type: 1500

Version Effective: August 24, 2026

Originally Effective: October 30, 2017

History Versions: [Click Here → History](#)

Disclosure: The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.

Description:

This policy provides direction on the Plan's reimbursement for the application of rigid immobilization, including casts, braces, and strapping, both in the context of fracture care or surgery and as a standalone service. It also defines and clarifies the reimbursement of materials and different types of immobilization such as strapping and elastic therapeutic taping.

Reimbursement Guidelines:

Rigid Immobilization In Conjunction with Fracture Care or Surgery

The application of any form of rigid immobilization (e.g., brace, cast, strapping) is considered 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 will also be considered part of the global fracture/surgical care when performed within the postoperative period by the same entity (e.g., physician, practice, group, employees, etc.). 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 and 29015) after scoliosis surgery, is eligible for separate reimbursement. 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.

Rigid Immobilization Without Fracture Care or Surgery

The application of rigid immobilization may be eligible for separate reimbursement when provided as an initial service for a condition other than a fracture when no other procedure/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, will not be separately reimbursed when it is removed/performed by the same entity (e.g., physician, practice, group, employees, etc.). These removal or repair CPT codes may only be reported if the initial application of the cast, splint, or strapping was performed by a different entity.

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	29040	29055	29085	29126	29240	29325	29365	29440	29515	29550	29700	29730
29010	29044	29058	29086	29130	29260	29345	29405	29445	29520	29580	29705	29740
29015	29046	29065	29105	29131	29280	29355	29425	29450	29530	29581	29710	29750
29035	29049	29075	29125	29200	29305	29358	29435	29505	29540	29584	29720	29799

Any form of elastic therapeutic taping, such as Kinesio Taping, is considered an integral component of associated therapeutic services (e.g., physical therapy, occupational therapy, therapeutic exercise) and should not be billed separately, unless specified as acceptable by the Plan's medical policy. Supplies associated with elastic therapeutic taping are also not separately reimbursable and are bundled into the primary therapeutic service.

Coding:

Casting/splinting/strapping shall not be reported separately if a service from the Musculoskeletal System section of CPT (20100-28899 and 29800-29999) is also performed for the same anatomic area.

Definitions:

Term	Definition
Strapping	The application of non-elastic tape or plaster to a body part to partially immobilize or restrict movement, primarily for stabilization or protection of an acute injury or post-operative healing.
Elastic Therapeutic Taping (e.g., Kinesio Taping)	The application of elastic, stretchy tape to provide support and stability to muscles and joints without significantly restricting range of motion (ROM), typically used in rehabilitative procedures.

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
FT	Unrelated evaluation and management (E&M) visit during a postoperative period, or on the same day as a procedure or another E&M visit. Report when an E&M visit is furnished within the global period but is unrelated, or when one or more additional E&M visits furnished on the same day are unrelated.

References:

- Centers for Medicare and Medicaid Services, Claims Processing Manual; Chapter 12 Section 40.1

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-035: Correct Coding Guidelines
- RP-042: Global Surgery and Subsequent Services

Policy Update History:

4 / 2024	Administrative review with no changes in policy direction
8 / 2026	Moved policy on to new template. Added codes 29086, 29130, 29131, 29200, 29240, 29260, 29280, 29440, 29450, 29520, 29530, 29540, 29550, 29580, 29581, 29584, and applied policy direction to Medicare Advantage.

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-012

Subject: Rigid Immobilization

Effective Date: October 30, 2017

End Date:

Issue Date: April 29, 2024

Revised Date: April 2024

Date Reviewed: April 2024

Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☐ WV ☐ DE ☐ NY ☐

Applicable Claim Type

UB ☐ 1500 ☒

➔ 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

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Issue Date: April 24, 2023

Revised Date: April 2023

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PA ☒ WV ☒ DE ☒ NY ☒

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