

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 031

Subject: Fractures and Dislocations

Effective Date: March 5, 2018

End Date:

Issue Date: May 15, 2023

Revised Date: May 2023

Date Reviewed: April 2023

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 provides direction on fracture and dislocation services. The code for treatment of fractures and joint injuries (dislocations) are categorized by the type of manipulation (reduction) and stabilization (fixation or immobilization). These codes can apply to either open (compound) or closed fractures or dislocations. Closed treatment specifically means the fracture site is not surgically opened and exposed to the external environment. Open treatment specifically means that the fractured bone is either surgically opened or the fractured bone is opened remote from the fracture site in order to insert an intramedullary nail across the fracture site.

REIMBURSEMENT GUIDELINES:

Fracture and Dislocations

When a combination code does not exist, itemized charges for closed reductions of a fracture-dislocation in the same area, on the same date, will be combined and processed under the appropriate code for closed reduction of the fracture. A combination code is a single procedure code that is used to classify two (2) procedures, a procedure with an associated secondary process, or a procedure with an associated complication.

When performed on different dates of service, reimbursement will be made at 100% of the approved allowance for both a closed reduction of a dislocation or fracture and open reduction of a dislocation or fracture.

When a closed reduction of a dislocation and open reduction of a fracture in the same area are performed at the same session, multiple surgery guidelines will apply. Please refer to reimbursement policy RP-014: Multiple Surgical Procedures for more information on multiple surgery guidelines.

Reduction of a Joint Separation

A joint separation is a dislocation. Claims reporting reduction of a joint separation will be processed under the appropriate procedure code for the dislocation.

A costochondral separation is not a joint separation. Therefore, when reported, this condition will be processed as medical care.

Recasting following congenital hip dislocation

Recasting after the initial reduction and casting of a congenital hip dislocation will be processed for reimbursement as a separate service under the appropriate casting code. It will be necessary for the provider to submit medical records and/or additional documentation to determine coverage in this situation.

Policy Applicable Codes:

23605	23615	23620	23625	23650	23655	23660	23665	23670
23675	23680	26700	26742	27222	27250	27252	27510	27532
27550	27552	27762	27788	27810	27818	27840	27842	28455
28456	28495	28496	28515	28545	28660	28665		

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-014: Multiple Surgical Procedures

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
5 / 2023	Administrative policy review with no changes in policy direction made

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-031
Subject: Fractures and Dislocations
Effective Date: March 5, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

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"/>				

Applicable Medicare Advantage Market

Applicable Claim Type

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:

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REIMBURSEMENT GUIDELINES:

Fracture and Dislocations

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-014: Multiple Surgical Procedures

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-031
Subject: Fractures and Dislocations
Effective Date: March 5, 2018
Issue Date: March 5, 2018
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 provides direction on fracture and dislocation services. The code for treatment of fractures and joint injuries (dislocations) are categorized by the type of manipulation (reduction) and stabilization (fixation or immobilization). These codes can apply to either open (compound) or closed fractures or dislocations. Closed treatment specifically means the fracture site is not surgically opened and exposed to the external environment. Open treatment specifically means that the fractured bone is either surgically opened or the fractured bone is opened remote from the fracture site in order to insert an intramedullary nail across the fracture site.

REIMBURSEMENT GUIDELINES:

Fracture and Dislocations

- When a combination code does not exist, itemized charges for closed reductions of a fracture-dislocation in the same area, on the same date, will be combined and processed under the appropriate code for closed reduction of the fracture. A combination code is a single procedure code that is used to classify two (2) procedures, a procedure with an associated secondary process, or a procedure with an associated complication.
- When performed on different dates of service, reimbursement will be made at 100% of the approved allowance for both a closed reduction of a dislocation or fracture and open reduction of a dislocation or fracture.

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.

- When a closed reduction of a dislocation and open reduction of a fracture in the same area are performed at the same session, multiple surgery guidelines will apply. Please refer to reimbursement policy RP-014: Multiple Surgical Procedures for more information on multiple surgery guidelines.

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-014: Multiple Surgical Procedures