



Healthfirst Reimbursement Policy Updates

Healthfirst aims to ensure that our reimbursement policy standards are compliant with state and national industry standards. Effective **November 1, 2021**, several changes will be made to our reimbursement policy to maintain compliance with industry-accepted coding and reimbursement practices, as well as state and national regulatory requirements.

For more details, click on the links below.

[!\[\]\(e3f8612927870f2e0f9f5989e6dd3064_img.jpg\) Casts, Strapping, and Splints](#)

[!\[\]\(003082e50e3009141f59bd5df831749f_img.jpg\) Multipositional \(global\) Patient Transfer Systems](#)

[!\[\]\(17413706fd4997a1a4bdf85c6864eee1_img.jpg\) Photochemotherapy](#)

Should you have any questions, you may contact your network representative, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Casts, Strapping, and Splints

Effective November 1, 2021 | For All Lines of Business

Policy Overview

Consistent with Healthfirst policy, Healthfirst will no longer reimburse for more than three casts, strapping, or splints billed within a 90-day period.

Rationale

According to Healthfirst policy, three separate billings of casts, strapping, and/or splints would cover the initial and second replacements within the global period of a procedure. Therefore, codes 29000-29550 and 29700-29799 will be denied when billed more than three times within a 90-day period.

Billing Information

This policy applies to the following CPT codes:

29000: Application of halo type body cast

29010: Application of Risser jacket, localizer, body only

29015: Application of Risser jacket, localizer, body including head

29035: Application of body cast, shoulder to hips

29040: Application of body cast, shoulder to hips including head, Minerva type

29044: Application of body cast, shoulder to hips including single thigh

29046: Application of body cast, shoulder to hips including both thighs

29049: Application, cast; figure-of-eight

29055: Application, cast; shoulder spica

29700: Removal or bivalving; gauntlet, boot, or body cast

29705: Removal or bivalving; full arm or full leg cast

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Billing Information *(continued)*

29710: Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.

29720: Repair of spica, body cast or jacket

29730: Windowing of cast

29740: Wedging of cast (except clubfoot casts)

29750: Wedging of clubfoot cast

29799: Unlisted procedure, casting or strapping

Multi-Positional Patient Transfer Systems

Effective November 1, 2021 | For Medicare Advantage and Commercial Plans

Policy Overview

For Medicare and Commercial lines of business, consistent with the Centers for Medicare & Medicaid Services (CMS), Healthfirst will no longer reimburse for mobility assistive equipment when a multi-positional patient transfer system is billed on the same day or within a month.

Rationale

According to the CMS, if coverage is provided for a multi-positional patient transfer system, payment will be discontinued for any other mobility assistive equipment. Therefore, the mobility assistive equipment will be denied when a multi-positional transfer system (E1035 or E1036) has been billed on the same day or within a month.

Billing Information

This policy applies to the following CPT codes:

E1035: Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.

E1036: Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.

For more information, visit [Local Coverage Determination \(LCD\): Patient Lifts \(L33799\)](#)

Photochemotherapy

Effective November 1, 2021 | For All Lines of Business

Policy Overview

Consistent with the American Academy of Dermatology Association, Healthfirst will no longer reimburse photochemotherapy treatment codes when billed without an appropriate diagnosis code.

Rationale

According to the American Academy of Dermatology Association, photochemotherapy codes are not considered billable services unless an appropriate diagnosis is reported.

Examples of appropriate diagnoses

- Atopic dermatitis (ICD-10 codes L20-L20.9)
- Lichen planus (ICD-10 codes L43-L43.9)
- Psoriasis (ICD-10 codes L40-L40.9)
- Vitiligo (ICD-10 code L80)

Billing Information

This policy applies to the following CPT codes:

96910: Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

96912: Photochemotherapy; psoralens and ultraviolet A (PUVA)