

2012 BWC Policy Alert

2012 BWC Policy Clarification**Date: May 14, 2012****Clarification #02 -2012-01****Clarification of taping versus strapping and correct billing codes****Purpose:**

This BWC Medical Treatment Clarification defines taping and strapping, common indications for each treatment and appropriate billing codes.

Issue:

Service providers using Kinesio taping as an adjunct to therapeutic procedures are incorrectly using strapping codes for reimbursement. Current literature on these treatment modalities is being presented in order to guide Managed Care Organizations (MCOs) in authorization and payment of these services.

Summary of Supporting Information:**Kinesio Taping (KT)****Purpose:**

KT is a rehabilitative taping technique used to provide support and stability to muscles and joints, preventing overuse or over contraction without restricting range of motion (ROM). KT acts to prolong the benefits of manual therapy administered in the clinical setting. A second technique is used to lift the skin over an area of inflammation, thereby increasing the interstitial space, promoting circulation and lymphatic drainage in an effort to reduce swelling, pressure and pain.

Indications:

KT is used in conjunction with therapeutic exercise, functional training, gait training, neurological re-education and manual therapy in the treatment of orthopedic, neuromuscular or neurological conditions. It is generally related to the following diagnoses:

- Bruising
- Edema and swelling
- Repetitive strains/sprains
- Pain due to arthritis
- Trauma or chronic pain syndrome
- Rotator cuff injuries
- Plantar fasciitis
- Weakness resulting in postural and biomechanical imbalances
- Restricted range of motion and joints not tracking properly

Goals/Expected benefits:

Expected benefits of KT treatment include:

- Improved feedback and timing of muscle activation in controlling joint stability during functional exercises
- Stimulation of optimal muscle activation and strength
- Lessened irritation of subcutaneous neural pain receptors
- Reduced swelling, improved circulation
- Enhanced functional stability and mobility
- Support of weakened and strained muscles

Procedure/Treatment Protocols:

Evaluation and full assessment are key to support treatment with KT. Assessment establishes medical necessity and lays out the appropriate treatment protocol. Assessment should include:

- Manual Muscle Testing (MMT)
- ROM
- Gait assessment
- Other orthopedic special tests deemed necessary

The clinical evaluation determines if this type of tape can be used and how it should be applied.

KT tape is applied in a specific manner relying on the origin and insertion of the muscle. It can be applied in different directions, and with differing amounts of stretch; which determines its ability to re-educate the neuromuscular system, reduce inflammation and pain, promote circulation and healing, prevent injury and enhance performance. It is used in conjunction with other treatment modalities during the acute rehabilitation and chronic phase of treatment. The clinical plan should contain the frequency and duration of therapeutic procedures being used in conjunction with the taping, as well as the specific goals to be achieved. The wear time of KT is 3-4 days.

KT Product Properties:

KT is available in a multitude of colors, in rolls, or pre-cut strips. It is a latex free medical grade acrylic adhesive. It is a very thin (about the thickness of human skin), waterproof, porous cotton material, with a longitudinal stretch of 30-40 degrees. Only a few strips are necessary.

Strapping**Purpose:**

To stabilize or protect a fracture, injury, or dislocation and/or to afford comfort to a patient without a restorative treatment or procedure. Strapping Limits ROM and/or constricts muscle movement.

Indications:

Strapping is used for acute injuries, or as a result of disease or surgery.

Goals/ Expected Outcomes:

- Stabilization of injured area
- Reduced pain
- Aid speed of recovery
- Support to ensure things heal in the correct position

Procedure/Treatment Protocols:

Evaluation and full assessment are necessary to support treatment with strapping. Assessment establishes medical necessity and lays out the appropriate treatment protocol. Medical necessity is established through a history and physical, and often accompanied by a diagnosis. After medical necessity is established develop a treatment plan, identifying goals of the treatment, objective measures and time frame.

Strapping Product Properties:

Products used for strapping:

- Premade splints are NOT strapping materials
- Strapping materials are rigid, non-stretchy materials. They may be highly adhesive
- They often require a pre-wrap prior to their application

Important Billing and Coding Information for Strapping and KT

Strapping

The series of codes addressing strapping are 29000-29799. These codes are used to report acute injury treatment and are not appropriate management for chronic conditions, as due to its restrictive nature strapping is not used for chronic conditions. Strapping should not be reported when any kind of rehabilitative service is concurrently done, or for reporting a dressing application after a therapeutic procedure.

Strapping procedures may only be billed by the following:

- Medical or Osteopathic physicians
- Doctor of Podiatric Medicine
- Advanced Practice Nurses'
- Physician Assistants
- Mechanotherapists
- Chiropractors when associated with an acute injury or as a result of disease or surgery
- Physical Therapists when done under the direction of a physician for an acute injury or as a result of disease or surgery
- Occupational Therapists when done under the direction of a physician for an acute injury or as a result of disease or surgery
- Athletic trainers when done under the direction of a physician for an acute injury or as a result of disease or surgery

KT

Taping is NOT a reimbursable procedure. However, KT supplies are reimbursed as listed in HCPCS II using codes A4452 water-proof tape, or By Report code (BR) A9999. If BR code is used, the MCO is responsible to ensure appropriate pricing.

Location:

Reference:

2012 Current Procedural Terminology Professional Edition, published by the American Medical Association
TRIAD Healthcare Musculoskeletal Health Services
SpiderTech
Journal of Orthopaedic & Sports Physical Therapy, Volume 38, July 2008
OAC 4123-6-08 Bureau fee schedule

History: Revision of clarification that was effective 2/28/12