

Billing for Elastic Therapeutic Taping

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Q: How do I bill for taping, specifically when using elastic therapeutic tape or similar flexible tape? I have heard many conflicting ways to do it and want to be sure. I have seen codes for taping as well as for neuromuscular re-education 97112. I am hoping you can help with a definitive answer.

A: The use of flexible tape has become a standard among care of athletes of all types and really seemed to come to the forefront after the 2008 Beijing Olympics. It was common to see volleyball and track-and-field athletes sporting various configurations on the legs, torso, and shoulders. In fact, Anthem Blue Cross Blue Shield published that over the past years, there has been a considerable increase in the codes for taping, likely due to the increased use of flexible tape.

There are indeed codes for taping and strapping in the [CPT manual](#) that include specific codes for the torso and extremities:

- 29200 Strapping; thorax
- 29799 Unlisted (includes lower back)
- 29240 Strapping; shoulder (e.g., Velpeau)
- 29260 Strapping; elbow or wrist
- 29280 Strapping; hand or finger
- 29505 Application of long leg splint (thigh to ankle or toes)
- 29520 Strapping; hip
- 29530 Strapping; knee
- 29540 Strapping; ankle
- 29550 Strapping; toes

Per the AMA, the stated function of strapping and taping is as follows: "Splints and strapping are used to enhance task and movement performance, support weak or ineffective joints or muscles, reduce or correct joint limitations or deformities, and protect body parts from injury. Splinting and strapping are indicated for the treatment of fractures, dislocations, sprains, strains, tendonitis, postop reconstruction, contractures, or other deformities involving soft tissue."

Based on this description, it would appear that using these codes for flexible tape would be appropriate. But this is not quite so when the [Medicare guidelines](#) further define strapping in the following manner: "Strapping refers to the application of overlapping strips of adhesive plaster or tape to a body part to exert pressure and hold a structure in place. Strapping may be used to treat strains, sprains, dislocations, and some fractures. The strapping codes are intended to be used when the desired effect is to provide total immobilization or restriction of movement. These services are typically performed outside a therapy plan of care."

With this description and the statement of its effect to provide total immobilization, the use of flexible tape under the strapping and taping codes appears inappropriate. Therefore, some would indicate that using those codes is appropriate, while others would not.

Generally, providers who do use the codes have been paid, as carriers have not routinely requested records for verification. However, due to the increased use of the coding, many carriers are now

requesting and even requiring documentation when these codes are billed.

Fortunately, a definitive description and definition of use was published by the *AMA CPT Assistant* in March 2012. It states: "Because [elastic therapeutic] tape is a supply, its application is included in the time spent in direct contact with a patient to provide either reeducation of a muscle and movement or to stabilize a body area to enable improved strength or range of motion. The application of tape is usually performed in conjunction with education the patient on various functional movement patterns. The tape is applied based on the patient's specific patterns of weakness or strength. The tape is left in place after instruction related to movements designed for improving strength, range, and coordination is provided and documented.

"However, if the purpose of the taping is to immobilize the joint then strapping codes may be appropriate as those codes describe the use of a strap or other reinforced material applied post fracture or other injury to immobilize a joint. If the taping is used to facilitate movement by providing support, and the tape is applied specifically to enable a less painful use of the joint and greater function (i.e. restricting in some movement, facilitating others) application of tape in this manner is typically part of neuromuscular reeducation (97112) or therapeutic exercise (97110), dependent on intent or outcome desired."

This makes it clear that flexible tape should not be coded under the strapping codes, because that specific coding indicates strapping or taping to *completely immobilize* a region. Flexible tape used to enhance motion or function can be billed under 97112 or 97110. Those codes require at least 8 minutes face to face with the patient, and there must be active instruction and movement as part of the service.

Feel free to submit billing questions to Mr. Collins at sam@hjrossnetwork.com. Your question may be the subject of a future column.

AUGUST 2012