UTILIZING CPT AND HCPCS CODES FOR HEALTHCARE REIMBURSEMENT:
A guide to billing and reimbursement of SpiderTech™ kinesiology tape products

Billing and coding of taping and strapping services can be a complex issue. The purpose of this coding and billing guide is to simplify the process so that you and/or your facility can get the maximum appropriate reimbursement possible, while healthcare professionals can make it easy and efficient by using accurate, appropriate billing and coding procedures. ***Please be advised that the rules and regulations regarding reimbursement for strapping and taping and other ancillary services vary from third party payer to third party payer. Always check your third party payer policy to verify which codes apply and work best for your practice.***

By following four simple steps, it's possible to appropriately maximize your reimbursement opportunities as they relate to strapping and taping. Your road to success includes:

❶ Confirm medical necessity
❷ Verify third party coverage
❸ Use proper coding
❹ Bill properly

❶ CONFIRM MEDICAL NECESSITY

Medical Necessity indicates the need of any health care service or procedure that a prudent Healthcare Professional would provide to a patient for the purpose of diagnosing or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of care;
- Clinically appropriate, in terms of type, frequency, extent, site and duration; considered effective for the patient's illness, injury, disease or complaint;
- Clinically appropriate in consideration with the lowest risks, lowest costs, most efficacy with the greatest possible benefits and safety in comparison to an alternative service(s) or sequence of services expected to be at least as likely to produce equivalent therapeutic or diagnostic results;
- Not considered experimental or investigational.

In these situations, a service (therapeutic or diagnostic) is in accordance with this definition of "Medically Necessary Care" when **all** of the following criteria are met:

- The patient has a symptom, impairment and/or disability;
- The service is not contraindicated;
- The provider's records include sufficient documentation to justify the service;
- There is a reasonable expectation that the service will result in a clinically significant level of improvement within a reasonable time frame.

Medical Necessity is often accompanied by a diagnosis. For that reason, SpiderTech™ kinesiology taping products (kinesiology tape rolls and pre-cut applications) should always accompany and follow a proper evaluation and diagnosis, accompanied with the appropriate ICD-9-CM Codes(s).

Healthcare Professionals that use SpiderTech kinesiology tape products know the necessity of using this form of support and therapy and its benefits to their respective patients. However, when the clinical record does not establish this medical necessity, it's difficult to ascertain if third party reimbursement will apply. Fabrication and application of strapping or taping (e.g., the use of elastic wraps, heavy cloth, adhesive tape) are used to enhance performance of tasks or movements, support weak or ineffective joints or muscles, reduce or correct joint limitations or deformities, and/or protect body parts from injury. Splints and strapping are often used in conjunction with therapeutic exercise, functional training and other interventions, and should be selected in the context of the patient's need and social/cultural environment. The doctor targets problems in performance of movements or tasks, selects (or fabricates) the most appropriate support, fits the tape or other support, and trains the patient and/or caregiver(s) in its use and application. The goal is for the patient to function at a higher level by decreasing functional limitations.

In order to properly document the need for strapping and taping, you must establish medical necessity through the history and examination. The diagnosis should be determined through the examination. Then, your written treatment plan must also include the taping as a part of your clinical plan for the patient.

I. ***History***: Establish what conditions would warrant the use of kinesiology taping. When taking a patient history, be aware of the conditions reported which may benefit from the service. Look for ways in which kinesiology taping will help to restore the patient's level of function. Some conditions commonly seen that would benefit from kinesiology taping, but not limited to these conditions are:

- ***Repetitive Sprains and Strains***
- ***Post-Operative Care and Rehabilitation***
- ***Acute Pain due to Trauma***
- ***Chronic Pain Syndromes***
- ***Postural and Biomechanical Imbalances***
- ***Bruising, Edema and Swelling***
- ***Improving Athletic Performance***
- ***Arthritic Pain***
- ***Lower Back and Neck Pain***
- ***Shin Splints***
- ***Rotator Cuff Injuries***
- ***Plantar Fasciitis***

II. ***Examination:*** During your examination, watch for signs and findings that could justify your use of kinesiology taping as a service. For example, a patient may present with swelling or edema; the need to restrict certain ranges of motion without a hard end feel; or the need to decrease nociceptive input and pain. Findings like this can establish the necessity for taping.

III. ***Written Treatment Plan:*** Once medical necessity is established, you must include the following components in your treatment plan:

- Recommended level of care plus frequency and duration of taping.
- Treatment(s) that you will use including the taping.
- Specific treatment goals of kinesiology taping, i.e., improved microcirculation, dynamic and/or static structural (postural) support, improved neurosensory input to decrease nociception
- Objective measures to evaluate the effectiveness of the taping.

Some of the advantages of taping that could be included in the treatment plan as goals include:

- Improved feedback and timing of muscles controlling joint stability in the following functional activities

- Decreased pain and enhanced functional stability (performing the following tasks)
- Restoration of optimal muscle activation
- Improved performance in the following activities (sport)
- Prevention of further injury (to specified part of the body)
- Protection of tissues from tensile forces during healing

Diagnostic Codes

Kinesiology taping can be medically necessary for a variety of conditions. The following is a list of diagnostic codes that, if appropriate for your patient's condition, could justify medical necessity for strapping and taping. This list is ONLY A GUIDE and is not all inclusive; please check the benefit policy manuals and most recent reference on current ICD-9 codes to see what diagnosis codes are required for you to ensure you receive appropriate reimbursement.

Note: The laws, rules and regulations regarding reimbursement for kinesiology taping by Healthcare Professionals vary from state to state and from third party payer to third party payer. Always check your state's laws and third party payer policy to verify which codes apply and work best for your practice.

Some examples of ICD-9 Codes for use with SpiderTech™ kinesiology tape products

ICD-9	Condition	ICD-9	Condition
307.81	Tension Headache	339.20	Post-traumatic headache, unspecified
724.2	Low back pain	648.70	Pregnancy Backache
716.9	Chronic Arthritis	847.2	Lumbar Sprain/ Strain
719.03	Edema of Wrist	722.52	Degeneration of Lumbar Disc(s)
959.6	High Thigh Injury	719.46	Arthralgia of Knee
715.96	Degenerative Joint Disease of the Knee	719.47	Arthralgia of Ankle/Foot
719.06	Edema of Knee joint/Fibula/Patella/Tibia	719.48	Arthralgia of Cervical Spine/Thoracic Spine/Lumbar Spine
840.6	Supraspinatus (muscle) (tendon) sprain and strain	781.2	Abnormality of Gait (Ataxic, Paralytic, Spastic, Staggering)

❷ VERIFY THIRD PARTY COVERAGE

Don't assume that kinesiology tape is automatically a covered service with all third party payers. It's crucial to verify insurance coverage to determine whether this service is included in the patient's benefits. Be sure to check with each individual carrier as well as your state scope of practice that may require reporting certain diagnosis codes.
The following are certain questions you may wish to include in your standard verification of benefits or authorization of services if you perform strapping and taping services for your patients.

- Is strapping and taping, coded as 29XXX (give specific code), covered when billed by your professional designation, e.g., Athletic Therapist, Doctor of Chiropractic, Doctor of Osteopathic Medicine, Doctor of Medicine, Licensed Massage Therapist, Occupational Therapist, or Physical Therapists (Doctor of Physical Therapy)?
- What is the allowable amount per code if this is performed?
- Do you have specific guidelines for the reporting of this code?
- Is a letter of medical necessity or pre-authorization needed or necessary?
- Are there certain diagnosis codes necessary for reimbursement?

Add these questions to your usual verification sheet if you routinely perform strapping and taping.

❸ USING PROPER CODES

Use of Strapping Codes for Reimbursement

The use of these codes apply when the strapping is a replacement procedure used during or after the period of follow-up care (usually post-operatively), or when the strapping is an initial service performed without a restorative treatment or procedure(s) to stabilize or protect a fracture, injury, or dislocation and/or to afford comfort to a patient. Restorative treatment or procedures(s) rendered by another Healthcare Professionals following application of the initial strap may be reported with a treatment of fracture and/or dislocation code.

Healthcare Professionals who apply the initial strap and also assumes all of the subsequent fracture, dislocation, or injury care cannot use the application of the strapping codes as an initial service, since the fist strap application is included in the treatment of fracture and/or

dislocation codes. A temporary strap is not considered to be part of the preoperative care, and the use of the modifier 56 is not applicable. Additional evaluation and management services are reportable only if significant identifiable further services are provided at the time of the strapping.

If strapping is provided as an initial service (e.g., strapping of a sprained ankle or knee) in which no other procedure or treatment is performed or is expected to be performed by a Healthcare Professional rendering the initial care only, use the supply code (99070) in addition to an evaluation and management code as appropriate.

No changes were made to the 29000 (strapping) CPT Codes for 2011. As of 2010, ***29220 – Strapping of Low Back*** **was removed from the coding System. To report Low Back strapping, you can use 29799, Unlisted Procedure, casting or strapping, however this does not guarantee reimbursement and you should confirm with your third party payer policy.**

CPT 2011 CODES	***Examples of SpiderTech™ Pre-Cut Applications used or SpiderTech™ Tape***
29200 – Strapping of Thorax	Postural Spider Lower Back Spider Lymphatic Spider
29240 – Strapping of Shoulder	Shoulder Spider Neck Spider Postural Spider Lymphatic Spider Hip Spider
29260 – Strapping of Elbow or Wrist	Elbow Spider Wrist Spider Ankle Spider Lymphatic Spider
29280 – Strapping of Finger or Hand	Wrist Spider Lymphatic Spider
29520 – Strapping of Hip	Groin Spider Hip Spider

	Lymphatic Spider
29530 – Strapping of Knee	Upper Knee Spider Full Knee Spider Hamstring Spider Lymphatic Spider
29540 – Strapping of Ankle and/or Foot *29550 – Strapping of Toes*	*Ankle Spider* *Calf & Arch Spider* *Lymphatic Spider*

Adapted from: *American Medical Association. 2011 CPT (Current Procedural Terminology): Professional Edition. Chicago, IL 60654, American Medical Association, 2010.*

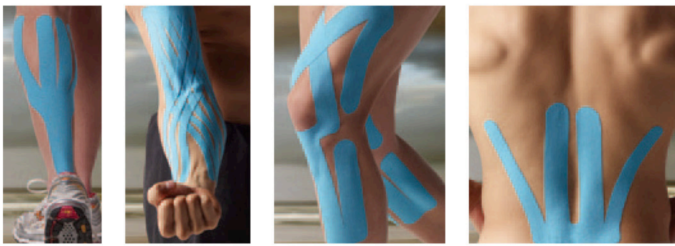
Use of Therapeutic Procedures Codes for Reimbursement

"A manner of effective change through the application of clinical skills and/or services that attempt to improve function", this phrase introduces the procedures in 97000, physical medicine and rehabilitation, AMA CPT 2011

Healthcare Professionals are required to have direct (one-on-one) patient contact with the following codes.

97110 – Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*
97112 - Neuromuscular Re-Education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and or/standing activities	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*

97533 – Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*
97530 – Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*
97799 – Unlisted physical medicine/rehabilitation service or procedure – specify. ***This is used as a substitute to other procedure codes and is subject to regional third party payer. Please contact your third party payer policy to ensure you can use this code.***	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*
97139 – Unlisted therapeutic procedure – specify. ***This is used as a substitute to other procedure codes and is subject to regional third party payer. Please contact your third party payer policy to ensure you can use this code.***	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*



99070 – This is a miscellaneous code to be used for supplies and material during an office visit. This is used as a substitute to the use of HCPCS codes in order to be reimbursed for the cost of the supply. An invoice should often be accompanied with the submission of this code to ensure reimbursement, but can be subject to the policy of the regional third party payer. Please contact your third party payer policy to ensure you can use this code.	*ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape*

Adapted from: *American Medical Association. 2011 CPT (Current Procedural Terminology): Professional Edition. Chicago, IL 60654, American Medical Association, 2010.*

Reimbursement of Product using 2011 HCPCS Codes

The HPCPS 2011 Codes can be used for the reimbursement of SpiderTech™ kinesiology tape products. However, there are limitations as to the providers that can report and be paid for HCPCS II codes. Please review your third party payer policy regarding the reporting and the reimbursement of HCPCS II codes. ***These are NOT TIME BASED CODES.***

HCPCS 2011 CODES	SpiderTech™ Applications
A4450 – Tape, non-waterproof, per 18 square inches	***ANY SpiderTech™ Pre-Cut Application or SpiderTech™ Tape***
A4452 x 3.2 units†	***Upper Knee Spider*** - 57 square inches†

A4452 x 5.2 units[†]	***Full Knee Spider*** - 94 square inches[†]
A4452 x 5.7 units[†]	***Calf & Arch Spider*** - 103 square inches[†]
A4452 x 3.8 units[†]	***Shoulder Spider*** - 69 square inches[†]
A4452 x 2.9 units[†]	***Lower Back Spider*** - 52 square inches[†]
A4452 x 3.3 units[†]	***Large Lymphatic Spider*** - 59 square inches[†]
A4452 x 2.4 units[†]	***Hip Spider*** - 43 square inches[†]
A4452 x 2.2 units[†]	***Postural Spider*** - 40 square inches[†]
A4452 x 2.5 units[†]	***Groin Spider*** - 45 square inches[†]
A4452 x 3.2 units[†]	***Hamstring Spider*** - 58 square inches[†]
A4452 x 2.9 units[†]	***Elbow Spider*** - 52 square inches[†]
A4452 x 1.1 units[†] *per side*	***Wrist Spider*** - 20 square inches per side[†]

[†]This is an approximate measurement and should be used as a guide only.

❹ BILL PROPERLY

When billing for strapping and taping, consider several important factors. The process of billing for strapping and taping is no different than any other clinical billing procedure. Appropriate medical necessity for the services rendered must be clearly identified. This section will include information about diagnosis linking, a discussion of non-covered services, and an explanation of dealing with uninsured or underinsured patients in need of taping and strapping for spinal and extremity conditions.

Proper Billing Technique

The relative value of the strapping and taping includes the cost of the tape application and the removal of the tape. Do not bill separately for tape supplies or for the visit when you remove the tape. It is an inclusive procedure.

Diagnosis Linking

The strapping and taping services provided may be for a different functional goal and diagnosis. Therefore, in an effort to make the medical necessity clear, using the 1500 billing

form, link the strapping and taping service using box 24e to the appropriate diagnosis in box 21.

1500 Billing form example: Box 21 is where you enter your ICD-9 diagnosis codes. Box 24D is where you enter your CPT codes for strapping and taping. Box 24E is where you enter the diagnosis reference number(s) 1, 2,3 or 4 as they relate to the 4 diagnoses code positions in Box 21. A written description of your diagnoses codes in Box 21 is not necessary. Do not enter ICD-9 codes in Box 24E. You should fill all 4 positions in Box 21, only if clinically indicated.

Non-covered taping and strapping services

Some carriers and contracts limit coverage for strapping and taping, or don't cover it at all. If you are a participating provider on a plan, be sure you've reviewed your contract and are clear about what your responsibilities are. If you find that strapping and taping is not a covered service on the plan, review what you're able to pass that cost along to the patient. Your provider contract may forbid it, meaning they expect you to bundle the additional non-covered services into the covered ones. Otherwise, those costs can be passed along to the patient on a cash basis.

SpiderTech Inc. recommends to bill according to the cost of the product with a usual and customary merchandising mark up plus the cost for the Healthcare practitioners time to apply and remove the strapping and/or tape.

Uninsured or Underinsured Patients

Many of your patients will need strapping and taping services, but will have no insurance or insurance that will not cover the service. This means that many of your patients will pay cash for these services. It is reasonable to expect them to be willing to do so if they understand the importance of the strapping and taping in their treatment plan.

However, it's important to be clear about the boundaries. Make sure you do not offer non-compliant, discounted fees: When you have different fees for the same service for different types of patients, it could be non-compliant. For example, your published fee schedule for strapping and taping the knee (29530) is $65, but you wish to extend a time of service discounted fee of $30 uninsured or underinsured patients. This is outside the boundaries of what's reasonable according to the Office of Inspector General of the Department of Health

and Human Services. Therefore, one easy way to be compliant is to offer all patients a discount if they pay cash for the services they receive and they pay on the same date of the service. This will help you to avoid any conflict with other contracts you may be involved with regarding other payers. Another option may be to join a cash discount network, which your patient can join, and then access a discounted fee schedule of your choosing. Regardless of how you set your fees, be sure you are not in danger by offering non-compliant discounts.