

Eli's Rehab Report

2 Key Criteria Show You How to Code Strapping/Taping Services

Caution: Don't report a taping code for the first fracture patient visit

Does your physiatrist see a patient for amputation stump wrapping? If so, you may have more than one choice for a strapping and taping service. Here's how to determine the correct code every time.

Taping in a Nutshell

How you report strapping and taping services depends on two criteria: who's performing them and your location, says **John Bishop, PA-C, CPC**, president of Bishop & Associates Inc. in Tampa, Fla.

Facility patient: For example, if your physiatrist applies a long leg splint in the hospital setting, you probably won't report this service, Bishop says. "When you're dealing with an inpatient, you're dealing with DRGs." A physician can report this service if his services are not associated with the facility's bill or DRG payment. However, any employee of the facility's services, including physical therapists, is likely included in the facility's bill or DRG payment. Therefore, you're not able to report this splint separately.

In private practice: On the other hand, if your physiatrist works in a private office and sees a patient with a badly sprained ankle, you'll probably report the application of a short leg splint (29515, Application of short leg splint [calf to foot]), strapping and taping (29540, Strapping; ankle and/or foot), or Unna boot (29580, Strapping; Unna boot), among various options.

Note: Be careful with the Unna boot code (29580). Providers frequently use Unna boots in wound care, but some carriers, such as Noridian of Wyoming, do list ankle sprain and strain diagnoses (845.00-845.19) among those ICD-9 codes that support medical necessity. Check your payers' guidelines to see what ICD-9 codes they list.

Heads up: You may have to revert to incident-to rules when nonphysician practitioners (such as nurses, physical therapists or occupational therapy assistants) perform strapping/taping services in the office. (See the article "Reporting Incident-To Therapy Services? Better Have a Therapist" in the July 2005 Physical Medicine & Rehab Coding Alert.) Keep in mind that this will depend on your payer and whether the provider has the credentials to perform these services independently.

Take Down These Strapping Guidelines

The following three taping tips, provided by **Joanne B. Byron, LPN, BSNH, CPC, CHA**, president and CEO of Family Health Care Consulting Solutions in Hickory, N.C., will help you to use these codes correctly every time.

Tip #1: When your physiatrist provides support or stabilizes an extremity using strapping, taping, kinesiotaping or splinting techniques, you'll be reporting from the following CPT Codes :

- 29105--Application of long arm splint (shoulder to hand)
- 29125--Application of short arm splint (forearm to hand); static
- 29130--Application of finger splint; static
- 29505--Application of long leg splint (thigh to ankle or toes)

- 29515--Application of short leg splint (calf to foot)
- 29520--Strapping; hip
- 29530--Strapping; knee
- 29540--Strapping; ankle and/or foot
- 29580--Strapping; Unna boot.

Notice what is present in the descriptors: the anatomic location. You'll choose the appropriate code based on where the provider placed the splint or performed strapping.

Notice what isn't present in the descriptors: the term "each 15 minutes." These codes aren't timed, "so if it takes your physician two hours to strap and tape, you can't report anything extra," Bishop says.

Tip #2: If your provider sees a patient for an amputation stump wrapping and compression bandaging, the code you'll use for this service depends on your provider's intended outcome for the procedure, medical necessity, and the plan of treatment.

For example, you might bill 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) if the procedure's purpose is therapeutic and meant to reduce stump swelling.

If the purpose is simply to immobilize a joint, you might report the strapping/taping codes (29520-29580 or 29200-29280) instead.

Tip #3: You can report the Unna boot application with 29580, even though this code describes a strapping procedure, Byron says. To indicate that your provider applied a bilateral Unna boot on the same date of service, you should append modifier 50 (Bilateral procedure) to the second 29580.

Break Into This Fracture Taping Habit

One important distinction to make when coding for strapping/taping services centers on patients who present to your practice with fractures.

"The relative value units already include the cost of the first strapping for a fracture care patient, so you shouldn't report it," Bishop says. "You can report a second strapping if your physiatrist finds it necessary to take off the first strapping and replaces it with a new one."

Heads up: This rule also holds for splints and casts. The fracture care codes include the first splinting or casting service, but you can code any medically necessary replacement separately.

Keep in mind: During the second visit, your physiatrist may provide and document enough information to report an E/M service (99211-99215), but you should append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the appropriate-level established patient code.

Note: For more information on how to use modifier 25 see "Polish Off Your Modifier 25 Use With This 3-Visit Test" later in this issue.