1. Purpose
   The purpose of this policy is to establish criteria for the medical necessity for the use of taping.

2. Definitions
   Taping (e.g., KinesioTaping, McConnell, Leukotape, Powerflex, KinesioTex) involves taping over and around muscles and joints in order to assist and give support, to prevent over-contraction or to facilitate correction of a joint problem. There are two (2) techniques which involve the use of therapeutic taping. One technique gives the practitioner the opportunity to actually give support while maintaining full range of motion. This enables the patient to participate in their normal activities of daily living with functional assistance. The other technique, which is most commonly used in the acute stage of rehabilitation, helps prevent overuse or over-contraction and helps provide facilitation of lymphatic flow.

3. Statement of Policy
   3.1. The determination of medical necessity for the use of taping is always made on a case-by-case basis.
   3.2. Taping may be considered **medically necessary** in the following circumstances:
      - To afford specific limitation in joint mobility while maintaining range of motion;
      - To reduce localized swelling associated with surgery, orthopedic or sports injuries, and acute trauma;
      - To correct joint mal-alignment caused by spasm and/or shortened muscles;
      - To correct a patient’s posture;
      - To provide muscular support and reduce muscle fatigue;
      - To correct muscle imbalance;
      - To aide in the treatment of lymphedema.
   3.3. Taping performed more frequently than one time every three to five (3-5) days may be considered **not medically necessary**.
   3.4. Taping should be performed by adequately trained health care professionals.
   3.5. Taping is not synonymous with strapping.

4. References
   4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding taping and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:
- TMMP 18 - Medical Necessity Policy
- TMMP 10 - Use of Physical Modalities and Therapeutic Procedures
- TMMP 113 - Neuromuscular Re-Education (97112)
- TMMP 117 - Casting/Splinting/Strapping (29520-29590 & 29200-29280)

5. Attachments

5.1. Provider Manual

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