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 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, provides stabilization of a joint following 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 or bracing.

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
- TMMP 10 - Use of Passive and Active Care
- TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures
- TMMP 113 - Neuromuscular Re-Education
- TMMP 117 - Casting / Splinting / Strapping

**CPT Codes**
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no definitive codes related to this policy.</td>
<td></td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/3/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Correction of typos and cosmetic changes not requiring 30 day review.</td>
</tr>
<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Added CPT code table that notes there are no definitive codes related to this policy. §2 removed the word actually from the 3rd sentence and added ‘provides stabilization of a joint following’ in the 5th sentence.</td>
</tr>
<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>§3.5 changed from “Taping is not synonymous with strapping” to “taping is not synonymous with strapping or bracing.”</td>
</tr>
<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>
Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.