



2009 CPT CODES	MEDICARE PAYMENT***		EXAMPLES OF MAXIMUM REIMBURSEMENTS
	NON FACILITY*	FACILITY**	
<b>29200</b> – Strapping of Thorax	\$47.25	\$37.15	\$63.47
<b>29220</b> – Strapping of Lower Back	\$48.69	\$38.59	\$80.44
<b>29240</b> – Strapping of Shoulder	\$53.02	\$41.48	\$77.19
<b>29260</b> – Strapping of Elbow or Wrist	\$45.80	\$34.26	\$60.96
<b>29280</b> – Strapping of Hand or Finger	\$55.27	\$38.12	\$56.07
<b>29520</b> – Strapping of Hip	\$44.36	\$33.90	\$69.88
<b>29530</b> – Strapping of Knee	\$46.53	\$34.98	\$72.33
<b>29540</b> – Strapping of Ankle and/or Foot	\$38.59	\$31.38	\$63.39
<b>29590</b> – Strapping of Foot	\$50.85	\$40.39	\$63.39
<b>29550</b> – Strapping of Toes	\$37.51	\$29.57	\$58.50

\*Non Facility: Includes all other settings.

\*\*Facility: Includes hospitals (inpatient, outpatient, and emergency department), ambulatory surgical centers (ASCs), and skilled nursing facilities (SNFs).

\*\*\*This is National Average Fee Schedule based on 2009 CPT Codes and Medicare Payment information taken from the AMA Website. This may not reflect the true cost of the services provided. Private sector fees will vary.

### NOTES FOR CPT 2009 CODES

The above CPT 2009 Codes can be used for strapping as a replacement procedures during or after the period of follow-up care or when it is the initial service performed without a restorative treatment or procedure(s) to stabilize or protect an injury and/or to afford comfort to a patient.

The physician who applies the initial strapping and also assumes all of the subsequent injury care cannot use the application of the strapping codes as an initial service, since the first strapping application is included in the initial treatment 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., for a sprained ankle or knee) in which no other procedure or treatment is performed or is expected to be performed by a physician rendering the initial care only, strapping in addition to an evaluation and management code can be used as appropriate.

Your local Medicare carrier has specific coverage instructions for processing certain CPT 2009 Codes. While these codes are covered by the Medicare program, the use of these codes does not guarantee payment. If you have a question about a specific code in this category, review your Medicare provider manual or consult with your local Medicare carrier.

We encourage all users of SpiderTech™ Applications and SpiderTape™ to ensure that the specific codes are verified to the corresponding procedure in each geographical region before submitting the claim. This list of re-imbursment codes and their corresponding applications is to be used as a guide and Nucap Medical Inc. and its subsidiaries, is not to be held liable for any disputes or lack of re-imbursment. We are willing to aid all users of SpiderTech™ Applications and/or SpiderTape™ Rolls in providing re-imbursment, if you have any questions or concerns regarding re-imbursments please contact us.