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Ensure Your Coding Lines Up

For pressure ulcers, New England and Braintree Rehabilitation Hospitals are focusing on consistency between clinical and physician documentation to ensure the most accurate ICD-9 codes go into the medical record. Accurate coding will not only back up your quality reporting, but it may also create more efficiency in medical care.

Example: “For CAUTI’s, [our] coding staff is heavily relying on infection control specialists to identify UTI’s that meet the CDC CAUTI definitions,” Paquette shares. Once coding staff confirms a CAUTI, they place a “communication form” in the medical record “so physician and clinical staff are aware of the condition and can address their burden of care related to the CAUTI.”

“Like with PUs, the goal is to have the quality measure documentation clearly supported in the medical record by the physician, nursing, and the IDT team,” Paquette says. This leads to accurate ICD-9 codes reflecting the quality measures both on the bill and the IRF-PAI form when appropriate.

Sharpen Your Documentation Sword

One cannot stress enough the importance of good documentation. Although the quality indicator is a simple item on the IRF-PAI form, personnel must supply the information appropriately in the chart, Fowler points out.

Heads up, therapists: You can get more involved in documentation, even if you simply note you instructed the patient to change positions every two hours to avoid PUs. And if someone else spots signs of a PU or CAUTI, “be sure to note that someone greater than an aide has assessed it (either therapist or a nurse),” Fowler says.

Finally, take advantage of the team conference to powerhouse your documentation. With an interdisciplinary approach you can collaborate on what every team member has observed and done to prevent and manage PUs and CAUTI. “Often [reviewers] look to that team conference,” Fowler notes. □

Business Strategies

Cash In on Kinesio Taping® — a Big Hit With the Athletes

Want to bill insurance? Learn critical coding tips here.

Kinesio Taping® is all the rage, especially since the public saw Olympic athletes covered with a plethora of colorful tape designs this summer.

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Although it seems to be a recent trend, Kinesio Taping has been around since Dr. Kenzo Kase founded this rehabilitative method in 1979. The idea is to stabilize affected muscles and joints while also allowing range of motion and adding soft tissue manipulation, according to kinesiotaping.com. Kase developed a special elastic tape to accomplish this, Kinesio® Tex Tape, and since then other companies have developed their own brands of Kinesio Tape.

“It’s like a prescription in between the treatment sessions,” explains **Mansi K. Shah, PT, CKTP**, PTPN member, with **Ally Physical Therapy**, in Livonia, MI. “If a patient is coming twice a week, I’ll do the taping on Mondays because it helps the patient improve the muscle/joint condition on the two days they’re not seeing me — and patients really see the results of that.”

“We’ve been offering Kinesio Taping for three years,” shares **Linda J. Zane, PT, MPA**, PTPN member with **Physical Therapy Institute** in Delray Beach, FL. She also vouches for its success and notes that her practice primarily uses it on high school athletes and on soccer and tennis players.

Get Started on the Right Foot

Before you begin, get the proper training as a Certified Kinesio Taping Practitioner (CKTP). “You should be certified because it’s crucial how you place the tape, the amount of tension you create, etc. —everything is skilled because you could cause more harm than help,” Shah says.

Smart move: Because of its popularity, advertise that you offer Kinesio Taping®. Zane’s practice is gearing up to do a newsletter spot on this service. You’ll also want to establish whether Kinesio Taping will be cash-pay or if you’ll bill

insurance. “We offer Kinesio Taping as cash-pay,” Zane says. “It’s easily affordable, and patients want it.”

“We market to physicians as well as patients that we offer this procedure,” Shah says.

Whatever you decide, remember that either you or the patient must pay for the tape. “Some clinics pass the cost of the supplies to the patient,” Shah says. “In our clinic, we treat it like electrotherapy or iontophoresis where we bear the cost of the supplies.”

Ensure Proper Billing and Coding

Insurance will not pay for Kinesio Taping® by itself, nor is there a CPT® code specifically for the procedure. If, however, you did the taping as part of a skilled, billable rehab service, you may bill it as part of that procedure, according to **Rick Gawenda, PT**, president and founder of **Gawenda Seminars & Consulting**.

Example 1: Suppose you applied Kinesio Tape to a patient’s patella and then guided the patient through exercises for that knee. “In this case, you would bill the CPT® code for therapeutic exercises,” Gawenda explains.

Example 2: You do taping to assist with work on balance, posture, coordination, and proprioception. In this case, you would report the code for neuromuscular reeducation, Gawenda says.

Do not use strapping codes (the 29500 and 29200 CPT® series) for Kinesio Taping®, Gawenda instructs. “Strapping is typically done at the end of a treatment session for a sprain or a strain or a joint that’s out of proper alignment” — and it is a separate, distinct procedure. □

Clinical Round Up

Educate Your Patients About Additional Smoking Hazards

Smoking is not simply injurious to health — it can impair your memory, the researchers of the **Collaboration for Drug and Alcohol Research Group at Northumbria University** found, Northumbria University announced in a September 11 press release. The study was published recently in the online journal *Addiction*.

The World Health Organization had reported that there could be grave health consequences for even non-smokers who were exposed to smoke for a period. Earlier it was recognized that loss of memory, even dementia, could

occur. Now, researchers are discovering “that the deficits associated with secondhand smoke exposure extend to everyday cognitive function,” said **Dr. Tom Heffernan**, a researcher of the research group in the release.

Second hand smoking is when an individual is exposed to the smoke exhaled by another in the home or in ‘smoking areas’ on a regular basis. The study compared one set of smokers and two sets of non-smokers of which one group was exposed to smoke at least 25 hours in a week for a

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