

STRAPPING

CPT Codes: ☐ thorax 29200 | ☐ shoulder 29240 | ☐ elbow or wrist 29260 | ☐ hand or finger 29280 | hip 29520 | ☐ knee 29530 | ☐ ankle and or foot 29540 | ☐ toes 29550

STRAPPING DEFINED BY The Center for Medicare and Medicaid Services, a.k.a. CMS (L36423 below): "The application of overlapping strips of adhesive tape to an extremity or body area to exert pressure and hold a structure in place, performed in the treatment of strains, sprains, dislocations, and certain fractures."

2017 CPT MANUAL GUIDELINES: 2017 CPT codes in this section are used only when the cast application or strapping is a replacement procedure performed during or after the period of follow-up care. An additional evaluation and management service code, dependent on location, is reportable when significant identifiable other services are provided at the time of the cast application or strapping.

For coding cast or strap application in situations not involving surgery, for example, casting of a sprained ankle or knee, use the appropriate level of evaluation and management services code plus code 99070 or equivalent HCPCS Level II code to report casting materials.

INTERPRETATION Of CERTIFIED MEDICAL CODERS: Strapping can only be done immediately after trigger point or tendon injections to qualify for billing under the 2017 CPT Coding Guidelines.

Local Coverage Determination (LCD): Strapping (L36423)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	District of Columbia Delaware Maryland New Jersey Pennsylvania

[Back to Top](#)

LCD Information

Document Information

LCD ID
L36423

Original Effective Date
For services performed on or after 04/07/2016

LCD Title
Strapping

Revision Effective Date
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N/A

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CMS National Coverage Policy This LCD supplements but does not replace, modify, or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for strapping services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify, or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions, or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for strapping services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies regarding strapping services are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

- Medicare Claims Processing Manual, Pub. 100-04, Chapter 5, Section 20
- National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services-Effective January 1, 2015, Chapter 4, Section F

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as

if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

This LCD applies to the strapping services coded with Current Procedural Terminology (CPT) Codes 29200-29280 and 29520-29550. **This LCD provides guidelines for many strapping services. However, this LCD does not address all services, including BUT NOT LIMITED TO:**

- Services related to wound care (see applicable LCD)

In making these determinations, Novitas Solutions uses the following definitions:

Strapping - the application of overlapping strips of adhesive tape to an extremity or body area to exert pressure and hold a structure in place, performed in the treatment of strains, sprains, dislocations, and certain fractures.

Taping - the process of using an elastic cotton strip with an acrylic adhesive with the intent of treating pain and disability from athletic injuries and a variety of other physical disorders.

STRAPPING

Strapping is considered to be medically necessary when the desired effect is to exert pressure or provide restriction of movement to hold a structure in place in the treatment of strains, dislocations, and certain fractures.

NOTE: Do not use strapping codes for taping services as strapping is a distinct and separate procedure.

Medicare does not consider taping to be a covered service. Taping is considered a part of the provider's service and not separately covered.

Strapping procedures will be considered medically reasonable and necessary for the following symptomatic conditions:

Strains, sprains, dislocations, tendinitis and certain fractures not accompanied by ulceration.

- Strapping – thorax (Procedure code 29200)
- Strapping – shoulder (Procedure code 29240)
- Strapping – elbow or wrist (Procedure code 29260)
- Strapping – hand or finger (Procedure code 29280)
- Strapping – hip (Procedure code 29520)
- Strapping – knee (Procedure code 29530)
- Strapping – ankle and/or foot (Procedure code 29540)
- Strapping - toes (Procedure code 29550)

As published in CMS IOM Pub. 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.

- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
 - Furnished in a setting appropriate to the patient's medical needs and condition.
 - Ordered and furnished by qualified personnel.
 - One that meets, but does not exceed, the patient's medical needs.
 - At least as beneficial as an existing and available medically appropriate alternative.

Note: Italicized or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
 013x Hospital Outpatient
 018x Hospital - Swing Beds
 021x Skilled Nursing - Inpatient (Including Medicare Part A)
 022x Skilled Nursing - Inpatient (Medicare Part B only)
 023x Skilled Nursing - Outpatient
 071x Clinic - Rural Health
 074x Clinic - Outpatient Rehabilitation Facility (ORF)
 075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
 085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

042X Physical Therapy - General Classification
 043X Occupational Therapy - General Classification
 0761 Specialty Services - Treatment Room

CPT/HCPCS Codes

Group 1 Paragraph: Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

29200 Strapping of chest
 29240 Strapping of shoulder

29260 Strapping of elbow or wrist
 29280 Strapping of hand or finger
 29520 Strapping of hip
 29530 Strapping of knee
 29540 Strapping of ankle and/or ft
 29550 Strapping of toes

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for CPT/HCPCS code 29200:

Group 1 Codes:

ICD-10 Codes	Description
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M54.14	Radiculopathy, thoracic region
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S23.3XXS	Sprain of ligaments of thoracic spine, sequela

Group 2 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS code 29240:

Group 2 Codes:

ICD-10 Codes	Description
M75.31	Calcific tendinitis of right shoulder
M75.32	Calcific tendinitis of left shoulder
S43.421A - S43.421S	Sprain of right rotator cuff capsule, initial encounter - Sprain of right rotator cuff capsule, sequela
S43.422A - S43.422S	Sprain of left rotator cuff capsule, initial encounter - Sprain of left rotator cuff capsule, sequela

Group 3 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS code 29260:

Group 3 Codes:

ICD-10 Codes	Description
M77.11	Lateral epicondylitis, right elbow
M77.12	Lateral epicondylitis, left elbow
S53.014A - S53.014S	Anterior dislocation of right radial head, initial encounter - Anterior dislocation of right radial head, sequela
S53.015A - S53.015S	Anterior dislocation of left radial head, initial encounter - Anterior dislocation of left radial head, sequela
S53.024A - S53.024S	Posterior dislocation of right radial head, initial encounter - Posterior dislocation of right radial head, sequela
S53.025A - S53.025S	Posterior dislocation of left radial head, initial encounter - Posterior dislocation of left radial head, sequela
S53.114A - S53.114S	Anterior dislocation of right ulnohumeral joint, initial encounter - Anterior dislocation of right ulnohumeral joint, sequela
S53.115A - S53.115S	Anterior dislocation of left ulnohumeral joint, initial encounter - Anterior dislocation of left ulnohumeral joint, sequela
S53.124A - S53.124S	Posterior dislocation of right ulnohumeral joint, initial encounter - Posterior dislocation of right ulnohumeral joint, sequela

ICD-10 Codes	Description
S53.125A - S53.125S	Posterior dislocation of left ulnohumeral joint, initial encounter - Posterior dislocation of left ulnohumeral joint, sequela
S53.134A - S53.134S	Medial dislocation of right ulnohumeral joint, initial encounter - Medial dislocation of right ulnohumeral joint, sequela
S53.135A - S53.135S	Medial dislocation of left ulnohumeral joint, initial encounter - Medial dislocation of left ulnohumeral joint, sequela
S53.144A - S53.144S	Lateral dislocation of right ulnohumeral joint, initial encounter - Lateral dislocation of right ulnohumeral joint, sequela
S53.145A - S53.145S	Lateral dislocation of left ulnohumeral joint, initial encounter - Lateral dislocation of left ulnohumeral joint, sequela
S53.411A - S53.411S	Radiohumeral (joint) sprain of right elbow, initial encounter - Radiohumeral (joint) sprain of right elbow, sequela
S53.412A - S53.412S	Radiohumeral (joint) sprain of left elbow, initial encounter - Radiohumeral (joint) sprain of left elbow, sequela
S53.421A - S53.421S	Ulnohumeral (joint) sprain of right elbow, initial encounter - Ulnohumeral (joint) sprain of right elbow, sequela
S53.422A - S53.422S	Ulnohumeral (joint) sprain of left elbow, initial encounter - Ulnohumeral (joint) sprain of left elbow, sequela
S53.441A - S53.441S	Ulnar collateral ligament sprain of right elbow, initial encounter - Ulnar collateral ligament sprain of right elbow, sequela
S53.442A - S53.442S	Ulnar collateral ligament sprain of left elbow, initial encounter - Ulnar collateral ligament sprain of left elbow, sequela
S63.014A - S63.014S	Dislocation of distal radioulnar joint of right wrist, initial encounter - Dislocation of distal radioulnar joint of right wrist, sequela
S63.015A - S63.015S	Dislocation of distal radioulnar joint of left wrist, initial encounter - Dislocation of distal radioulnar joint of left wrist, sequela
S63.024A - S63.024S	Dislocation of radiocarpal joint of right wrist, initial encounter - Dislocation of radiocarpal joint of right wrist, sequela
S63.025A - S63.025S	Dislocation of radiocarpal joint of left wrist, initial encounter - Dislocation of radiocarpal joint of left wrist, sequela
S63.034A - S63.034S	Dislocation of midcarpal joint of right wrist, initial encounter - Dislocation of midcarpal joint of right wrist, sequela
S63.035A - S63.035S	Dislocation of midcarpal joint of left wrist, initial encounter - Dislocation of midcarpal joint of left wrist, sequela
S63.511A - S63.511S	Sprain of carpal joint of right wrist, initial encounter - Sprain of carpal joint of right wrist, sequela
S63.512A - S63.512S	Sprain of carpal joint of left wrist, initial encounter - Sprain of carpal joint of left wrist, sequela
S63.521A - S63.521S	Sprain of radiocarpal joint of right wrist, initial encounter - Sprain of radiocarpal joint of right wrist, sequela
S63.522A - S63.522S	Sprain of radiocarpal joint of left wrist, initial encounter - Sprain of radiocarpal joint of left wrist, sequela

Group 4 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS code 29280:

Group 4 Codes:

ICD-10 Codes	Description
S63.044A - S63.044S	Dislocation of carpometacarpal joint of right thumb, initial encounter - Dislocation of carpometacarpal joint of right thumb, sequela
S63.045A - S63.045S	Dislocation of carpometacarpal joint of left thumb, initial encounter - Dislocation of carpometacarpal joint of left thumb, sequela
S63.054A - S63.054S	Dislocation of other carpometacarpal joint of right hand, initial encounter - Dislocation of other carpometacarpal joint of right hand, sequela
S63.055A - S63.055S	Dislocation of other carpometacarpal joint of left hand, initial encounter - Dislocation of other carpometacarpal joint of left hand, sequela
S63.064A - S63.064S	Dislocation of metacarpal (bone), proximal end of right hand, initial encounter - Dislocation of metacarpal (bone), proximal end of right hand, sequela
S63.065A - S63.065S	Dislocation of metacarpal (bone), proximal end of left hand, initial encounter - Dislocation of metacarpal (bone), proximal end of left hand, sequela

ICD-10 Codes	Description
S63.114A - S63.114S	Dislocation of metacarpophalangeal joint of right thumb, initial encounter - Dislocation of metacarpophalangeal joint of right thumb, sequela
S63.115A - S63.115S	Dislocation of metacarpophalangeal joint of left thumb, initial encounter - Dislocation of metacarpophalangeal joint of left thumb, sequela

Group 5 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS code 29520:

Group 5 Codes:

ICD-10 Codes	Description
M48.06	Spinal stenosis, lumbar region
S73.014A - S73.014S	Posterior dislocation of right hip, initial encounter - Posterior dislocation of right hip, sequela
S73.015A - S73.015S	Posterior dislocation of left hip, initial encounter - Posterior dislocation of left hip, sequela
S73.024A - S73.024S	Obturator dislocation of right hip, initial encounter - Obturator dislocation of right hip, sequela
S73.025A - S73.025S	Obturator dislocation of left hip, initial encounter - Obturator dislocation of left hip, sequela
S73.034A - S73.035S	Other anterior dislocation of right hip, initial encounter - Other anterior dislocation of left hip, sequela
S73.044A - S73.044S	Central dislocation of right hip, initial encounter - Central dislocation of right hip, sequela
S73.045A - S73.045S	Central dislocation of left hip, initial encounter - Central dislocation of left hip, sequela
S73.111A - S73.111S	Iliofemoral ligament sprain of right hip, initial encounter - Iliofemoral ligament sprain of right hip, sequela
S73.112A - S73.112S	Iliofemoral ligament sprain of left hip, initial encounter - Iliofemoral ligament sprain of left hip, sequela
S73.121A - S73.121S	Ischiocapsular ligament sprain of right hip, initial encounter - Ischiocapsular ligament sprain of right hip, sequela
S73.122A - S73.122S	Ischiocapsular ligament sprain of left hip, initial encounter - Ischiocapsular ligament sprain of left hip, sequela
S76.011A - S76.011S	Strain of muscle, fascia and tendon of right hip, initial encounter - Strain of muscle, fascia and tendon of right hip, sequela
S76.012A - S76.012S	Strain of muscle, fascia and tendon of left hip, initial encounter - Strain of muscle, fascia and tendon of left hip, sequela

Group 6 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS code 29530:

Group 6 Codes:

ICD-10 Codes	Description
S83.014A - S83.014S	Lateral dislocation of right patella, initial encounter - Lateral dislocation of right patella, sequela
S83.015A - S83.015S	Lateral dislocation of left patella, initial encounter - Lateral dislocation of left patella, sequela
S83.094A - S83.094S	Other dislocation of right patella, initial encounter - Other dislocation of right patella, sequela
S83.095A - S83.095S	Other dislocation of left patella, initial encounter - Other dislocation of left patella, sequela
S83.114A - S83.114S	Anterior dislocation of proximal end of tibia, right knee, initial encounter - Anterior dislocation of proximal end of tibia, right knee, sequela
S83.115A - S83.115S	Anterior dislocation of proximal end of tibia, left knee, initial encounter - Anterior dislocation of proximal end of tibia, left knee, sequela
S83.124A - S83.124S	Posterior dislocation of proximal end of tibia, right knee, initial encounter - Posterior dislocation of proximal end of tibia, right knee, sequela
S83.125A - S83.125S	Posterior dislocation of proximal end of tibia, left knee, initial encounter - Posterior dislocation of proximal end of tibia, left knee, sequela

ICD-10 Codes**Description**

S83.134A -	Medial dislocation of proximal end of tibia, right knee, initial encounter - Medial dislocation of proximal end of tibia, right knee, sequela
S83.134S -	Medial dislocation of proximal end of tibia, right knee, sequela
S83.135A -	Medial dislocation of proximal end of tibia, left knee, initial encounter - Medial dislocation of proximal end of tibia, left knee, sequela
S83.135S -	Medial dislocation of proximal end of tibia, left knee, sequela
S83.144A -	Lateral dislocation of proximal end of tibia, right knee, initial encounter - Lateral dislocation of proximal end of tibia, right knee, sequela
S83.144S -	Lateral dislocation of proximal end of tibia, right knee, sequela
S83.145A -	Lateral dislocation of proximal end of tibia, left knee, initial encounter - Lateral dislocation of proximal end of tibia, left knee, sequela
S83.145S -	Lateral dislocation of proximal end of tibia, left knee, sequela
S83.211A -	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter - Bucket-handle tear of medial meniscus, current injury, right knee, sequela
S83.211S -	Bucket-handle tear of medial meniscus, current injury, right knee, sequela
S83.212A -	Bucket-handle tear of medial meniscus, current injury, left knee, initial encounter - Bucket-handle tear of medial meniscus, current injury, left knee, sequela
S83.212S -	Bucket-handle tear of medial meniscus, current injury, left knee, sequela
S83.221A -	Peripheral tear of medial meniscus, current injury, right knee, initial encounter - Peripheral tear of medial meniscus, current injury, right knee, sequela
S83.221S -	Peripheral tear of medial meniscus, current injury, right knee, sequela
S83.222A -	Peripheral tear of medial meniscus, current injury, left knee, initial encounter - Peripheral tear of medial meniscus, current injury, left knee, sequela
S83.222S -	Peripheral tear of medial meniscus, current injury, left knee, sequela
S83.231A -	Complex tear of medial meniscus, current injury, right knee, initial encounter - Complex tear of medial meniscus, current injury, right knee, sequela
S83.231S -	Complex tear of medial meniscus, current injury, right knee, sequela
S83.232A -	Complex tear of medial meniscus, current injury, left knee, initial encounter - Complex tear of medial meniscus, current injury, left knee, sequela
S83.232S -	Complex tear of medial meniscus, current injury, left knee, sequela
S83.251A -	Bucket-handle tear of lateral meniscus, current injury, right knee, initial encounter - Bucket-handle tear of lateral meniscus, current injury, right knee, sequela
S83.251S -	Bucket-handle tear of lateral meniscus, current injury, right knee, sequela
S83.252A -	Bucket-handle tear of lateral meniscus, current injury, left knee, initial encounter - Bucket-handle tear of lateral meniscus, current injury, left knee, sequela
S83.252S -	Bucket-handle tear of lateral meniscus, current injury, left knee, sequela
S83.261A -	Peripheral tear of lateral meniscus, current injury, right knee, initial encounter - Peripheral tear of lateral meniscus, current injury, right knee, sequela
S83.261S -	Peripheral tear of lateral meniscus, current injury, right knee, sequela
S83.262A -	Peripheral tear of lateral meniscus, current injury, left knee, initial encounter - Peripheral tear of lateral meniscus, current injury, left knee, sequela
S83.262S -	Peripheral tear of lateral meniscus, current injury, left knee, sequela
S83.271A -	Complex tear of lateral meniscus, current injury, right knee, initial encounter - Complex tear of lateral meniscus, current injury, right knee, sequela
S83.271S -	Complex tear of lateral meniscus, current injury, right knee, sequela
S83.272A -	Complex tear of lateral meniscus, current injury, left knee, initial encounter - Complex tear of lateral meniscus, current injury, left knee, sequela
S83.272S -	Complex tear of lateral meniscus, current injury, left knee, sequela
S83.31XA -	Tear of articular cartilage of right knee, current, initial encounter - Tear of articular cartilage of right knee, current, sequela
S83.31XS -	Tear of articular cartilage of right knee, current, sequela
S83.32XA -	Tear of articular cartilage of left knee, current, initial encounter - Tear of articular cartilage of left knee, current, sequela
S83.32XS -	Tear of articular cartilage of left knee, current, sequela
S83.411A -	Sprain of medial collateral ligament of right knee, initial encounter - Sprain of medial collateral ligament of right knee, sequela
S83.411S -	Sprain of medial collateral ligament of right knee, sequela
S83.412A -	Sprain of medial collateral ligament of left knee, initial encounter - Sprain of medial collateral ligament of left knee, sequela
S83.412S -	Sprain of medial collateral ligament of left knee, sequela
S83.421A -	Sprain of lateral collateral ligament of right knee, initial encounter - Sprain of lateral collateral ligament of right knee, sequela
S83.421S -	Sprain of lateral collateral ligament of right knee, sequela
S83.422A -	Sprain of lateral collateral ligament of left knee, initial encounter - Sprain of lateral collateral ligament of left knee, sequela
S83.422S -	Sprain of lateral collateral ligament of left knee, sequela
S83.511A -	Sprain of anterior cruciate ligament of right knee, initial encounter - Sprain of anterior cruciate ligament of right knee, sequela
S83.511S -	Sprain of anterior cruciate ligament of right knee, sequela
S83.512A -	Sprain of anterior cruciate ligament of left knee, initial encounter - Sprain of anterior cruciate ligament of left knee, sequela
S83.512S -	Sprain of anterior cruciate ligament of left knee, sequela
S83.521A -	Sprain of posterior cruciate ligament of right knee, initial encounter - Sprain of posterior cruciate ligament of right knee, sequela
S83.521S -	Sprain of posterior cruciate ligament of right knee, sequela
S83.522A -	Sprain of posterior cruciate ligament of left knee, initial encounter - Sprain of posterior cruciate ligament of left knee, sequela
S83.522S -	Sprain of posterior cruciate ligament of left knee, sequela
S83.61XA -	Sprain of the superior tibiofibular joint and ligament, right knee, initial encounter - Sprain of the superior tibiofibular joint and ligament, right knee, sequela
S83.61XS -	Sprain of the superior tibiofibular joint and ligament, right knee, sequela
S83.62XA -	Sprain of the superior tibiofibular joint and ligament, left knee, initial encounter - Sprain of the superior tibiofibular joint and ligament, left knee, sequela
S83.62XS -	Sprain of the superior tibiofibular joint and ligament, left knee, sequela
S83.8X1A -	Sprain of other specified parts of right knee, initial encounter - Sprain of other specified parts of right knee, sequela
S83.8X1S -	Sprain of other specified parts of right knee, sequela
S83.8X2A -	Sprain of other specified parts of left knee, initial encounter - Sprain of other specified parts of left knee, sequela
S83.8X2S -	Sprain of other specified parts of left knee, sequela

Group 7 Paragraph: Medicare is establishing the following limited coverage for CPT/HCPCS codes 29540 and 29550:

Group 7 Codes:

ICD-10 Codes	Description
M12.271 - M12.279	Villonodular synovitis (pigmented), right ankle and foot - Villonodular synovitis (pigmented), unspecified ankle and foot
M20.10 - M20.12	Hallux valgus (acquired), unspecified foot - Hallux valgus (acquired), left foot
M20.30 - M20.32	Hallux varus (acquired), unspecified foot - Hallux varus (acquired), left foot
M20.40 - M20.42	Other hammer toe(s) (acquired), unspecified foot - Other hammer toe(s) (acquired), left foot
M20.5X1 - M20.5X9	Other deformities of toe(s) (acquired), right foot - Other deformities of toe(s) (acquired), unspecified foot
M21.071 - M21.079	Valgus deformity, not elsewhere classified, right ankle - Valgus deformity, not elsewhere classified, unspecified ankle
M21.371 - M21.379	Foot drop, right foot - Foot drop, unspecified foot
M21.6X1 - M21.6X9	Other acquired deformities of right foot - Other acquired deformities of unspecified foot
M21.961 - M21.969	Unspecified acquired deformity of right lower leg - Unspecified acquired deformity of unspecified lower leg
M24.471 - M24.479	Recurrent dislocation, right ankle - Recurrent dislocation, unspecified toe(s)
M24.871 - M24.876	Other specific joint derangements of right ankle, not elsewhere classified - Other specific joint derangements of unspecified foot, not elsewhere classified
M25.271 - M25.279	Flail joint, right ankle and foot - Flail joint, unspecified ankle and foot
M25.371 - M25.376	Other instability, right ankle - Other instability, unspecified foot
M25.771 - M25.776	Osteophyte, right ankle - Osteophyte, unspecified foot
M65.871 - M65.879	Other synovitis and tenosynovitis, right ankle and foot - Other synovitis and tenosynovitis, unspecified ankle and foot
M72.2	Plantar fascial fibromatosis
M77.30 - M77.32	Calcaneal spur, unspecified foot - Calcaneal spur, left foot
M77.40 - M77.42	Metatarsalgia, unspecified foot - Metatarsalgia, left foot
M77.50 - M77.52	Other enthesopathy of unspecified foot - Other enthesopathy of left foot
M84.361A - M84.369S	Stress fracture, right tibia, initial encounter for fracture - Stress fracture, unspecified tibia and fibula, sequela
M84.371A - M84.379S	Stress fracture, right ankle, initial encounter for fracture - Stress fracture, unspecified toe(s), sequela
S82.51XA - S82.56XS	Displaced fracture of medial malleolus of right tibia, initial encounter for closed fracture - Nondisplaced fracture of medial malleolus of unspecified tibia, sequela
S82.61XA - S82.66XS	Displaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture - Nondisplaced fracture of lateral malleolus of unspecified fibula, sequela
S82.871A - S82.876S	Displaced pilon fracture of right tibia, initial encounter for closed fracture - Nondisplaced pilon fracture of unspecified tibia, sequela
S86.011A - S86.019S	Strain of right Achilles tendon, initial encounter - Strain of unspecified Achilles tendon, sequela
S86.191A - S86.199S	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter - Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, sequela
S86.291A - S86.299S	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter - Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, sequela
S86.391A - S86.399S	

**ICD-10
Codes**

Description

	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter - Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, sequela
S86.891A - S86.899S	Other injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter - Other injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.991A - S86.999S	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter - Other injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S89.80XA - S89.82XS	Other specified injuries of unspecified lower leg, initial encounter - Other specified injuries of left lower leg, sequela
S90.00XA - S90.02XS	Contusion of unspecified ankle, initial encounter - Contusion of left ankle, sequela
S90.111A - S90.229S	Contusion of right great toe without damage to nail, initial encounter - Contusion of unspecified lesser toe(s) with damage to nail, sequela
S90.30XA - S90.32XS	Contusion of unspecified foot, initial encounter - Contusion of left foot, sequela
S92.001A - S92.066S	Unspecified fracture of right calcaneus, initial encounter for closed fracture - Nondisplaced intraarticular fracture of unspecified calcaneus, sequela
S92.101A - S92.199S	Unspecified fracture of right talus, initial encounter for closed fracture - Other fracture of unspecified talus, sequela
S92.201A - S92.209S	Fracture of unspecified tarsal bone(s) of right foot, initial encounter for closed fracture - Fracture of unspecified tarsal bone(s) of unspecified foot, sequela
S92.211A - S92.216S	Displaced fracture of cuboid bone of right foot, initial encounter for closed fracture - Nondisplaced fracture of cuboid bone of unspecified foot, sequela
S92.221A - S92.246S	Displaced fracture of lateral cuneiform of right foot, initial encounter for closed fracture - Nondisplaced fracture of medial cuneiform of unspecified foot, sequela
S92.251A - S92.256S	Displaced fracture of navicular [scaphoid] of right foot, initial encounter for closed fracture - Nondisplaced fracture of navicular [scaphoid] of unspecified foot, sequela
S92.301A - S92.356S	Fracture of unspecified metatarsal bone(s), right foot, initial encounter for closed fracture - Nondisplaced fracture of fifth metatarsal bone, unspecified foot, sequela
S92.401A - S92.599S	Displaced unspecified fracture of right great toe, initial encounter for closed fracture - Other fracture of unspecified lesser toe(s), sequela
S93.01XA - S93.06XS	Subluxation of right ankle joint, initial encounter - Dislocation of unspecified ankle joint, sequela
S93.111A - S93.149S	Dislocation of interphalangeal joint of right great toe, initial encounter - Subluxation of metatarsophalangeal joint of unspecified toe(s), sequela
S93.311A - S93.499S	Subluxation of tarsal joint of right foot, initial encounter - Sprain of other ligament of unspecified ankle, sequela
S93.511A - S93.529S	Sprain of interphalangeal joint of right great toe, initial encounter - Sprain of metatarsophalangeal joint of unspecified toe(s), sequela
S93.611A - S93.699S	Sprain of tarsal ligament of right foot, initial encounter - Other sprain of unspecified foot, sequela
S96.011A - S96.119S	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, initial encounter - Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.191A - S96.199S	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, initial encounter - Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.211A - S96.219S	Strain of intrinsic muscle and tendon at ankle and foot level, right foot, initial encounter - Strain of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.291A - S96.299S	Other specified injury of intrinsic muscle and tendon at ankle and foot level, right foot, initial encounter - Other specified injury of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.811A - S96.819S	Strain of other specified muscles and tendons at ankle and foot level, right foot, initial encounter - Strain of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.891A - S96.899S	Other specified injury of other specified muscles and tendons at ankle and foot level, right foot, initial encounter - Other specified injury of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.911A - S96.919S	Strain of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter - Strain of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.991A - S96.999S	Other specified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter - Other specified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela

ICD-10 Codes	Description
S99.811A - S99.829S	Other specified injuries of right ankle, initial encounter - Other specified injuries of unspecified foot, sequela

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: All those not listed under the “ICD-10 Codes that Support Medical Necessity” section.

Group 1 Codes: N/A

ICD-10 Additional Information

[Back to Top](#)

General Information

Associated Information

DOCUMENTATION REQUIREMENTS

1. All documentation must be maintained in the patient’s medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.

UTILILIZATION GUIDELINES

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

American College of Foot and Ankle Surgeons. Clinical Consensus Statements. 2010; <http://www.acfas.org/>

CPT Assistant Archives (4th Quarter 1990 - present) - Copyright American Medical Association 2009 Coding Consultation: Questions & Answers. May 2009, Vol 19(5); 8-9 & 11.

Eberhardt RT, Raffetto JD. Contemporary Reviews in Cardiovascular Medicine. Chronic venous insufficiency. *American Heart Association Circulation*. 2014;130(4):333-46.

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Mosby's Medical Dictionary, 8th edition. Elsevier. 2009.

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Other Contractor Local Coverage Determinations

[Revision History Information](#)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
04/07/2016	R1	LCD revised and published on 04/07/2016 to clarify that ICD-10 Codes that do not support medical necessity consist of any ICD-10 code not included in the list(s) of ICD-10 Codes that Support Medical Necessity section. LCD posted for notice on 02/19/2016. LCD becomes effective for dates of service on and after 04/07/2016. 09/17/2015 DL36423 Draft LCD posted for comment.	<ul style="list-style-type: none">Other (Clarification (for the Revision) Aberrant Local Utilization (for the Draft Version and Posted for Notice Version))

[Back to Top](#)

[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents LCD(s) [DL36423](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 03/30/2016 with effective dates 04/07/2016 - N/A [Updated on 02/12/2016 with effective dates 04/07/2016 - N/A](#) [Back to Top](#)

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