

Application of Multilayer Compression System (29581-29584)

CPT® Assistant.

August 2016; Volume 26: Issue 8

Application of Multilayer Compression System (29581-29584)

The Current Procedural Terminology (CPT®) codes 29581-29584 are intended to report the application of multilayer compression systems to the affected body regions. Multilayer compression application enhances systemic uptake of static lymphatic fluid to reduce edema in the interstitial tissue and to promote wound healing. Multilayer compression can be applied to all or part of the limb, as indicated by the swelling condition. This article will provide an overview of the intent and appropriate use of codes 29581-29584.

29581

Application of multi-layer compression system; leg (below knee), including ankle and foot
(Do not report 29581 in conjunction with 29540, 29580, 29582, 36475, 36476, 36478, 36479)

29582

thigh and leg, including ankle and foot, when performed
(Do not report 29582 in conjunction with 29540, 29580, 29581, 36475, 36476, 36478, 36479)

29583

upper arm and forearm
(Do not report 29583 in conjunction with 29584)

29584

upper arm, forearm, hand, and fingers
(Do not report 29584 in conjunction with 29583)

Multilayer compression is a procedure used for the management of subacute and chronic swelling conditions, such as lymphedema. The procedure is usually separately performed during an 'intervention' visit for both primary and secondary lymphedema conditions. Multilayer compression also includes specific wound-care compression applications, such as

Unna boot application. In subacute and chronic edema conditions following traumatic injury or surgical procedures, when elevation of the limb does not improve the condition, it may also call for the application of multilayer compression systems. Multilayer compression applications utilize short stretch compression bandages, applied in multiple layers, along the entirety of the body region, as described. In addition, they utilize specific materials that include padding as well as wound care materials as indicated. The compression system should be applied to create a gradient of pressure with greater compression on the distal limb and less pressure proximally to facilitate systemic fluid uptake and movement by the lymphatic system. The short-stretch materials effectively impact the limb muscle pump to facilitate fluid uptake and flow.

Multilayer compression system application should not be reported for acute sprains and strains associated with acute edema. Taping applications, bivalve casting supportive wrapping, and other procedures in which a body limb is wrapped for supportive means are not multilayer compression systems, and therefore, should not be reported with codes 29581- 29584. Postsurgical dressings are also not considered multilayer compression systems. Multilayer compression system application should not be reported for joint effusion or localized compression that involves only a joint.

How to Code

Codes 29581-29584 are service-based and, therefore, do not include time in their descriptors. Each code includes the education and training of the patient as a necessary and integral component of the procedure.

Note that it is atypical that codes 29581-29584 are reported on the same date of service as the physical therapy and occupational therapy evaluation (97001 and 97003), unless treatment is being rendered on the day of evaluation. Conversely, codes 29581-29584 may be reported on the same day of service as a physical therapy or occupational therapy re-evaluation (97002 and 97004). It is important that documentation indicates and supports the need for the application of the multilayer compression system on the same date of service as the physical or occupational therapy re-evaluation.

Clinical Example (29581)

A 50-year-old female returns to the office for treatment of a medial calf ulcer. It measures 3 × 3 cm and demonstrates no signs of infection. She has palpable pedal pulses. Pigmented skin changes in the gaiter distribution of both lower extremities are consistent with chronic venous insufficiency. The wound is examined, cleansed, and a multilayer venous ulcer compression dressing is applied.

Description of Procedure (29581)

An abbreviated history is obtained. All prior dressings, taking care to avoid injuring the underlying skin are removed. A physical exam to assess adequate arterial flow, the presence of infection, degree of swelling, and size/depth of the lower extremity ulcer is performed. Treatment options are reviewed with the patient and/or the patient's family and the procedure, including a discussion of possible risks and complications are explained. The ulcer is cleansed and a primary wound dressing is then applied. With the foot in a dorsiflexed

position, application of the compression bandage is initiated with a circular winding at the base of the toes. The second circular winding follows and covers the top of the foot and articulating aspect of the ankle joint. The next winding is applied and covers the back of the heel and the calf. Frequent checks are performed to ensure the foot is in a neutral position relative to the ankle. Each subsequent application is applied at the specific stretch needed for the desired compression. The patient's neurovascular status, after the dressing system has been completely applied and allowed to set for a few minutes, is evaluated. A surgical shoe is fitted on the patient. Care and activity instructions are provided to the patient. Progress note and any correspondence with the patient's referring physicians are completed.

Clinical Example (29582)

The patient is a 43-year-old female with a long history of venous insufficiency due to severe venous incompetence with reflux of the truncal and greater saphenous veins. The patient is obese and lives alone. Postoperative high compression is required for 1 to 2 weeks, which is usually provided by wearing a class II compression stocking. Therapeutic, full-leg compression is required to reduce the potential risk of venous thromboembolism, prevent refilling of the ablated veins, and reduce postoperative bruising and tenderness. During the preoperative education, the surgeon noticed that the patient has mobility limitations due to her obesity and recommended the use of postoperative multilayer compression system, rather than high-compression stockings.

Description of Procedure (29582)

An abbreviated history is obtained. All prior dressings, taking care to avoid injuring the underlying skin are removed. A physical exam to assess adequate arterial flow, the presence of infection, degree of swelling, and size/depth of the lower extremity ulcer is performed. Treatment options are reviewed with the patient and/or the patient's family and the procedure, including a discussion of possible risks and complications are explained. The ulcer is cleansed and a primary wound dressing is then applied. With the foot in a dorsiflexed position, application of the compression bandage is initiated with a circular winding at the base of the toes. The second circular winding follows and covers the top of the foot and articulating aspect of the ankle joint. The next winding is applied and covers the back of the heel and the calf. Frequent checks are performed to ensure the foot is in a neutral position relative to the ankle. Each subsequent application is applied at the specific stretch needed for the desired compression. The patient's neurovascular status, after the dressing system has been completely applied and allowed to set for a few minutes, is evaluated. A surgical shoe is fitted on the patient. Care and activity instructions are provided to the patient. Progress note and any correspondence with the patient's referring physicians are completed.

Clinical Example (29583)

The patient is a 45-year-old female, who had a right mastectomy, radiation, and chemotherapy 9 months ago. She presents to her oncologist with heaviness, tightness, and swelling of her right arm and reports that her arm has been getting progressively uncomfortable, which is beginning to interfere with her responsibilities at work. On examination, the right hand is swollen, arm tissue is firm with 3+ pitting, and circumference is 5 cm larger than the left arm. Range of motion is limited. Diagnosis of moderate (Grade 2) edema is made and the patient is referred to the physical therapy lymphedema program for the application of multilayer compression system.

Description of Procedure (29583)

An abbreviated history is obtained. Skin integrity, cardiopulmonary status, and peripheral vascular status are assessed. Treatment options are reviewed and communication occurs with the patient and/or the patient's family to explain the procedure, including a discussion of possible risks and complications. The arm is positioned with the elbow in slight flexion (135° degrees and the fingers spread wide, with the hand position palm down. The first bandage-layer is applied from the palm to the top of the arm. A figure eight technique is used at the elbow. An additional layer is applied with 50% overlap and full stretch from the palm to the top of the arm. Instructions are provided for care, complications, and activity. Progress note and any correspondence with referring physicians are completed.

Clinical Example (29584)

The patient is a 52-year-old female, who had a bilateral mastectomy, radiation, and chemotherapy 12 months ago. She presents to her oncologist with heaviness, tightness, and swelling of her left arm, hand, and fingers and reports that the swelling has been getting progressively uncomfortable, which is beginning to interfere with her responsibilities at work. On examination, the left hand and fingers are swollen, arm tissue is firm with 3+ pitting, and circumference is 5 cm larger than the right arm. Range of motion is limited. Diagnosis of moderate (Grade 2) edema is made and the patient is referred to the physical therapy lymphedema program for the application of multilayer compression system.

Description of Procedure (29584)

An abbreviated history is obtained. Skin integrity, cardiopulmonary status, and peripheral vascular status are assessed. Treatment options are reviewed and communication occurs with the patient and/or the patient's family to explain the procedure, including a discussion of possible risks and complications. The left arm is positioned with the elbow in slight flexion (135°) and the fingers spread wide, with the hand position palm down. The fingers, hand, and arm are bandaged with a tubular gauze sleeve; soft roll gauze is used for the fingers, followed by padding materials. The fingers are all individually wrapped. After securing the gauze and padding materials, the first compression-bandage layer are applied to the fingers, palm, and up to the top of the arm. A figure eight technique is used at the elbow. An additional layer is applied with 50% overlap and full stretch from the palm to the top of the arm. Instructions are provided for care, complications, and activity. Progress note and any correspondence with referring physicians are completed.

Frequently Asked Questions

Question: May code 97535 be used to report the application of multilayer compression bandaging for lymphedema, including instructions to the patient, when this service is performed during the same session as code 97140, Manual therapy techniques eg, mobilization/ manipulation, manual lymphatic drainage, manual traction, 1 or more regions, each 15 minutes, for manual lymphatic drainage to the same anatomical region?

Answer:No. A strapping code from the 29581-29584 series, which describes the application of a multilayer compression system, would be reported for the application of multilayer compression bandaging for lymphedema, including instruction to the patient. Code 97535, Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment, direct one-on-one contact, each 15 minutes), would be reported when a separate and distinct procedural service is provided and documented as instructions for patient management of his or her injury at home and to prevent secondary

injury. Therefore, it would not be appropriate to report code 97535 in conjunction with a code from the 29581-29584 series for the patient instruction related to the multilayer compression dressing, which is inherent in codes 29581-29584.

Question: May codes 29582-29584 be used to report the application of multilayer compression bandaging for lymphedema, when this service is performed during the same session as code 97140, Manual therapy techniques?

Answer: Yes, the exception parenthetical note that forbade the use of codes 29581-29582 in conjunction with code 97140 was removed from the CPT 2014 and 2015 code sets. The multilayer compression application codes are service-based procedure codes, which do not include time in their descriptors, and are reported once when the service is performed.

Question: May codes 29582-29584 be used when the edema requiring multilayer compression is limited to the trunk and/or breast?

Answer: No. Based on the description of codes 29581-29584, there must be a limb (upper or lower extremity) that requires multilayer compression to use these codes. These codes do not include the trunk, chest, or breast. Code 29799, Unlisted procedure, casting or strapping, should be reported with the appropriate supporting documentation. ♦