

*New CPT codes for
Acupuncture
&
Electrical Acupuncture*

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AMA Owns CPT Codes

- The codes that designate medical procedures are listed in Current Procedural Terminology (CPT).
- CPT codes are controlled, updated and published yearly by the American Medical Association. These codes cover everything from allergy testing to X-Rays.

What Are CPT Codes

- The codes that designate medical procedures are listed in Current Procedural Terminology (CPT). They define medical, surgical and diagnostic procedures or services.
- The CPT codes are the property of the AMA and they serve as a significant source of income for that organization.
- The CPT codes are the “de facto” standard used nationwide and the only HIPAA compliant code set.¹
- HIPAA mandated that there be a consistent code set across the country; regional codes no longer exist.
- The Centers for Medicare and Medicaid Services (CMS) is the agency responsible for contracting with the AMA and establishing what is essentially a government mandated monopoly.

Why We Needed New Codes

- Codes 97780 & 81 began in 1998
- These old codes were temporary and had no RVU value.
- The AMA was instructed to replace the old codes by the Department of Health and Human Services through their National Committee on Vital Health Statistics.
- The new codes allow us to continue billing with recognized codes.

History of Codes

- In 2002 the National Committee on Vital Health Statistics (NCVHS) instructed the AMA to have its CPT Editorial Panel work with representatives of alternative care providers to improve the codes covering Complimentary and Alternative Medicine (CAM) services.
- Following this directive, the AMA CPT Editorial Panel authorized that a Workgroup be created to develop CPT proposals for alternative therapy.
- October 2, 2002-First meeting of Workgroup was held in Chicago.

AMA Acupuncture Work Group included

- AAMA - American Academy of Medical Acupuncture
- AAOM - American Assoc. of Oriental Medicine
- ACA - American Chiropractic Association

Other Groups That Attended

- American Academy of Physician Assistants
- American Association of Naturopathic Physicians
- American Diabetic Association
- American Institute of Homeopathy
- American Massage Therapy Association
- American Nurses Association
- American Occupational Therapy Association
- American Psychological Association
- Centers for Medicare and Medicaid Services
- National Center for Complementary and Alternative Medicine - NIH

What the AMA Decided

- They would only be issuing one new set of codes for alternative medicine therapy.
- For various reasons, the AMA decided the Acupuncture codes were the codes that they would accept changes to.
- The new Workgroup would be formed to develop new codes for Acupuncture.
- Only the AAOM, AAMA, and ACA were originally invited to participate.
- At the Workgroups first meeting, they decided to invite the AOMA to the group to the next meeting.
- The AMA agreed with this proposal.

Why the AAOM Joined the Group

- The American Association of Oriental Medicine was invited by the AMA to be one of the ranking members of the CPT Acupuncture Work Group.
- This is the first time any Acupuncture organization has ever been asked to participate and have this amount influence on CPT codes.
- The AAOM understood the importance of developing these new codes.
- The AAOM did NOT create or organize the Work Group or Code Changes. This was done, as always, by the AMA. But we knew the dangers of Not being a part of this process.

Inside the CPT Work Group

- ALL participating groups were restricted by a CONFIDENTIALITY AGREEMENT.
- This meant that absolutely no discussion could be held with anyone outside the Boards of each organization.
- This is why there was no notice of any changes or discussions until the AMA released the final new codes.
- Originally the AAOM submitted 15 different codes for implementation.
- The resulting 4 codes were all the the group would agree on by consensus.
- The AMA would only accept code applications that were agreed upon by ALL members of this work group.

Advantages of New Codes

- The new codes allow us to bill for additional work, which the previous codes did not.
- In working with the AMA's CPT Committee, we have opened the door to proposing additional codes for other procedures used in Acupuncture and Oriental Medicine.

The new codes were
effective on
January 1, 2005

The New Codes

- **97810** - Acupuncture, one or more needles, without electrical stimulation, initial 15 min.
- **97811** - Acupuncture, one or more needles, without electrical stimulation, each additional 15 minutes. With re-insertion.
- **97813** - Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes.
- **97814** - Acupuncture, one or more needles, with electrical stimulation, each additional 15 minutes. With re-insertion.

Re-insertion

- To be perfectly clear, it simply means “additional” points are used. ¹
- This must be documented in the notes.
- Example:
 - Patient with low back pain and sciatica:
 - Needles are used on points of the low back.
 - Additional points are inserted in the lower leg and ankle.
- Will insurance companies be looking for reinsertion? Most will not.
- Why? Because TIME is the primary factor.

The Time Factor

- Remember, TIME is the primary factor of the codes.
- The work group determined, among other things, that the new acupuncture codes based on time would reflect the level of involvement of the practitioner.
- More involved cases = more time = additional cost.
- But, the codes do not just reflect the level of difficulty of a treatment.
- In some cases a patient needs more monitoring, even though the case is not so complicated as another case.
- “Reinsertion” was only one of the factors discussed.
- Blue Cross/Blue Shield of Oregon publicly announced it is not concerned with “reinsertion,” - “only time.”

Applying the New Codes

- The new CPT codes for acupuncture are based on the amount of time spent with the patient.
- They are not like the old ones where one code equaled one treatment given, no matter how much time was spent with the patient.
- The new codes allow billing of 97810 and 97811 x1, or x2, or x3, or x4.
- The Workgroup estimated the most common billing would be 97810 plus 97811 x1.
- Some treatments may involve more time and require billing of 97810 plus 97811 x2, or x3.

Establishing Fees for Services

- Although one can address what is appropriate billing, actual rates shouldn't be discussed, since this could be considered "price-fixing".
- We have to continue to deal with the fact that CPT codes do not cover many procedures, like cupping, moxa, etc.
- The new codes are based on the time with the patient, and your charting needs to generally reflect this.
- Each practitioner sets up their own fees according to what he/she decides their services are worth.

Evaluation and Management Codes

- Some insurance companies allow you to bill for E&M.
- Some information on the internet states that the new codes include E&M. **THIS IS INCORRECT. THEY DO NOT INCLUDE E&M.**
- Some companies pay, some don't; some pay E & M on the first visit and on re-evaluations.
- Each practitioner must decide for themselves and bill what they think their services are worth.

Rules to Follow on Pricing

- Remember the basics of healthcare pricing. Your charges must be -
 - reasonable
 - defensible
 - consistent
 - made public to your patients.

Documentation - Chart Notes

- "If you didn't chart it, then you didn't do it."
- Document each group of needle insertions.
- Document the S.O.A.P. information as usual.
 - **S.** = **Subjective** = what the patient reports.
 - **O.** = **Objective** = your observations including points you use.
 - **A.** = **Assessment** = your diagnosis, & prognosis.
 - **P.** = **Plan** = your plan of treatment and other recommendations.
- It is very important to keep accurate and complete chart notes.

Example of Chart Notes

The Acupuncture Center, P.C.

Daily Treatment Record

Patient Name: _____ Date: _____
Date of Birth: ____ / ____ / ____

S: Subjective- Overall, how has your condition(s) been since your last treatment?

__ Improved __ Same __ Worse

Have you had any new accidents, injuries, illness or surgeries since your last visit here? __ Yes __ No

If yes, please explain in detail:

Comments: _____

Patient Signature: _____

Additional: _____

O: Objective Findings - Treatment # _____

CC 1 : _____

Palpation tenderness or pain: No__ Yes__ -- mild__ moderate__ severe__

CC 2 : _____

Palpation tenderness or pain: No__ Yes__ -- mild__ moderate__ severe__

CC 3 : _____

Palpation tenderness or pain: No__ Yes__ -- mild__ moderate__ severe__

Pulse Dx: _____ Tongue Dx: _____

Points treated: _____

_____ Ah x _____ i points: _____

Electrical ____ < -> ____ ____ μA 0.3 Hz 9 Hz 30 Hz 292 Hz ____ < -> ____ ____ μA

Reinsertion: _____

Other: _____

ROM: cervical _____ or thoracic _____

Services Provided: Acupuncture - Initial 15 min. Acupuncture - additional 15 min.

Electrical Acupuncture - Initial 15 min. Electrical Acupuncture - additional 15 min.

Heat Pack _____ Vasoneumatic Device _____ Myofascial Release _____ Moxa _____

A: Assessment- __ Improved __ Same __ Worse _____

P: Plan - See ____x/ week See in ____ week(s)

Purpose of Next Visit: Continue Current Treatment Plan Re-Examination Consultation

Continue: _____ Herbs: _____

Nutritional: _____ Trace Minerals: _____ Other: _____

Practitioner Signature _____

The Acupuncture Center, PC

Daily Treatment Record

Patient Name: _____ Date: _____

Date of Birth: ____/____/____

S: Subjective- Overall, how has your condition(s) been since your last treatment?

Improved Same Worse

Have you had any new accidents, injuries, illness or surgeries since your last visit here?

Yes No

If yes, please explain in detail:

Comments:

Patient Signature: _____

Additional: _____

O: Objective Findings -

Treatment # _____

CC 1 :

_____ Palpation tenderness or pain: No____ Yes____ -- mild____
moderate____ severe____

CC 2 :

_____ Palpation tenderness or pain: No____ Yes____ -- mild____ moderate____
severe____

CC 3 :

_____ Palpation tenderness or pain: No____ Yes____ -- mild____ moderate____
severe____

Pulse Dx : _____ Tongue

Dx : _____

Points

treated: _____

_____ Ah x _____ i
points: _____

Electrical _____ $\leftarrow \rightarrow$ _____ μA 0.3 Hz 9 Hz 30 Hz 292 Hz _____ $\leftarrow \rightarrow$
_____ μA

Reinsertion: _____

_____ O ther: _____

ROM: cervical _____ o ther _____

Services Provided: Acupuncture – Initial 15 min. Acupuncture – additional 15 min.

Electrical Acupuncture – Initial 15 min. Electrical Acupuncture – additional 15 min.

Heat Pack _____ Vasoneumatic Device _____ Myofascial Release _____

Moxa _____

A: Assessment- __Improved __Same __Worse

P: Plan- See _____x/week See in _____week(s)

Purpose of Next Visit: Continue Current Treatment Plan Re- Examination

Consultation

Continue: _____

Herbs: _____

Nutritional: _____ Trace Minerals: _____

Other: _____

Practitioner Signature _____

Frequently Asked Questions

Q. - If the codes are for 15 minutes, do I need to time the treatments?

A. - NO. You can estimate your time.

Q. - What does “15 minutes” mean?

A. - It is very important to note that “15 minutes” is defined as “personal one-on-one contact with the patient”.

- This means that you are in the room with the patient, or actively performing a medically necessary activity that is a component of acupuncture or electro-acupuncture.

- “*Usual pre-service and post-service work associated with the acupuncture services*” are included.

Q. - What is meant by “usual pre-service and post-service work”?

- **You are being paid for “pre and post service work associated with acupuncture services.**
- **Examples of Pre and Post Service:**
 - **Washing your hands**
 - **Greeting the patient**
 - **Take an interval history**
 - **Charting what you did and any instructions you gave the patient, etc.**

More about the “15 minute” time intervals.

- Pre and post service time is estimated to be **minimally 6 minutes**. If you then spend approximately 10 minutes with locating points, putting in the needles, removing needles, etc., then that would total about 16 minutes.
- Important - 15 minutes means 1 to 15 minutes.
- The first code (97810 or 97813) means Less Than 15 minutes.
- 16 minutes means that you would bill the initial 15 minutes (97810 or 97813) and the next 15 minutes (97811 or 97814).

Example of Acupuncture Billing

- You are treating a patient for neck pain and pain in the shoulders.
- After using points for the neck and shoulders, you return and stimulate the points one time, and finally return and remove the needles.
- Let's say the approximate time is about 18 minutes.
- Remember - This time includes pre & post service time.
- The billing would be a 97810 and 97811.

Another Example of Billing for Acupuncture

- You are treating a patient for low back pain and leg pain, and you are also treating the patient for frontal headaches and recurrent facial pain.
- The patient is on her stomach, and you are treating points in her low back and legs.
- You then remove needles from her low back and legs.
- The patient then is on her back and you apply needles to the face.
- Let's say the total time of treatment, pre and post care, is 34 minutes.
- You would bill 97810 and 97811x2.

Billing for Acupuncture & Billing for Electro - Acupuncture

- Acupuncture codes are 97810 & 97811
- Electrical Acupuncture codes are 97813 and 97814.

Please note - C.M.S. came out with a new ruling in June that allows for mixing the electrical codes with the non-electrical codes.

Q. - How do I bill for Acupuncture with Electrical Stimulation?

- Electro-acupuncture has a higher valued code.
- The CPT book **does now allow** you to mix and match acupuncture and electro-acupuncture codes on the same visit.

Example of Electrical Acupuncture Billing

- You are treating a patient for lower back pain using electrical acupuncture.
- You spend 17 minutes treating points on the lower back using a micro-current stimulator on the points.
- Your billing would be 97813 and 97814.

Example of Electrical Acupuncture Billing

- You treat a patient **using electrical stimulation on low back points.**
- Additionally, you use needles on the lower leg, **but with no electrical stimulation .**
- After taking out the needles, you have the patient lay on their back and you treat several points near the anterior aspect of the knee with no electrical stimulation.
- Lets say the treatment time is about 37 minutes.
- You would bill 97813 and 97811 x2

Another example

- You are seeing a patient for their initial visit. They have been in a Motor Vehicle Accident. They are complaining of: Headaches, Neck Pain, Shoulder Pain, Low Back Pain & Sciatica.
- The time spent with the patient, including pre and post treatment time, is 48 minutes.
- You would bill for the Initial code and the follow-up x 3.
- So, if you use no electrical, 97810 & 97811 x3
- If you use any electrical, for example at the end of treatment, you would use 97814 code.

Remember These Key Points

- Don't Mix Acupuncture Codes With the Codes for Electro-acupuncture
- Keep Good Chart Notes - S.O.A.P.
- For a single treatment, you can only bill multiples of 97811 and 97814. Example: 97810 + 97811x2
 - Do not bill multiples of 97810 or 97813
- You Can Bill E&M Codes. Evaluation and Management is NOT included in the new acupuncture codes. However, each Insurance Company will have its own policy regarding this.
- Bill What You Think Your Services Are Worth.

American Association of Oriental Medicine



- **MISSION:**

“To promote excellence and integrity in the professional practice of Acupuncture & Oriental Medicine.”

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