

Coding Communication: Acupuncture Coding Clarification

This coding communication is intended to clarify the application of CPT codes and guidelines as they apply to the acupuncture code family. This clarification reflects the intention of the CPT Editorial Panel for the reporting of acupuncture services, an intention that is not consistent with the parenthetical notes listed in *CPT 2005* and *CPT Changes 2005: An Insider's View*. The code series reads as follows:

- 97810** Acupuncture one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
- 97811** Acupuncture one or more needles, without electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 97813** Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
- 97814** Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

Codes 97810-97814 were established for *CPT 2005* to more clearly describe acupuncture and electroacupuncture services and to more accurately capture the varying times required to perform these services. Codes 97810 and 97811 describe acupuncture services without electrical stimulation. Similarly, codes 97813 and 97814 describe acupuncture services with electrical stimulation.

There are two critical elements necessary to understand and appropriately apply the intent of the acupuncture code family. The first fundamental element pertains to the 15-minute increment. As stated in the guidelines, acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient and not the duration of acupuncture needle(s) placement. Each treatment session can include only one "initial" 15-minute increment. Initial refers to the first 15-minute increment whether it is electrical stimulation or non-electrical stimulation. Also, it is important to note that it is not appropriate to report a non-electrical stimulation code (ie, 97810, 97811) in addition to an electrical stimulation code (ie, 97813, 97814) for the same 15-minute increment.

The second critical component is to clarify that the parenthetical notes listed after codes 97811 and 97814 are incorrect. Code 97811 is not restricted to use solely with code 97810. Rather, code 97811 may also be reported in addition to code 97813, provided the non-electrical stimulation (97811) is performed in a 15-minute increment separate from the 15-minute increment performed for electrical stimulation (97813). Equally, code 97814 is not restricted to use solely with code 97813. Code 97814 may also be reported in addition to code 97810, provided the electrical stimulation (97814) is performed in a 15-minute increment separate from the 15-minute increment performed for the non-electrical stimulation (97810). Lastly, an important point of consideration should be noted in the code descriptors of 97811 and 97814. Specifically, that re-insertion of the needle(s) is required for the use of add-on codes 97811 and 97814.

Therefore, the parenthetical notes that follows codes 97811 and 97814 are included in *CPT 2005* in error and should not be applied when reporting from the acupuncture code series 97810-97814:

continued on top of back page

Acupuncture, continued from page 5

They are as follows:

(Use 97811 in conjunction with 97810)

(Do not report 97810, 97811 in conjunction with 97813 or 97814)

(Use 97814 in conjunction with 97813)

(Do not report 97813, 97814 in conjunction with 97810 or 97811)

In summary, acupuncture services performed without electrical stimulation and with electrical stimulation may be reported at the same session, provided separate 15-minute increments are spent performing each of the services (non-electrical stimulation and electrical stimulation service).

Further guideline and parenthetical revisions are currently under review by the AMA CPT Editorial Panel for *CPT 2006*. ■
