

## AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE 2011 CODING REFERENCE SHEET



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### ACUPUNCTURE SERVICES

CPT Code	Code Description
97810*	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 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, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 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 cannot be billed together during the same session.<sup>1</sup>

### EVALUATION AND MANAGEMENT SERVICES

In many cases an Evaluation and Management service may be provided concomitant with Acupuncture services. Below is a brief description of the Evaluation and Management Services Codes for Office or Other Outpatient Services:

CPT Code <sup>1</sup>	Code Description
	<b>New Patient</b>
99201 – 99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components (refer to the current CPT code book for a complete description of the codes).... The appropriate code choice is dependent upon the level of services provided as defined by 3 key components: <ul style="list-style-type: none"> <li>• the level of patient history obtained,</li> <li>• the extensiveness of the examination, and</li> <li>• the level of complexity in the medical decision making process.</li> </ul>
	<b>Established Patient</b>
99211 – 99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components (refer to the current CPT code book for a complete description of the codes).... The appropriate code choice is dependent upon the level of services provided as defined by 3 key components: <ul style="list-style-type: none"> <li>• the level of patient history obtained,</li> <li>• the extensiveness of the examination, and</li> <li>• the level of complexity in the medical decision making process.</li> </ul>

### CODING TIPS

- Time reported under acupuncture CPT codes 97810-97814 is based on the clinician's face-to-face time with the patient as reported in the patient's medical records, and NOT the duration of the acupuncture needle placement.
- The RVU (relative value unit) attributed to the CPT codes for acupuncture (CPT 97810-97814) includes up to 6 minutes of typical E/M services related to the day's acupuncture treatment, as a portion of each unit of acupuncture:<sup>2</sup>
  - 1) review of the chart,
  - 2) greeting patient,
  - 3) obtaining a brief account of the results of the previous treatment and any significant changes that have occurred since the last visit,
  - 4) selecting points for the day's treatment, and

<sup>1</sup> CPT 2011 Professional Edition, American Medical Association. 2010

<sup>2</sup> RBRVS Data Manager, 2010, American Medical Association. 2010

5) post-service charting and instructions to the patient.

- Submission of the acupuncture CPT codes CPT 97810-97814 for payment does not include E/M services for the initial visit to ascertain a need for treatment, re-examination due to significant new trauma, change in symptoms, or to monitor effectiveness of treatment or conditions unrelated to the acupuncture treatment, but it does include E/M services associated with a brief, cursory account related to the previous treatment and any substantial changes that have occurred since the last visit.<sup>3</sup> When appropriate, select appropriate E/M code for those services based on the medical documentation in the patient's file and append modifier -25 (significant, separately identifiable evaluation and management service above and beyond the usual pre and post service work associated with the acupuncture services, by the same physician on the same day of the procedure or other service) to the E/M code. The time of any additional E/M services beyond the brief account included in the acupuncture service, is not to be included in the time of the of the acupuncture service in the patient's file documenting the session. NOTE: Adequate and accurate documentation in the patient's file supporting the billing of these services is critical to achieving reimbursement for these services.

## MODIFIERS

A modifier is a 2-digit nomenclature that provides a means to provide additional information to the payer regarding the service being billed. Key modifiers to know for those billing for acupuncture related services are:

**-25:** Significant, separately identifiable Evaluation and Management service by the same physician on the same day of the procedure of other service. "A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M Service)."<sup>4</sup>

**GX:** Notice of Liability Issued, Voluntary Under Payer Policy. This Modifier is used to report a voluntary ABN was issued for a service.

**GY:** Notice of Liability Not Issued, Not Required Under Payer Policy. This modifier is used to report that an ABN was not issued because the item or service is statutorily excluded or does not meet the definition of any Medicare benefit.

## FREQUENTLY ASKED / ANSWERED QUESTIONS

### May a medical acupuncturist bill for an office visit during the same visit for acupuncture services?

Yes. Medical acupuncture, defined here as acupuncture performed by an MD or DO is distinctly different than acupuncture performed by a non-physician. It is the position of the American Academy of Medical Acupuncture that "it is the moral, ethical and legal responsibility of professional state-licensed physicians to assess problems relevant to a patient's history, condition and progress at every encounter. The assessment is not part of an acupuncture treatment, but is a medical evaluation and management service. E/M services include, but are not limited to, discussion regarding changes in the patient's medical condition resulting from the prior treatment, counseling the patient, review of psychosocial stressors, review of relevant lab tests, effects of medication prescribed by the treating physician or other physicians, performing the physical examination necessary to determine the appropriate treatment and instructions for follow-up care."<sup>5</sup> These extensive services are not part of the acupuncture service and should be identified with the appropriate E/M service code. Most payers reimburse for an E/M service performed on the same day as an acupuncture service by the same physician or health care professional when documentation supports the services provided, time spent with the patient and the complexity of medical decision making. The E/M service must be reported using modifier -25.

### Why must I append a -25 modifier if I am reporting an E/M service during the same visit for acupuncture service(s)?

Per the AMA's CPT guidelines<sup>6</sup>, it may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preservice and postservice care associated with the procedure that was performed. With respect to the acupuncture services, this would include E/M services above and beyond the brief 6 minutes of components of E/M that are included in the acupuncture services codes.

"A significant, separately identifiable E/M services is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."<sup>6</sup> **The E/M service may be prompted by the symptoms or conditions for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.**<sup>6</sup>

<sup>3</sup> The AAMA takes the position that it is impractical to ask a physician to be able to take a brief account of a patient's significant changes. However this is the current language adopted by the AMA, therefore to be able to bill for E/M services beyond those included in the acupuncture codes, the physician's documentation must support the conclusion that the physician engaged the patient in more than a brief account of any significant changes.

<sup>4</sup> CPT 2011, Professional Edition. American Medical Association. pg 549. 2010.

<sup>5</sup> Position Statement of the American Academy of Medical Acupuncture Regarding CPT and E/M Coding and Billing for Acupuncture Services. For more information about billing E/M with acupuncture services, contact the Academy.

<sup>6</sup> CPT Professional Edition 2011, pgs 511 & 549. 2010

### **What if I'm evaluating a new patient, and decide to conduct an acupuncture session?**

When a new patient presents to the medical acupuncturist, the physician can evaluate the patient and decide to administer acupuncture during the same encounter. In this case, it is appropriate to code and bill for the E/M service appropriate for a new patient and the acupuncture service. Thorough documentation of all services rendered is required. The E/M service must be reported using modifier -25.

### **What if I spend considerable time evaluating the patient because it is my obligation as a physician to be thorough and comprehensive?**

In this case, the appropriate E/M service should be documented and coded. The Relative Value Units (RVUs) for acupuncture services incorporates some work values for professional services (approximately 6 minutes) related to pre and post acupuncture services, including reviewing the chart, greeting the patient, a brief assessment how the patient is doing, the selection of points, post-service charting and providing instructions to the patient.<sup>7</sup> However, if the medical acupuncturist performs a more thorough medical review of the patient's condition, such as performing a subsequent medically necessary physical examination, assessing their medications, psychosocial issues or dietary regimen, or ordering and/or reviewing lab tests, these services are above and beyond the E/M included in the acupuncture services codes and should be identified with the appropriate E/M service code. This additional E/M service code should be appended with a -25 modifier.

### **If a separate E/M service is provided during the same patient visit as an acupuncture service, do I need to document the E/M service differently than if no acupuncture services were provided?**

No. Documentation for E/M services should be done in the same manner whether or not an acupuncture service was provided during the same patient visit. Documentation supporting the E/M service should factor the key E&M components of History, Exam and Medical Decision Making. If drug/medication regimes are reviewed, be sure to document each drug and the patient's responses to questions concerning their use. Also, be sure to document the face-to-face time spent with the patient. NOTE: The time of the E/M service is NOT included in the time for the acupuncture service.

Below is an example of how you may document E/M services provided during the same patient visit as an acupuncture treatment.

**[If indicated]** "Counseling and/or coordination of care dominated greater than 50% of this encounter. The above history and examination was conducted with ten minutes of face-to-face contact, prior to performing the procedures as listed below. Start time: 9:00am; End time 9:10am. Acupuncture was provided as a medical necessity for the treatment of the diagnosis listed below. A copy of the points used is on the chart. (or, is listed below)".

### **What is AAMA's official position on E/M services being provided during the same patient visit as an acupuncture service?<sup>8</sup>**

A past President of the American Academy of Medical Acupuncture and the society's Executive Director were members of the AMA Specialty Society RVS Update Committee assigned to develop and value acupuncture CPT codes. The intent and uses of the final accepted acupuncture codes (97810, 97811, 97813 and 97814) are as follows:

"Acupuncture service(s), noted above, are to be separate and distinct from E/M services and codes. It was the specific intentions of the committee that these acupuncture codes were not to be global in nature. If an E/M service is performed and documented, a -25 modifier is to be used in conjunction with the E/M code."<sup>5</sup>

### **What about Medicare? Will Medicare allow a medical acupuncturist to bill for an office visit during the same visit for acupuncture services?**

Medicare does not cover acupuncture services. However, the office visit to assess the patient's medical condition is a covered benefit. The medical acupuncturist should have the patient sign an ABN (Advance Beneficiary Notice) form indicating that the patient has been informed of Medicare's non-coverage policy for acupuncture services. The physician should file a claim with their Medicare contractor

<sup>7</sup> RBRVS Data Manager, 2010, American Medical Association

<sup>8</sup> Several state Medical Boards, along with the Federation of State Medical Boards of the United States (FSMB), have issued rules or guidance relating to a physicians use of Complementary and Alternative Medicine, including acupuncture. The FSMB policy states that "[p]arity of evaluation standards should be established for patients whether the physician is using conventional medical practices or [Complementary and Alternative Medicine (CAM)]." *The Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice, Approved by the House of Delegates of the FSMB, as policy April 2002.*

The Nevada Administrative Code requires physicians that use non-conventional treatment to "document and conduct periodic reviews of the care of the patient . . . [that takes] into consideration the treatment prescribed, ordered or administered as well as any new information about the etiology of the complaint." Nevada Administrative Code § 630.625.

Texas Medical Board Rules allow physicians practicing Complementary and Alternative Medicine to "use the treatment subject to documented periodic review of the patient's care by the physician at reasonable intervals. The physician shall evaluate the patient's progress under the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint in determining whether the treatment objectives are being met." Texas Medical Board Rules § 200.3(4).

for the appropriate E/M office visit and the acupuncture services. The acupuncture services should include the –GY modifier indicating that the service is not covered by Medicare.

#### **Do I need to reinsert needle(s) in order to bill the add-on codes 97811 or 97814?**

Yes. According to the CPT Assistant, June 2005/Volume 15, Issue 6, “re-insertion of the needle(s) is required for the use of add-on codes 97811 and 97814” The terminology “re-insertion of needles” was used to emphasize that each reported service must reflect a new insertion and withdrawal of needles.

#### **What is a global period and what are the global periods for acupuncture services?**

The global period is the time period directly related to the global surgical package, which includes all of the elements needed to perform a surgical procedure and includes routine follow up care. The global period concept, as defined by the AMA and CMS does not apply to acupuncture services.<sup>9</sup> According to the AMA and CMS, “A global period does not apply to [the acupuncture services codes] and evaluation and management and other diagnostic tests or minor services performed may be reported separately on the same day.”<sup>10</sup> This is typically interpreted to mean that E/M services performed on the same day may be reported separately without the use of a -25 modifier. However, private payer policy may vary and should be verified with the patient’s payer. In particular, some private payers may indicate there is a global period of zero (0) days associated with acupuncture services, and therefore require the use of the -25 modifier. The Academy recognizes some of the introductory language regarding acupuncture codes in the CPT book is confusing. The Academy is working towards a change in the introductory language and in the codes themselves.

#### **What code combinations can and cannot be performed together?**

A simple rule of thumb is to never combine 97810 and 97813 on a single claim for acupuncture services because these two codes both describe an **initial** 15 minute treatment with insertion of one or more needles. The following code combinations are appropriate to pair provided the services are medically necessary and appropriate.

**97810 + 97811**  
**97810 + 97814\***  
**97810 + 97811 + 97814\***  
**97813 + 97814**  
**97813 + 97811\***  
**97813 + 97811 + 97814\***

*\*Documentation must specify that treatment with and without electrical stimulation was used*

#### **May I mix and match electrical and non-electrical stimulation procedures in the same session?**

Yes. However, only one initial insertion of the needles is permitted per session per day. Therefore, per CPT, you should never code 97810 and 97813 on the same claim.

#### **Should I have my patients sign an ABN?**

If you are treating a Medicare patient, ensuring they sign an ABN is strongly suggested but not required. Medicare does not cover acupuncture services. As a practical matter, most practitioners will find it beneficial to have on file a signed statement from the patient acknowledging that they are aware that Medicare does not cover acupuncture service.

<sup>9</sup> 2006 Coders’ Dictionary. Ingenix, Inc. 2006, Chapter 1, National Correct Coding Initiative Policy Manual, V15.3 and CPT Professional Edition, 2010. American Medical Association.

<sup>10</sup> CPT Reference of Clinical Examples: Official Scenarios for Correct Coding, p. ix (2007).