



## **American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Acupuncture Reimbursement Codes**

**Adopted December 15, 2010**

### **Overview:**

The 2005 acupuncture CPT Codes were explained to the acupuncture profession in an article in *Acupuncture Today* entitled, "New CPT Codes for Acupuncture Are Here!" by David Wells, DC, LAc. However, ongoing questions from insurance carriers to many practicing acupuncturists indicates that practical code usage requires additional clarification and discussion to resolve ambiguities.<sup>123</sup>

Given the diversity of practitioner styles, these codes cannot guide providers on how to treat in any particular style, technique, or length. Providers treat based on their findings and then record relevant documentation while utilizing appropriate coding for services rendered. Depending on scope, acupuncturists may use E/M (evaluation/management) codes when assessments are made or management services performed that are within the parameters of said codes. Append the -25 modifier to the E/M code used (i.e. 99202-25) to indicate that this E/M service was performed separately from the relevant acupuncture services.

The CPT codes are based on 15 minute increments of personal one-on-one contact with the patient, while performing a relevant service within the state scope of the acupuncturist. In routine follow up visits, the initial acupuncture codes (97810 and 97813) include the components for an interval assessment and its documentation. With the exception of the first visit and periodic re-evaluations, this typically precludes the use of a concurrent E/M code. Following the assessment, actual treatment time includes preparation such as hand washing and cleaning points. Included in this time is post treatment assessment and recommendations.

### **Treatment time:**

After insertion, many practitioners will leave the patient on the table for a length of time. This time is not billable, regardless of how long the patient remains unattended on the table.

There are times when a provider must remain in the room to monitor the patient after needles are inserted, this is billable time as long as one-on-one contact with the patient is maintained. Examples of this might include treatment of a nauseous patient who may vomit or when performing point stimulation or during Range of Motion activity



while the needles are maintained (i.e. ST38 for a frozen shoulder). These activities may fall under the second pair of CPT Codes 97811 and 97814.

### **Re-insertion:**

There is ambiguous and unsupported nomenclature in the CPT Code book: "re-insertion of needles." The intent of this phrase by the AMA was to indicate the sequence of removing the current set of needles and inserting a new set of needles in another body region(s), possibly (but not required) for a different diagnosis<sup>4</sup>. Clearly the phrase "re-insertion" could be interpreted as "re-insertion of the same needles", but this does not mean re-using needles.

Removing a needle and reinserting that same needle violates Clean Needle Technique and cross contamination standards. So "re-insertion" cannot mean "remove the needle and reinsert the needle into the same or a different area" because doing so would be negligent per se on the provider's part. What is important is that the subsequent period code will be used when you are doing additional treatment during the same session. (For example, doing a front treatment and then a back treatment at the same visit.) Stimulation of existing needles and/or manual needle manipulation into additional muscle fibers without needle removal constitutes "re-insertion." "Re-insertion" can also mean stimulation of existing needles to gain a particular result and/or making adjustments to electrical stimulation equipment. The important element to be considered is always the time function of one-on-one contact.

The codes do not require that the patient be repositioned, nor does it require the practitioner to leave the treatment room and re-enter to continue the treatment of acupuncture. It is simply part of the terminology of codes 97811 and 97814 indicating that additional time was spent providing a relevant acupuncture service. The word "re-insertion" is only one word out of a statement that begins by indicating an additional fifteen minutes of personal one-on-one contact with the patient was delivered.

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<sup>1</sup> CPT is a registered trademark of the American Medical Association. Acupuncture codes are copyright 2007 American Medical Association.

<sup>2</sup> <http://www.dynamicchiropractic.com/mpacms/at/article.php?id=30032>

<sup>3</sup> <http://www.aaom.info/cptcodes.pdf>

<sup>4</sup> [http://www.medicalacupuncture.org/aama\\_marf/newsletter/newsarchive/july\\_2005.html](http://www.medicalacupuncture.org/aama_marf/newsletter/newsarchive/july_2005.html)