

**AMERICAN ACUPUNCTURE INSURANCE NETWORK
SEMINARS**
A division of



Book 2

**The Complete ICD & CPT Essentials
for Maximum Payment**

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ACU-2.1: Etiology

Submitted information must show symptoms are caused by a condition that is musculoskeletal in origin (as opposed to symptoms originating from systemic, visceral, central nervous system or infectious conditions). For symptoms caused by non-musculoskeletal conditions, refer to **ACU-3.0: Clinical Considerations for Non-Musculoskeletal Conditions**.

ACU-2.2: Recommended Standardized Assessments

Standardized assessment tools are used to assess and track changes in pain levels or in restrictions of Activities of Daily Living. Recommended standardized assessment tools are listed below:

Measure of Function	Reference
Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH)	Franchignoni 2014; Angst 2011; Rysstad 2020
Headache Disability Index (HDI)	Jacobson 1994; Jacobson 1995
Hip Disability and Osteoarthritis Outcome Score (HOOS)	Ornetti 2009
Knee Injury and Osteoarthritis Outcome Score (KOOS)	Roos 2003; Ornetti 2009
Lower Extremity Functional Scale (LEFS)	Binkley 1999; Williams 2012
Neck Disability Index (NDI)	Young 2019; MacDermid 2009
Oswestry Disability Index (ODI)	Davidson 2002; Maughan 2010
Patient Specific Functional Scale (PSFS)	Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020
Roland-Morris Disability Questionnaire (RMDQ)	Stratford 1996; Ostelo 2004; Maughan 2010
Shoulder Pain and Disability Index (SPADI)	Schmidt 2014; Angst 2011
Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	Williams 2012; Whitehouse 2003; Whitehouse 2008; Clement 2018
Visual Analog Scale, Numeric Rating Scale (VAS, NRS) Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014; Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001

ACU-2.3: Mental Health Considerations

Referral to a qualified mental health professional is required when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is required if there are **ANY** indications of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day at 1-800-273-8255.

ACU-3.0: Clinical Considerations for Non-Musculoskeletal Conditions

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ACU-3.1: Included Conditions

Submitted information must show that Acupuncture Services are primarily and directly focused on care for one of the following non-musculoskeletal conditions:

- Allergic rhinitis
- Depression (primary)
- Anxiety (primary)
- Dry eye syndrome
- Aromatase-inhibitor induced arthralgia
- Fibromyalgia
- Insomnia (primary)
- Asthma
- Irritable bowel syndrome
- Cancer pain
- Menopausal hot flashes/night sweats
- Cancer-related fatigue
- Post-stroke spasticity
- Chemotherapy-related nausea
- Post-stroke insomnia
- Chronic functional constipation
- Post-stroke shoulder pain
- Chronic prostatitis
- Post-stroke dysphagia

ACU-3.2: Recommended Standardized Assessments

Standardized assessment tools are used to assess and track changes in symptoms and/or condition status. Recommended standardized assessment tools are listed below:

Assessment	References
Rhinitis Control Assessment Test (RCAT)	Metzler 2013
Asthma Control Test (ACT)	Schatz 2006; Schatz 2009
Fibromyalgia Impact Questionnaire (FIQ)	Williams 2011; Bennett 2009
Fugl-Meyer Assessment (FMA) (Recommended for Post-Stroke Rehabilitation)	Singer 2016; Sullivan 2011
Hospital Anxiety and Depression Scale (HADS)	Stern 2014
Hot Flash Diary; Hot Flash Related Daily Interference Scale (HFRDIS)	Guttuso 2012; Carpenter 2017; Carpenter 2001
Irritable Bowel Syndrome Symptom Severity Scale (IBS-SSS); Irritable Bowel Syndrome Quality of Life (IBS-QOL)	Francis 1997; Andrae 2013; Graham 2010
Modified Ashworth Scale (MAS)	Harb 2020; Mesequer-Henarejos 2018
National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI)	Litwin 1999; Litwin 2002

Assessment	References
Ocular Surface Disease Index (OSDI)	Schiffman 2000; Miller 2010
Patient Specific Functional Scale (PSFS)	Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020
Pittsburgh Sleep Quality Index (PSQI)	Mollayeva 2016; Buysse 1989
Quality Of Life Questionnaire Core 30 (QLQ-C30) (Recommended for Adjunct Cancer Care)	Aaronson 1993
Spontaneous Bowel Movement Diary; Patient Assessment of Constipation Quality of Life (PAC-QOL)	Forootan 2018; Marquis 2005; Nelson 2014
Visual Analog Scale, Numeric Rating Scale (VAS, NRS) Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014; Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001
Post-stroke dysphagia assessments must be performed by a Speech Language Pathologist (SLP) or other trained specialist. The dates and results of the SLP's assessments should be obtained and reported by the acupuncture provider if dysphagia is the main symptom treated with acupuncture.	Eltringham 2018

ACU-3.3: Condition Specific Considerations

Adjunct Cancer Care

- Acupuncture Services for cancer pain, cancer-related fatigue, chemotherapy-related nausea, or aromatase-inhibitor induced arthralgia must be an adjunct to a comprehensive treatment program as directed by the oncologist and cancer care team. Appropriate medical co-management should be in place. Dates of previous and upcoming surgery, chemotherapy, or radiation treatments are helpful additional information to report, since these affect expected results of care with Acupuncture Services. While adjunctive acupuncture may ease symptoms during a cancer treatment program, it is not an equivalent or replacement for any aspect of the standard treatment program. Please consult the health plan in cases of hospice care or inpatient services, as eviCore does not manage inpatient services.

Adjunct Mental Health Care

- Acupuncture Services for primary anxiety, depression, or insomnia must be an adjunct to standard first-line treatment as directed by a medical doctor (MD) and/or licensed psychological therapist. Appropriate medical co-management should be in place. Details of co-management treatments are helpful additional information to report, since these affect expected results of care with Acupuncture Services... Primary mental health disorders must be distinguished from those secondary to other physical disorders. Accurate diagnosis is important because the most appropriate treatment options vary based on etiology. While adjunctive acupuncture may enhance the results of counseling and/or medication, it is not an equivalent or replacement for any aspect of the standard treatment for mental health disorders.

Adjunct Stroke Rehabilitation

- Acupuncture Services for post-stroke spasticity, post-stroke shoulder pain, post-stroke insomnia, and post-stroke dysphagia must be an adjunct to a comprehensive stroke rehabilitation program as directed by the physician and therapist care team. Appropriate medical co-management should be in place. While adjunctive

acupuncture may enhance the results of a stroke rehabilitation program, it is not an equivalent or replacement for any aspect of the standard stroke rehabilitation program.

Other Included Non-Musculoskeletal Conditions

- Appropriate medical evaluation and diagnosis should be in place when treating chronic functional constipation, chronic prostatitis, dry eye syndrome, fibromyalgia, irritable bowel syndrome, menopausal hot flashes/night sweats, allergies and asthma with Acupuncture Services. An accurate diagnosis is important because these symptoms may occur in many other physical disorders which require care beyond acupuncture.

ACU-3.4: Mental Health Considerations

Referral to a qualified mental health professional is required when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is required if there are **ANY** indications of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day at 1-800-273-8255.



Acupuncture

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan will be used to determine your coverage.

Administrative Process

Prior authorization is not required for Acupuncture.

Coverage

Acupuncture is generally covered, if the member has an acupuncture benefit, per the indications listed below. Due to variations in member contracts, please check with Member Services for information regarding specific coverage for this service.

Indications that are covered

1. Acupuncture treatment is generally limited to the following conditions:
 - A. As an analgesia for medical procedures;
 - B. Chronic pain syndromes, including but not limited to:
 - i. Neuromusculoskeletal conditions (e.g., neck, back, extremity pain, radicular syndromes, myofascial pain syndromes, fibromyalgia syndromes);
 - ii. Headaches (chronic or recurrent, tension or migraine)
 - C. Nausea (e.g., following chemotherapy; associated with pregnancy)
 - D. PMS or menstrual disorders
2. For patients with a new condition there should be documented improvement in the following areas that are relevant to the condition being treated.
 - A. Severity/intensity, frequency and duration of main symptom; and
 - B. General fatigue, lack of energy, strength or endurance; inability to complete a normal day's obligations/tasks; and
 - C. Mobility, agility, range of motion, ability to sit/stand/walk; and
 - D. Sleep disturbance: difficulty falling or staying asleep, waking too early, not rested upon waking in the morning; and
 - E. Decreased quality of life: negative mood, poor coping ability or emotional resiliency; significant relationships strained.

Indications that are not covered

1. Smoking (tobacco) cessation.
2. Other conditions not listed in this policy.

Definitions

Acupuncture is based on the premise that energy flows within the body along channels. There are 14 main channels, some associated with a specific body organ or subsidiary channels. In acupuncture treatment, fine, thin specialized needles are inserted along the channels. The needles are manipulated, with the aim of restoring the energy flow to a state of balance. The intention is that the patient will achieve an improved state of health.

Chronic Pain is defined as persistent pain which can be either continuous or recurring, and of at least 3 months duration and intensity to adversely affect a patient's well-being, level of function and quality of life. The goals of treatment are an emphasis improving the patient's level of function, well-being and quality of life.

Maintenance care related to acupuncture refers to regularly scheduled treatments for an indefinite period of time after signs and/or symptoms have been relieved or have reached a plateau. The intention of maintenance care is to prevent the condition from getting worse.

Restorative therapy related to acupuncture is treatment of signs or symptoms that have returned or become more severe after having been previously relieved by acupuncture treatment. The purpose of restorative treatment is to restore the therapeutic gains previously achieved.

New condition is one that is different from the conditions treated with acupuncture during the current year.



Codes

If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

Codes	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)

Diagnosis (ICD-10-CM) codes appropriate to acupuncture coverage

This code list is not all-inclusive but the following are covered:

Codes	Description
A18.01	Tuberculosis of spine
E89.41	Symptomatic postprocedural ovarian failure
F45.41	Pain disorder exclusively related to psychological factors
G43.001-G43.919	Migraine
G44.001-G44.59	Other headache syndromes
G50.0	Trigeminal neuralgia
G89.0-G89.4	Pain, not elsewhere classified
G93.3	Post viral fatigue syndrome
H93.11-H93.19	Tinnitus
I73.81	Erythromelalgia
M00.9	Pyogenic arthritis, unspecified
M05.40-M05.59, M05.70-M06.09, M06.20-M06.39, M06.80-M06.9	Rheumatoid arthritis
M06.4	Inflammatory polyarthropathy
M07.60-M07.69	Enteropathic arthropathies
M08.1	Juvenile ankylosing spondylitis
M12.10-M12.19	Kaschin-Beck disease
M12.50-M12.59	Traumatic arthropathy
M12.80-M12.9	Other specific arthropathies, not elsewhere classified
M13.0	Polyarthritis, unspecified
M13.10-M13.179	Monoarthritis, not elsewhere classified
M13.80-M13.89	Other specified arthritis
M15.0-M19.93	Osteoarthritis
M25.50-M25.579	Pain in joint
M25.70-M25.776	Osteophyte
M26.601-M26.69	Temporomandibular joint disorders
M43.20-M43.28	Fusion of spine
M43.8X8	Other specified deforming dorsopathies, sacral and sacrococcygeal region
M43.8X9	Other specified deforming dorsopathies, site unspecified
M45.0-M46.1	Ankylosing spondylitis & other inflammatory spondylopathies
M46.50-M46.99	Other and unspecified infective and inflammatory spondylopathies
M47.011-M48.38	Spondylosis & other spondylopathies
M48.50XA-M48.9	Spondylosis & other spondylopathies
M49.80-M49.89	Spondylopathy in diseases classified elsewhere
M50.10-M50.13, M54.11-M54.13	Cervical radiculitis
M50.20-M50.23	Other cervical disc displacement
M50.90-M50.93	Cervical disc disorder, unspecified
M51.24-M51.27	Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement



M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M51.14-M51.17	Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy
M53.2X1-M53.9	Spinal instabilities and other specified dorsopathies
M54.10-M54.18	Radiculopathy
M54.2	Cervicalgia
M54.30-M54.32	Sciatica
M54.40-M54.5	Lumbago
M54.6	Pain in thoracic spine
M54.81-M54.9	Other & unspecified dorsalgia
M62.830	Muscle spasm of back
M72.9	Fasciitis
M75.00-M75.92	Shoulder lesions
M76.00-M76.9	Enthesopathies, lower limb, excluding foot
M77.00-M77.9	Other enthesopathies
M79.1-M79.2	Myalgia & Neuralgia and neuritis, unspecified
M79.601-M79.676	Pain in limb, hand, foot, fingers and toes
M79.7	Fibromyalgia
M99.22-M99.29	Subluxation stenosis of neural canal of thoracic and lumbar regions
M99.32-M99.39	Osseous stenosis of neural canal of thoracic and lumbar regions
M99.42-M99.49	Connective tissue stenosis of neural canal of thoracic and lumbar regions
M99.52-M99.59	Intervertebral disc stenosis of neural canal of thoracic and lumbar regions
M99.62-M99.69	Osseous and subluxation stenosis of intervertebral foramina of thoracic and lumbar regions
M99.72-M99.79	Connective tissue and disc stenosis of intervertebral foramina of thoracic and lumbar regions
N30.10-N30.11	Interstitial cystitis (chronic)
N64.4	Mastodynia
N91.0-N92.6, N93.8-N94.6, N95.0-N95.9	Menstrual disorders
O21.0-O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting, unspecified
R51.0	Headache, with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
R52	Pain, unspecified
R53.0	Neoplastic (malignant) fatigue
R53.1	Weakness
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue

ICD-10-PCS Codes

Codes	Description
8E0H300	Acupuncture using Anesthesia
8E0H30Z	Acupuncture

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Approved Benefits and Medical Directors Committees 10/31/94; Revised 5/25/05, 12/14/06, 12/26/07, 4/1/09; 11/14/16; 4/24/19 Annual Review 12/14/06, 8/1/07, 1/1/08, 4/1/09, 10/28/10, 10/2011, 10/2012, 10/2013, 10/2014, 10/2015, 10/2016, 10/2017, 9/2018, 9/2019

References

ASH Covered conditions

- Covered Conditions are limited to Musculoskeletal Conditions, Pain Syndromes and Nausea as defined in the "Covered Conditions" section of the Practitioner Operations Manual.

- Headaches
- Hip or knee pain associated with OA
- Other extremity pain associated with OA or mechanical irritation
- Other pain syndromes involving the joints and associated soft tissues
- Back and neck pain
- Nausea with pregnancy, surgery, or chemotherapy





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Description of Service, Assessment, and Background Information

Acupuncture is the gentle insertion of hair-fine needles into specific points in the body to help stimulate the flow of one's Qi (pronounces chee) or natural healing energies. Acupuncturists work to relieve obstructions in energy channels that interrupt the flow of energy in the body. Applying needles to the acupuncture points releases chemicals in the nervous system that help to moderate pain and to stimulate the body's natural healing abilities. While considered a non-traditional treatment in Western medicine, acupuncture has been practiced in China for thousands of years.

Acupuncture has been endorsed by the National Institutes of Health (NIH) as an appropriate treatment for pain and nausea. It also may be useful as an adjunct treatment, an acceptable alternative or be included in a comprehensive management program for addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma.

Acupuncture is not reimbursed for:

- Continued repetitive treatment without an achievable and clearly defined goal. (This is considered maintenance care.)
- Any treatment rendered outside the practitioner's state licensed scope of practice
- Weight loss
- Smoking cessation



MASSACHUSETTS

Acupuncture benefits for 12 visits per year for any reason. (Medicare Advantage plans excluded). There is no requirement for a diagnosed medical condition.

National Institutes of Health (NIH) studies have shown that acupuncture is an effective treatment alone or in combination with conventional therapies to treat the following:

- Nausea caused by surgical anesthesia and cancer chemotherapy
- Dental pain after surgery
- Addiction
- Headaches
- Menstrual cramps
- Tennis elbow
- Fibromyalgia
- Myofascial pain
- Osteoarthritis
- Low back pain
- Carpal tunnel syndrome
- Asthma

It may also help with stroke rehabilitation.

Digestive	Emotional
Gastritis , Irritable bowel syndrome	Anxiety, Depression , Insomnia
Hepatitis , Hemorrhoids	Nervousness, Neurosis
Eye-Ear-Throat	Gynecological
Rhinitis, Sinusitis, Sore throat	Menstrual pain, Infertility
Musculoskeletal	Neurological
Arthritis ,Back pain, Muscle cramping, Muscle pain and weakness, Neck pain, Sciatica	Headaches, Migraines
	Neurogenic bladder dysfunction
	Parkinson's disease
	Postoperative pain
	Stroke
Respiratory	Miscellaneous

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Acupuncture and Auricular Electrostimulation
Policy Number	8.01.20
Category	Contract Clarification
Original Effective Date	11/29/01
Committee Approval Date	01/23/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 04/25/19, 04/23/20, 04/22/21
Revised Effective Date	04/22/21
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and assessment of peer-reviewed literature, needle acupuncture (manual or electroacupuncture) is considered **medically appropriate** when performed by an individual state licensed to perform acupuncture and when performed for the following diagnoses:
 - A. adult postoperative nausea and vomiting;
 - B. chemotherapy-related nausea and vomiting;
 - C. pregnancy-related nausea and vomiting;
 - D. carpal tunnel syndrome;
 - E. fibromyalgia;
 - F. headache;
 - G. low back pain;
 - H. menstrual pain;
 - I. myofascial pain;
 - J. osteoarthritis; or
 - K. tennis elbow.
- II. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for patients undergoing rehabilitation following cerebral vascular accidents (stroke) is considered **not medically necessary** as the efficacy of the treatment has not been proven.
- III. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for all other conditions, including, but not limited to, the following, has not been medically proven to be effective and, therefore, is considered **investigational**:
 - A. allergic rhinitis;
 - B. irritable bowel syndrome; and
 - C. substance (e.g., alcohol, cocaine) use disorders.
- IV. Based upon our criteria and assessment of the peer-reviewed literature, electrical stimulation of auricular acupuncture points/auricular electrostimulation has not been medically proven to be effective and, therefore, is considered **investigational**.

RATIONALE

The FDA regulates the approval of acupuncture needles and requires manufacturers to label the needles for single use only.

Clinical trials have demonstrated good evidence on the effectiveness of acupuncture in studies on headache, pregnancy-induced nausea and vomiting, chemotherapy-induced nausea and vomiting, and postoperative nausea and vomiting.

The National Institutes of Health (NIH) state that there are other situations where acupuncture may be useful as an adjunct treatment or acceptable alternative, or may be included in a comprehensive management program. These include, but are not limited to menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, and carpal tunnel syndrome.

Studies investigating acupuncture for the treatment of asthma are of poor quality and have conflicting results. The efficacy of acupuncture in the treatment of asthma and in stroke rehabilitation is not supported by clinical trials. Studies investigating the use of acupuncture for substance addiction (e.g., alcohol, opioids) and allergic rhinitis have not demonstrated the efficacy of acupuncture for these conditions. Studies of acupuncture for smoking cessation found that acupuncture is not effective in maintaining abstinence from nicotine addiction. A 2018 case series (Miranda and Taca) reported successful alleviation of opioid withdrawal symptoms; however, this was an uncontrolled, retrospective study with no comparator used, and, therefore, conclusions cannot be drawn from this limited evidence.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not Medically Necessary = (NMN)*

CPT Codes

Code	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	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	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)

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HCPCS Codes

Code	Description
S8930 (E/I)	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

ICD10 Codes

Code	Description
F10.10-F10.99 (E/I)	Alcohol related disorders (code range)
F11.10-F11.99 (E/I)	Opioid related disorders (code range)

Code	Description
F12.10-F12.99 (E/I)	Cannabis related disorders (code range)
F13.10-F13.99 (E/I)	Sedative, hypnotic, or anxiolytic related disorders (code range)
F14.10-F14.99 (E/I)	Cocaine related disorders (code range)
F15.10-F15.99 (E/I)	Other stimulant related disorders (code range)
F16.10-F16.99 (E/I)	Hallucinogen related disorders (code range)
F17.200-F17.299 (E/I)	Nicotine dependence (code range)
F18.10-F18.99 (E/I)	Inhalant related disorders (code range)
F19.10-F19.99 (E/I)	Other psychoactive substance related disorders (code range)
G43.001-G43.019	Migraine without aura (code range)
G43.101-G43.419	Migraine with aura (code range)
G43.701-G43.719	Chronic migraine without aura (code range)
G43.B0-G43.B1	Ophthalmoplegic migraine (code range)
G43.801-G43.919	Other types of migraines (code range)
G44.1	Vascular headache, not elsewhere classified
G44.201-G44.209	Tension-type headache, unspecified (code range)
G44.211-G44.219	Episodic tension-type headache (code range)
G44.221-G44.229	Chronic tension-type headache (code range)
G44.301-G44.309	Post-traumatic headache, unspecified (code range)
G44.321-G44.329	Chronic post-traumatic headache (code range)
G46.0-G46.8 (NMN)	Vascular syndromes of brain in cerebrovascular diseases (code range)
G50.0-G50.9	Disorders of trigeminal nerve (code range)
G51.2-G51.9	Facial nerve disorders (code range)
G56.00-G56.03	Carpal tunnel syndrome (code range)
H92.01-H92.09	Otalgia (code range)
I67.2 (NMN)	Cerebral atherosclerosis
I67.81-I67.82 (NMN)	Other specified cerebrovascular diseases (code range)
I67.89 (NMN)	Other cerebrovascular disease
I67.9 (NMN)	Cerebrovascular disease, unspecified
I68.0 (NMN)	Cerebral amyloid angiopathy
I68.8 (NMN)	Other cerebrovascular disorders in diseases classified elsewhere
J30.1-J30.9 (E/I)	Allergic rhinitis (code range)
K58.0-K58.9 (E/I)	Irritable bowel syndrome (code range)
K91.0	Vomiting following gastrointestinal surgery
M15.0-M15.9	Polyosteoarthritis (code range)
M16.0-M16.9	Osteoarthritis of hip (code range)
M17.0-M17.9	Osteoarthritis of knee (code range)
M18.0-M18.9	Osteoarthritis of first carpometacarpal joint (code range)
M19.011-M19.079	Primary osteoarthritis (code range)
M19.111-M19.179	Post-traumatic osteoarthritis (code range)
M19.211-M19.279	Secondary osteoarthritis (code range)
M19.90-M19.93	Osteoarthritis, unspecified site (code range)

Medical Policy. ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION
Policy Number: 8.01.20

Code	Description
M25.50-M25.579	Pain in joint (code range)
M26.621-M26.629	Arthralgia of temporomandibular joint (code range)
M43.26-M43.28	Fusion of spine (code range)
M43.8x6-M43.8x9	Other specified deforming dorsopathies (code range)
M51.16-M51.17	Intervertebral disc disorders with radiculopathy (code range)
M53.1	Cervicobrachial syndrome
M53.2x7	Spinal instabilities, lumbosacral region
M53.2x8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.86-M53.88	Other specified dorsopathies (code range)
M53.9	Dorsopathy, unspecified
M54.06-M54.09	Panniculitis affecting regions of neck and back (code range)
M54.16-M54.18	Radiculopathy (code range)
M54.30-M54.32	Sciatica (code range)
M54.40-M54.42	Lumbago with sciatica (code range)
M54.5	Low back pain
M60.80-M60.9	Other myositis (code range)
M62.830	Muscle spasm of back
M77.10-M77.12	Lateral epicondylitis (code range)
M79.0	Rheumatism, unspecified
M79.10-M79.18	Myalgia (code range)
M79.2	Neuralgia and neuritis, unspecified
M79.601-M79.676	Pain in limb, hand, foot, fingers and toes (code range)
M79.7	Fibromyalgia
N64.4	Mastodynia
N94.4-N94.6	Dysmenorrhea (code range)
O21.0-O21.9	Excessive vomiting in pregnancy (code range)
R51	Headache
T45.1x5A-T45.1x5S	Adverse effect of antineoplastic and immunosuppressive drugs (code range)

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Acupuncture

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Acupuncture has been widely practiced for many years in various parts of the world. It involves the stimulation of specific body areas by penetrating the skin with fine needles. Stimulation can be accomplished electrically or manually.

Acupuncture has been suggested as a viable treatment option for a wide variety of acute and chronic pain conditions in both children and adults. However, determining the clinical utility of acupuncture has been challenging, largely related to the difficulties in designing studies with adequate blinding, controls, size and uniform outcome measures. Furthermore, acupuncture is a passive modality and as such should be used in conjunction with active rehab programs when applicable.

The Plan members may be eligible for acupuncture depending on their plan. Acupuncture is a considered medically necessary service only when used as a substitute for traditional anesthesia and for the treatment of certain conditions. The acupuncture must be provided by a provider practicing within the scope of his or her license, or state licensing requirements for practicing acupuncture. The Plan does not consider acupuncture for all other common indications medically necessary, unless otherwise directed by state regulation.

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)
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)
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient
ICD-10 codes considered medically necessary:	
G43.001 - G43.919	Chronic Migraine
G44.00 - G44.09	Cluster headaches and other trigeminal autonomic cephalgias (TAC)
G44.221 - G44.229	Chronic tension-type headache
G44.321 - G44.329	Chronic post-traumatic headache
G44.51 - G44.52	Complicated headache syndromes
M16.0 - M16.9	Osteoarthritis of hip
M17.0 - M17.9	Osteoarthritis of knee
M26.601 - M26.69	Temporomandibular joint disorders
M54.2	Cervicalgia
M54.4 - M54.9	Back pain [when used for chronic back pain]
O21.1 - O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting [when used for postoperative, chemotherapy-induced or due to anti-neoplastic therapy]
T45.1x5A - T45.1x5S	Adverse effect of antineoplastic and immunosuppressive drugs [chemotherapy-induced nausea and vomiting]
ICD-10 codes <i>not</i> considered medically necessary or considered experimental or investigational:	
B33.0	Epidemic myalgia

ICD10	Head
R51.0	Orthostatic headache
R51.9	Headache, unspecified
G44.86	Cervicogenic headache
G44.209	Tension-type headache, unspecified
G44.219	Episodic tension-type headache
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable
G44.309	Post-traumatic headache, unspecified
G44.319	Acute post-traumatic headache
G44.329	Chronic post-traumatic headache
G43.101	Migraine with aura, not intractable, with status migrainosus (greater than 72 hours)
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.001	Migraine without aura, not intractable, with status migrainosus (greater than 72 hours)
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.901	Migraine, unspecified, not intractable, with status migrainosus (greater than 72 hours)
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.E01	Chronic migraine with aura, not intractable, with status migrainosus (new code effective 10-1-2023)
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus (new code effective 10-1-2023)
G43.E11	Chronic migraine with aura, intractable, with status migrainosus (new code effective 10-1-2023)
G43.E19	Chronic migraine with aura, intractable, without status migrainosus (new code effective 10-1-2023)
R68.84	Jaw pain (mandible or maxilla)
M26.601	Right temporomandibular joint disorder (TMJ syndrome), unspecified
M26.602	Left temporomandibular joint disorder (TMJ syndrome), unspecified
M26.603	Bilateral temporomandibular joint disorder (TMJ syndrome), unspecified
M26.609	Unspecified temporomandibular joint disorder, (TMJ syndrome), unspecified
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M79.11	Myalgia of mastication muscle
M26.629	Arthralgia of unspecified temporomandibular joint
K08.9	Unspecified disorder of teeth and supporting structures (pain)

Neck & Back Cervical Spine

M54.2	Cervicalgia (Neck Pain)
M79.12	Myalgia of auxiliary muscles, head and neck
M54.11	Radiculopathy occipito-atlanto-axial region
M54.12	Radiculopathy cervical region
M54.13	Radiculopathy cervicothoracic region
M47.811	Spondylosis without myelopathy or radiculopathy occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy cervical region
M47.813	Spondylosis without myelopathy or radiculopathy cervicothoracic region
M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M50.11	Cervical disc disorder with radiculopathy, C2-3, C3-4 region
M50.120	Mid-cervical disc disorder, unspecified level

M50.121	Cervical disc disc disorder, C4-C5 level with radiculopathy
M50.122	Cervical disc disc disorder, C5-C6 level with radiculopathy
M50.123	Cervical disc disc disorder, C6-7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.20	Cervical disc displacement unspecified cervical region
M50.21	Cervical disc displacement C2-3, C3-4 region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Cervical disc displacement C7-T1 region
M50.30	Cervical disc degeneration, unspecified cervical region
M50.31	Cervical disc degeneration high cervical C2-3 C3-4
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Cervical disc degeneration cervicothoracic region C7-T1
M50.80	Other cervical disc disorders, unspecified cervical region
M50.81	Other cervical disc disorders, high cervical region
M50.820	Other cervical disc disorders, mid-cervical region, unspecified level
M50.821	Other cervical disc disorders at C4-C5 level
M50.822	Other cervical disc disorders at C5-C6 level
M50.823	Other cervical disc disorders at C6-C7 level
M50.83	Other cervical disc disorders, cervicothoracic region
M50.90	Cervical disc disorder, unspecified, unspecified cervical region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.920	Unspecified cervical disc disorder, mid-cervical region, unspecified level
M50.921	Unspecified cervical disc disorder at C4-C5 level
M50.922	Unspecified cervical disc disorder at C5-C6 level
M50.923	Unspecified cervical disc disorder at C6-C7 level
M50.93	Cervical disc disorder, unspecified, cervicothoracic C7-T1 region
S13.4XXA	Sprain of cervical spine initial encounter and active care
S16.1XXA	Strain of cervical spine initial encounter and active care
	Thoracic Spine
M54.6	Pain in thoracic spine (mid and upper back)
M54.14	Radiculopathy thoracic (neuritis)
M54.15	Radiculopathy thoracolumbar
M47.814	Thoracic spondylosis without myelopathy
M47.813	Thoracic spondylosis without myelopathy or radiculopathy cervicothoracic region
M47.814	Thoracic spondylosis without myelopathy or radiculopathy thoracic region
M51.24	Thoracic intervertebral disc displacement
M51.25	Thoracolumbar intervertebral disc displacement
M51.34	Thoracic disc degeneration
M51.35	Thoracolumbar intervertebral disc degeneration
S23.3XXA	Sprain of ligaments of thoracic spine initial encounter (active treatment)

S29.012A	Strain of muscle and tendon of back wall of thorax initial encounter (active treatment)
R07.82	Intercostal pain
R07.9	Chest pain

Lumbar Spine

M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacrococcygeal region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M51.25	Intervertebral disc displacement, thoracolumbar region
M51.26	Intervertebral disc displacement, lumbar region
M51.27	Intervertebral disc displacement, lumbosacral region
M51.36	Lumbar intervertebral disc degeneration
M51.A0	Intervertebral annulus fibrosus defect, lumbar region, unspecified size
M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
M51.A3	Intervertebral annulus fibrosus defect, lumbosacral region, unspecified size
M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
M51.37	Lumbosacral intervertebral disc degeneration
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter (active treatment)
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter (active treatment)
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter (active treatment)

Joint Pain

M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.521	Pain in right elbow
M25.522	Pain in left elbow
M25.531	Pain in right wrist
M25.532	Pain in left wrist
M25.541	Pain in joints of right hand
M25.542	Pain in joints of left hand
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M25.551	Pain in right hip
M25.552	Pain in left hip

M25.561	Pain in right knee
M25.562	Pain in left knee
M25.571	Pain in unspecified ankle and joints of right foot
M25.572	Pain in unspecified ankle and joints of left foot

Pain in Limb

M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M77.41	Metatarsalgia, right foot
M77.42	Metatarsalgia, left foot

Arthritis

M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.021	Primary osteoarthritis, right elbow
M19.022	Primary osteoarthritis, left elbow
M19.031	Primary osteoarthritis, right wrist
M19.032	Primary osteoarthritis, left wrist
M19.041	Primary osteoarthritis, right hand
M19.042	Primary osteoarthritis, left hand
M18.0	Bilateral primary osteoarthritis of first carpometacarpal joints
M18.11	Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
M18.12	Unilateral primary osteoarthritis of first carpometacarpal joint, left hand
M16.0	Bilateral primary osteoarthritis of hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee

M17.12	Unilateral primary osteoarthritis, left knee
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.91	Primary osteoarthritis, unspecified site

Miscellaneous Neuromusculoskeletal

M75.01	Adhesive capsulitis of the right shoulder (frozen shoulder)
M75.02	Adhesive capsulitis of the left shoulder (frozen shoulder)
M75.51	Bursitis of right shoulder
M75.52	Bursitis of left shoulder
M77.01	Medial epicondylitis, right elbow (golfer's elbow)
M77.02	Medial epicondylitis, left elbow (golfer's elbow)
M77.11	Lateral epicondylitis, right elbow (tennis elbow)
M77.12	Lateral epicondylitis, left elbow (tennis elbow)
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.03	Carpal tunnel syndrome, bilateral upper limb
G56.31	Lesion of radial nerve right upper limb (radial nerve entrapment)
G56.32	Lesion of radial nerve left upper limb (radial nerve entrapment)
G56.33	Lesion of radial nerve bilateral upper limb (radial nerve entrapment)
M76.11	Psoas tendinitis, right hip
M76.12	Psoas tendinitis, left hip
M76.31	Iliotibial band syndrome, right leg
M76.32	Iliotibial band syndrome, left leg
M76.51	Patellar tendinitis, right knee
M76.52	Patellar tendinitis, left knee
M76.61	Achilles tendinitis, right leg
M76.62	Achilles tendinitis, left leg
M72.2	Plantar fascial fibromatosis (plantar fasciitis)
G25.81	Restless legs syndrome
M79.2	Neuralgia and neuritis, unspecified

Pain

G89.0	Central pain syndrome
G89.11	Acute pain due to trauma
G89.12	Acute post-thoracotomy pain
G89.18	Other acute post procedural pain
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.28	Other chronic post procedural pain
G89.29	Other chronic pain
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome (Chronic pain associated with psychosocial dysfunction)
R52	Pain, unspecified

Muscle

M79.10	Myalgia, unspecified site
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M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M62.830	Muscle spasm of back
M62.831	Muscle spasm of calf
M62.838	Other muscle spasm

Nausea

R11.2	Nausea with vomiting, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
T45.1X5A	Antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use. Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
O21.0	Mild hyperemesis gravidarum (pregnancy)
O21.1	Hyperemesis gravidarum with metabolic disturbance (pregnancy)
O21.2	Late vomiting of pregnancy
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.8	Other vomiting complicating pregnancy, antepartum
O21.9	Vomiting of pregnancy, unspecified
O21.9	Vomiting of pregnancy, unspecified, antepartum
K91.0	Vomiting following gastrointestinal surgery

ICD10 Menstrual & Female

F32.81	Premenstrual dysphoric disorder. Severe PMS
N94.3	Prementrual tension syndrome. PMS
N91.2	Amenorrhea, unspecified
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.2	Excessive menstruation at puberty
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N92.3	Ovulation bleeding
N92.1	Excessive and frequent menstruation with irregular cycle
N92.6	Unspecified disorders of menstruation and other abnormal bleeding from female genital tract, irregular menstruation, unspecified
E28.310	Symptomatic premature menopause
G43.829	Menstrual migraine, not intractable, without status migrainosus
N97.9	Female infertility, unspecified
N95.1	Menopausal and female climacteric states
N95.8	Unspecified menopausal and postmenopausal disorders (perimenopausal)
N73.9	Female pelvic inflammatory disease, unspecified

	Abdomen
R10.84	Generalized abdominal pain
R10.9	Unspecified site abdominal pain
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.13	Epigastric pain
R10.10	Upper abdominal pain, unspecified
R10.30	Lower abdominal pain, unspecified
K31.89	Other diseases of stomach and duodenum (pain)
K31.9	Disease of stomach and duodenum, unspecified (pain)
R14.0	Abdominal distension (gaseous)
R14.1	Gas pain
K59.00	Constipation, unspecified
K59.04	Chronic functional constipation
K58.0	Irritable bowel syndrome with diarrhea
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K58.9	Irritable bowel syndrome without diarrhea
N41.1	Chronic prostatitis pain
	Mental Emotional
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F32.0	Major depressive disorder, single episode, mild
F33.0	Major depressive disorder, recurrent, mild
	Eating Disorders
F50.00	Anorexia nervosa, unspecified
F50.2	Bulimia nervosa
F50.9	Eating disorder, unspecified
	Adjunct Cancer Care
G89.3	Neoplasm related pain (acute) (chronic)
Z79.811	Long term (current) use of aromatase inhibitors
Z29.8	Encounter for other specified prophylactic measures

R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
T45.1X5A	Antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use. Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter (chemo therapy induced nausea)
	Allergies
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
H04.121	Dry eye syndrome, of right lacrimal gland
H04.122	Dry eye syndrome, of left lacrimal gland
H04.123	Dry eye syndrome, of bilateral lacrimal glands
	Bowel
K59.04	Chronic idiopathic constipation
K58.0	Irritable bowel syndrome with diarrhea
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K58.9	Irritable bowel syndrome without diarrhea
	Adjunct Care for Post-Stroke Rehabilitation
I69.990	Apraxia following unspecified cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
I69.992	Facial weakness following unspecified cerebrovascular disease
I69.993	Ataxia following unspecified cerebrovascular disease
I69.998	Other sequelae following unspecified cerebrovascular disease
	Weakness and Fatigue
R53.1	Weakness
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
G93.31	Postviral fatigue syndrome

NEW PATIENT

A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

99202 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter

99203 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

99204 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter

99205 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

ESTABLISHED PATIENT

An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

99211 **Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.

99212 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

99213 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

99214 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

99215 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

What Time Does Not Count

Time spent for activities normally performed by clinical staff

- Time spent on separately reportable services
 - Treatment
 - Travel

Time now represents total provider time spent on date of service, including:

- Physician or other qualified health care professional time includes the following activities, when performed:
- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

99201-99215 Code Selection

- Code selection levels are now based on:
 - Total time
 - Spent by the provider on the day of visit face-to-face and non-face-to-face
 - Or
 - Level of Medical Decision Making (MDM)
 - Severity and complexity of presenting problem
 - Four types of MDM are recognized: straightforward, low, moderate, and high

Medical Decision Making

Includes 4 levels

- ❖ Straightforward
- ❖ Low
- ❖ Moderate
- ❖ High

A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified healthcare professional reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.

New Patient

- **99202** 15-29 min
- **99203** 30-44 min
- **99204** 45-59 min
- **99205** 60-74 min

Medical Decision Making *

- **99202** 1 self limited or minor problem
- **99203** 2 or more / acute injury
- **99204** Acute complicated injury
- **99205** Threat to life or bodily function

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Prolonged E&M Services

- **99417** Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
- Eligible for separate reimbursement when billed in addition to CPT new/established level 5 Evaluation and Management codes 99205/99215 for office or other outpatient E/M services. The level 5 office or other outpatient E/M code must be selected using only time as the basis of selection and after the total time has been exceeded. ([Anthem C-08011 Commercial Reimbursement Policy](#))

Review of Records

- **99358** Prolonged evaluation and management service before and/or after direct patient care, first hour
- **99359** each additional 30 minutes (List separately in addition to code for prolonged services)
- Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service, even if the time spent by the physician or other qualified health care professional on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. It should be used only once per date.
- Prolonged service of less than 30 minutes total duration on a given date is not separately reported. Code 99359 is used to report each additional 30 minutes beyond the first hour. It may also be used to report the final 15 to 30 minutes of prolonged service on a given date.
- Do not use on the same date as an E&M as the record review time would be counted towards the E&M service

ACUPUNCTURE PROCEDURE INCLUDES E & M ASSESSMENT

Evaluation - Set up - Treatment is included in the acupuncture code

PRE Service may include a review of:

- Review of patient's record prior to face to face time
- Review of patient complaints and interim history
- Communication with other providers (when necessary & appropriate)
- Preparations for care

INTRA Service may include:

- Discussion about the service with the patient
- Pertinent evaluation and assessment of the patient
- Performance of the acupuncture service (hand washing, insertion, stimulation, and removal)
- Monitoring of the procedure
- Retention without direct face-to-face time does not count towards the time for billing of acupuncture

POST Service work includes:

- Evaluation and discussion with the patient about the effect of treatment
- Documenting the service
- And when necessary- arrangement of additional services or referral to another provider, discussion of the case with other providers, and review of literature about the patient's condition

Additional Evaluation and Management services may be reported separately **if and only if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual preservice and postservice work associated with the procedure.** These circumstances would include; new or significant aggravated conditions, significant changes in the treatment plan, a need to re-examine and evaluate the patient's response to treatment, or discharge examination as patient as the patient has reached maximum therapeutic benefit.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.													
A. M5450										B. _____		C. _____		D. _____													
E. _____										F. _____		G. _____		H. _____													
I. _____										J. _____		K. _____		L. _____													
23. PRIOR AUTHORIZATION NUMBER																											
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. PF	
From To MM DD YY MM DD YY										SERVICE																	
1 09 02 21 09 02 21 11												99203 25		A		100.00		1				NPI					
2 09 02 21 09 02 21 11												97810		A		60.00		1				NPI					
3 09 02 21 09 02 21 11												97811		A		90.00		2				NPI					
4 09 06 21 09 06 21 11												97140		A		60.00		1				NPI					

DENIAL OF E/M CODE ON SAME DAY AS ACUPUNCTURE

Date

Double Standards Insurance Company
P. O. Box 1000
Any City, USA

Re:

Dates of Service:

Attention Claims Review:

I am writing this letter in response to your denial of Evaluation & Management services performed on (date). Your explanation for the denial of these charges is "*this procedure is inclusive the Acupuncture Treatment procedure billed on the same day.*"

I understand that the Acupuncture service procedure includes a pre-service assessment, however, as indicated on the claim by appending the E&M service with modifier 25, the Evaluation and Management Service performed on (date) was not of a *routine nature*, it was a separately identifiable evaluation and management service, above and beyond the usual pre-service work associated with the acupuncture procedure.

Per the 2022 CPT Professional Edition, specifically page 838, it indicates that an E&M service may be reported in addition to acupuncture when the evaluation is above and beyond the routine pre, intra and postservice with acupuncture. An initial exam or detailed re-examination is clearly above and beyond the day to day evaluation when under care.

An examination of my patient was necessary to assess his current complaints and condition and is a requirement to determine a diagnosis and treatment plan. A copy of the examination is enclosed to validate the separate performance and need for 99203.

Please note the original bill (copy attached) had the modifier 25 appended to the E&M service to indicate the separate and distinct service from other services billed the same date. I assume it was a clerical error and expect reimbursement for these unfairly denied services, along with any interest now due in accordance with state law.

Sincerely,

John C. Smith, LAc
Cc: Patient

Medical Policy Reference Manual

Medical Policy Operating Procedure

2.01.048A Acupuncture

Original MPC Approval: 04/01/1998

Last Review: 06/21/2010

Last Revision: 01/01/2021

Description

No further review is scheduled as this Operating Procedure or Policy is either primarily administrative in nature or addresses operational issues only, is mandated by statute or regulation, or it is unlikely that further published literature would change the determination.

Acupuncture is an ancient Chinese method of treatment based on the theory that stimulation of specific key points on or near the skin by the insertion of needles or by other methods improves vital energy flow. The term "acupuncture" describes a variety of methods and styles to stimulate specific anatomic points in the body.

Acupuncture is used to relieve pain, to induce surgical anesthesia, or for therapeutic purposes. It is considered an alternative treatment and an adjunct to standard treatment.

NOTE: Acupuncture as anesthesia is not addressed in this Operating Procedure.

Policy

There is no Policy with this Operating Procedure.

Policy Guidelines

There are no Policy Guidelines for this Operating Procedure.

Benefit Applications

When benefits **are provided** under the member's contract, benefits are provided for acupuncture treatment (i.e., that which provides a positive, objective, measurable response). There must be documentation of the patient's ongoing progress toward the stated goals.

Some contracts may have limitations related to the number of acupuncture visits allowed. Check the member's contract for specific benefits.

Benefits **are not provided** for acupuncture services that do not require the skills of a physician or other eligible provider. An eligible provider is one who is licensed to render acupuncture services in their practicing jurisdictions and as defined in their scope of practice.

Benefits **are provided**, with or without electrical stimulation, for the initial 15 minutes of personal one-on-one contact with the patient; and each additional 15 minutes of personal one-on-one contact with the patient provided there is re-insertion of the needle(s).

Separate benefits **are not provided** for manual therapy techniques or therapeutic massage when reported with acupuncture as they are considered *incidental to, an integral part of, or included* in the acupuncture treatment.

Separate benefits **are not provided** for acupuncture supplies (e.g. needles and electrodes), as they are considered *incidental to, an integral part of, or included* in the acupuncture treatment.

Evaluations and Re-evaluations:

Benefits **are provided** for an initial evaluation, which is usually performed before beginning a treatment program.

Benefits **are provided** for the re-evaluation of the effects of acupuncture at 30-day intervals.

There may be special circumstances that require evaluation / re-evaluation for acupuncture within the 30-day period (e.g., the patient presents with a new diagnosis or the patient's condition substantially changes). Benefits will be considered for these special circumstances when the patient's condition requires a significant separately identifiable evaluation and management service above and beyond the usual preservice and post service work associated with the acupuncture service. (modifier -25).

Physicians (office setting): If a patient is being seen for acupuncture, and the patient needs to be seen for treatment of an unrelated medical condition (e.g., hypertension, asthma) during the 30 day therapy period, then a medical benefit is available, and the appropriate Evaluation and Management (E&M) code must be reported. In this case the patient's medical record must indicate the name of the treating provider and that the visit was for treatment of a medical condition rather than to evaluate the effects of acupuncture. If requested for review, that documentation must demonstrate that, for the reported code, all criteria (i.e., history, examination, and decision-making) as outlined in Current Procedural Terminology (CPT®) have been met.

NOTE: For FEP business, check the member's contract for benefits.

Provider Guidelines

Reporting of acupuncture is based on personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

Documentation of Plan of Care:

If requested, the provider must make available all of the following:

- a brief medical history,
- a written evaluation that establishes the baseline data,
- a treatment plan including realistic measurable goals with the expected length of time to accomplish these goals. (For example, if the goal is to increase functional abilities and decrease dependency, the initial evaluation must measure the patient's starting functional abilities and the starting level of assistance required),
- progress notes documenting improvement and / or outlining any changes in the plan of treatment.

Cross References to Related Policies and Procedures

Medical Record Documentation Standards, Operating Procedure # 10.01.013A

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

Telemedicine Definition

- The provider uses an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.

Patient Location

- Proper Licensure: Make sure you are licensed both in the state where you are located, and in the state where your telemedicine patient is located. If your patient is in another state, and you aren't licensed there, check to see about licensing reciprocity. Many states have been extending reciprocity to help address the COVID-19 crisis.
- The key is to make sure you have licenses required in your area to practice telemedicine.

Telemedicine Billing

- Most likely and appropriate coding for interactive audio-video are E&M codes
- Some therapies are allowed
- Place of service 02 location other than patient home or 10 patient home
- Modifier 95 on the E&M Service

Place of service for these codes is 02 or 10

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From	To			MG	CPT/HCPCS	MODIFIER	POINTER										
1				10	99214	95									NPI		
2															NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		

25. FEDERAL TAX I.D. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use

95 Modifier

Modifier 95 means: "synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system."

Online Digital Evaluation and Management Services

- **99421** Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
- **99422** 11—20 minutes
- **99423** 21 or more minutes
- These are patient-initiated E/M services for the assessment and management of the patient. These are not intended for the no evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M.
- On-line communication (email essentially but through a secure portal as part of EHR)
- If the patient had an E/M service within the last seven days, these codes may not be used for that problem.
- If the inquiry is about a new problem these codes may be billed. Do not use if the online inquiry addresses and issue that was part of an E/M or service in the past 7 days
- Billing is cumulative for a 7-day period and not billed for each interaction

Telephone Calls

- Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian **not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.**
- **99441** 5-10 minutes of medical discussion
- **99442** 11-20 minutes of medical discussion
- **99443** 21-30 minutes of medical discussion



ACUPUNCTURE CODES

CPT Codes

- 97810 Acupuncture, one or more needles: without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
- 97811 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 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)

How is the 15-minute session defined?

The 15-minute increment of time is defined as personal one-on-one contact with the patient. This means that the physician acupuncturist is in the room with the patient, is actively performing a medically necessary activity that is a component of acupuncture or electroacupuncture (this would include a review of history, day to day evaluation, hand washing, choosing, and cleaning points, inserting and manipulating needles, removal, disposal as well as completion of the chart notes while the patient is present). The time that the needles are retained is specifically excluded to determine the time and consequently from reimbursement.

- 1 unit (set) must include a minimum of 8 minutes face to face time with insertion (8-22 minutes = 1 unit)
- 2 units (sets) must be at least 23 minutes of face-to-face time (23-37 = 2 units)
- 3 units (sets) must be at least 38 minutes face-to-face time (38-52 = 3 units)
- 4 units (sets) must be at least 53 minutes face-to-face (53-67 = 4 units)

Do I need to reinsert needle(s) 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.

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. If the first set is manual then code 97810 and if the subsequent set is electrical then 97814. You may code 97810 with 97811 or 97814. The same applies with 97813 it too can be coded with 97811 or 97814.

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 the insertion of one or more needles.



Acupuncturists/East Asian Medicine Practitioners

Billing Guidelines

All claims must include both the International Classification of Diseases, Ninth Revision (ICD-9) and Current Procedural Terminology (CPT®) codes to ensure accurate processing. The diagnosis must match the diagnosis of the referring physician.

When billing for acupuncture services, please use:

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

CPT 97810 and **97813** will not be allowed when billed together for the same visit.

Only one unit of service for **CPT 97810** and **97813** is allowed per date of service, up to the benefit maximum. **CPT 97811** and **97814** must be explicitly denoted in the patient's medical record to be allowed.

8 Minute Rule for Timed Codes – One Service

For services billed in 15-minute units, count the minutes of skilled treatment provided. Only direct, face-to-face time with the patient is considered for timed codes.

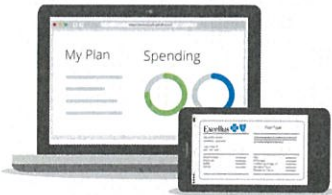
- 7 minutes or less of a single service is not billable.
- 8 minutes or more of a single service is billable as 1 unit or an additional unit if the prior units were each furnished for a full one.

15 minutes:

- 8 – 22 minutes = 1 unit
- 23 – 37 minutes = 2 units
- 38 – 52 minutes = 3 units

Note: Evaluation and management (E&M) codes cannot be used as a substitute for acupuncture treatments.

Coding & Billing for Acupuncturists



Our health plan offers acupuncture benefits that may vary between products and employer groups. Therefore, it is important to check benefits and eligibility prior to rendering services. You can check benefits and eligibility via our website, Provider.ExcellusBCBS.com, or by contacting Customer Care at 1-800-920-8889.

Please follow the coding and billing guidelines established by the American Medical Association (AMA) to help ensure that your claims are processed accurately and timely.

The AMA Current Procedural Terminology (CPT) codes are used for acupuncture services:

- **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, for each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles)
- **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, for each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles)

According to the AMA CPT guidelines, acupuncture is reported based on 15 minute increments of personal (face-to-face) contact with the patient. For CPT codes **97810** and **97813**, the following specific preliminary activities are included in the initial service.

Preliminary Activities	
<i>Time spent performing these services is counted towards the 15 minutes personal contact time required for the initial service.</i>	
▪ Chart review	▪ Greeting patient
▪ Obtaining a brief account of the results of the previous treatment and any significant changes that have occurred since the last visit	▪ Hand washing
▪ Palpation of tender points	▪ Needle selection
▪ Marking and cleaning of sites	▪ Removal of needles and closure of sites

It's important to note that the initial acupuncture codes 97810 or 97813 may be billed only once during an encounter for needle insertion regardless of the number of needles inserted initially. In order to bill the add-on acupuncture codes **+97811** and/or **+97814**, the personal contact with the patient **must** include reinsertion of needle(s). This reinsertion does not mean removing and reinserting the same needle(s), but an additional insertion of a new needle(s).

Personal contact time applies when billing the add-on CPT codes as well. Only actual personal contact time performing acupuncture services counts. Total personal contact time along with sets of needles, removal of needles and reinsertion of new needles where applicable, must be documented in the patient's medical record. Please be aware that total needle retention time is not billable.

For additional coding and billing guidance, refer to the following web resources:

- **AMA CPT Manual:** <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>
- **AMA CPT Assistant:** <https://www.aapc.com/code/ama-cpt-assistant.aspx>

Two publications

1. CPT Changes An Insiders View 2005
2. CPT Assistant January 05:16-17, June 05:5, June 6:20, August 06:04

The key factor to documentation for acupuncture is that it requires two components

1. Documentation of face to face time
2. Documentation of points and sets

And they must be distinguished to demonstrate that the time meets the 8 minute standard for each set/unit and each set is clearly defined.

Treatment/ Needle Set 1

Face to face time 20 minutes

Points needled:

Shenman, UB 62 and SI3 bilaterally

R- Da Bu, R- Ling Gu, L Si Mi San (nose pt) GB34

E-stim added to UB62 and GB34

Needle retention time after insertion 12 minutes

After the patient rested with needles, withdrew and repositioned

Treatment/ Needle Set 2

Face to face time 18 minutes

Points needled:

Hautojiji points from T7-L5 with E stim

GB30, UB32, UB40, UB62, SI3, GB34

E-stim added to Hautojiji points and ashi points (left hip)

Needle retention time after insertion 10 minutes

Note the above indicates 2 sets of electroacupuncture with a total time face to face 38 minutes. In total patient was treated for a total of 60 minutes with 38 minutes face to face

The 15-minute increment of time is defined as personal one-on-one contact with the patient. This means that the physician acupuncturist is in the room with the patient, is actively performing a medically necessary activity that is a component of acupuncture or electroacupuncture (this would include a review of history, day to day evaluation, hand washing, choosing and cleaning points, inserting and manipulating needles, removal, disposal as well as completion of the chart notes while the patient is present). The time that the needles are retained is specifically excluded to determine time and consequently from reimbursement.

Acupuncture SOAP Note

Patient Name: John Matthew

DOB: 12/17/86

Date:

Chief Complaint: Lower back pain

Subjective – Sign/Symptoms (review of chief complaint):

Pain level today 5. Very stiff after prolonged sitting but overall moving more freely than initial. Stretching has been helping to relieve symptoms. Pain was significantly less after last treatment with pain about level 2 for several hours.

Objective

Tongue: pink body, slightly wet with thin white coat
Pulse: wiry
Palpation –Tenderness and spasm +2 lumbar paraspinal muscles greatest at L/S junction
ROM –Trunk flexion and extension increase pain and about 75% of normal

Assessment (diagnosis):	ICD10
Low back pain	M54.59
Muscle spasm of the back	M62.830

Treatment Plan:

3x week for 2 weeks visit 3 of 6

Reduce pain and restore normal ADL

Nourish Kidney Yin, Move Qi & Blood, relieve stagnation and pain.

Acupuncture	Points Inserted/Re-inserted	Face to Face time	Retention time
Set 1	GB 34, GB 41, LV 8	5:20-5:45pm	10 min
Set 2	LV 3, SI 3, SI 8, HT 7	5:55-6:05pm	5 min
Set 3	HT 3, LV 14, Ren 6, Ear SM	6:10-6:30pm	10 min

*Clean Needle Technique (CNT) is used in every treatment.

Face-to-face time includes day-to-day evaluation, hand washing, choosing and cleaning points, inserting and manipulating needles, monitoring, removal, and disposal of needles, and completion of the chart notes with patient present.

Therapy Code/description	Area(s) of application	Time
97026 Infra-red heat	Lumbar spine	20 min

Comments and responses to care: Pt reported pain as minimal post-care and had 100 ROM. Follow up at home with intermittent heat and knee to chest and hamstring stretches

Signature:

Date:

The Gold Standard

- An acupuncturist should maintain accurate and complete medical records and documentation of the services they provide.
- They also should ensure that the claims they submit for payment are supported by the documentation.
- Good documentation practice helps ensure that your patients receive appropriate care from you and

other providers who may rely on your records for patients' past medical histories.

The chart notes reflect and can identify the services were performed by what was documented

- E&M services match the level billed based on medical decision making or time
- Acupuncture services reflect time face to face and points of each set
- Therapies identify the service provided by what, where, and time with indication of the purpose or outcome

The Gold Standard

- Another provider can read the notes and clearly identify the service and could perform the service based on what was documented.

AMERICAN ACUPUNCTURE COUNCIL

Affordable Reliable Malpractice Insurance

AAC understands practitioners have different practice needs. For that reason we offer installment payment options, payment processing options, various limits of liability, various programs (claims made, occurrence, Preferred, Elite), enhanced coverages, and discounts.

Limits of Liability:

AAC offers a range of limits of liability from \$100,000 per claim, \$300,000 aggregate; to \$2,000,000 per claim, \$4,000,000 aggregate; with many levels in between. The standard limits of liability for the Acupuncture profession is \$1,000,000 per claim, \$3,000,000 aggregate. The standard limit is usually what is used for rate comparisons. However, if you have a special circumstance AAC is probably the best malpractice insurance company to adapt to your needs.

Elite or Preferred Program:

The American Acupuncture Council is the only malpractice program which takes a pro-active approach to limiting your exposure to nuisance claims. We provide you with the paperwork needed to ensure your patient files are protected from attorneys attempting to attack you on some legal technicality. By selecting our **Elite** program, you agree to utilize an Arbitration Agreement and Informed Consent form as a standard part of your intake paperwork. In exchange, we provide a **significant discount** on your premium. The **Preferred** program does not require the use of an Arbitration Agreement.

Optional AcuPremiere:

The left column shows the standard coverages of the Acupuncture Plus policy. The right column shows the enhanced coverages offered through the Acupuncture Premiere program, for the noted additional rate.

Acupuncture Plus	Acupuncture Premiere (Additional \$125)
Professional Liability	Professional Liability
Premises Liability, all practice locations – Bodily Injury / Slip and Fall	Premises and General Liability, all practice locations – Bodily Injury / Slip and Fall, plus Property Liability to third parties (subject to \$50K Fire Liability Sublimit when applicable) and Personal Injury Liability (no Sublimit)
Products Liability \$10,000 Sublimit	Products Liability - \$20,000 Sublimit
Covered Proceedings - \$30,000 Sublimit	Covered Proceedings - \$50,000 Sublimit
• Board Defense	• Board Defense
• Audit Defense	• Audit Defense
• Good Samaritan	• Good Samaritan
• HIPAA Defense	• HIPAA Defense
• Sexual Misconduct Defense	• Sexual Misconduct Defense
Cyber Liability - \$10,000 Sublimit	Cyber Liability - \$20,000 Sublimit

Optional AcuProperty Plus (Business Personal Property Insurance):

Business Personal Property insurance. Covers the property of your business (property not attached or a part of the building) for the rate of \$103.20 for \$10,000 limit of coverage. \$500 deductible. Higher limits available upon request. Draft policy wording available on request.

Go to acupuncturecouncil.com for rates and more details!

DOCUMENTATION GUIDELINES

Evaluation

An initial evaluation service is essential to determine whether any acupuncture services are medically necessary, to gather baseline data, establish a treatment plan, and develop goals based on the data. . . The initial evaluation service must include: An appropriate level of clinical history, examination, and medical decision-making relevant and appropriate to the individual's complaint(s) and presentation;

- Subjective historical evaluation based on standardize method such as the 10 questions;
- Specific standardized and non-standardized tests, assessments, and tools;
- Interpretation and synthesis of all relevant clinical findings derived from history and physical examination for the purpose of clinical decision-making;
- Subjective and objective measurable, description of functional status using comparable and consistent methods;
- Summary of clinical reasoning and consideration of contextual factors with recommendations;
- The establishment of a working diagnosis;
- Plan of care with specific treatment techniques or activities to be used in treatment sessions that should be updated as the individual's condition changes;
- Frequency and duration of treatment (treatment dose);
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data; and
- Prognosis and discharge plan.

Treatment Sessions

Acupuncture treatment can vary from Acupuncture alone (CPT codes 97810, 97811, 97813, 97814) to the use of a variety of modalities and procedures depending on the patient's condition, response to care, and treatment tolerance. All services must be supported in the treatment plan and be based on an individual's clinical condition. An acupuncture treatment session may include:

- A brief evaluation of the patient's progress and response to previous treatment(s);
- Acupuncture with or without electric stimulation
- Related passive modalities (e.g.: indirect moxibustion, hot/cold packs
- Functional education in self-care and home management
- Reassessment of the individual's condition, diagnosis, plan, and goals as part of the treatment session
- Coordination, communication, and documentation
- Reevaluation, if there is a significant change in the individual's condition or there is a need to update and modify the treatment plan

Documentation of treatment sessions should include at a minimum:

- Date of treatment
- Specific treatment(s) provided that match the procedure codes billed
- Total treatment time
- The individual's response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals
- Any progress toward the goals in objective, measurable terms using consistent and comparable methods
- Any barriers to expected progress or changes to the plan of care
- Name and credentials of the treating clinician

Measuring Progress in Acupuncture: Monitoring for clinically significant changes in historical/examination findings and functional status including, but not limited to:

- Pain level per VAS 1-10 scale and Frequency of symptoms
- Reported interference with daily functional activities

- Validated Functional Outcome Measures specific for condition (Clinically significant therapeutic progress (MCID, improvement in pain, impairments and objective evaluation findings)
- Length of time of relief after treatment rendered
- Monitoring for significant changes in reported patient medication or other resource utilization
- Tenderness on palpation
- Range of motion
- Observation (e.g. behavior, mobility, appearance of affected area)
- Barriers to expected progress (e.g.: co-morbid conditions, extremes of age, socio-economic factors)

Acupuncture Treatment Service: The Acupuncture service includes a brief assessment of the patient's condition, as well as documentation of the patient's response to the treatment. A reevaluation (an Established Patient E/M service) is indicated when services above and beyond the usual pre-service and post-service work associated with the acupuncture services is required. This may include circumstances where there are new clinical findings, a rapid change in the individual's status, or failure to respond to treatment interventions.

The E/M services may include all or some of the components of the initial evaluation, such as:

- Data collection with objective measurements taken based on appropriate and relevant assessment tests and tools using comparable and consistent methods;
- Clinical decision-making as to whether acupuncture care is still indicated;
- Organizing the composite of current health conditions and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of intervention(s);
- Revision in plan of care if needed;
- Evaluation of any meaningful changes in function;
- Deciphering effectiveness of intervention(s); and
- Updating the discharge plan as appropriate.

Standardized Tests and Measures/Functional Outcome Measures (FOMs)

Measuring outcomes is an important component of an acupuncturist's practice. Outcome measures are important in direct management of individual patient care and for the opportunity they provide the profession in collectively comparing care and determining effectiveness.

The use of standardized tests and measures early in an episode of care establishes the baseline status of the patient, providing a means to quantify change in the patient's functioning. Outcome measures, along with other standardized tests and measures used throughout the episode of care provide information about whether predicted outcomes are being realized. As the patient reaches the termination of acupuncture services and the end of the episode of care, the acupuncturist, again, measures the outcomes of their services. Standardized outcome measures provide a common language with which to evaluate the success of interventions, thereby providing a basis for comparing outcomes related to different intervention approaches. Measuring outcomes of care within the relevant components of function (including body functions and structures), activity, and participation, among patients with the same diagnosis, is the foundation for determining which intervention approaches comprise best clinical practice.

LITERATURE REVIEW

Acupuncture

The clinical utility of acupuncture is widely debated. Evaluating the clinical efficacy of acupuncture in the context of clinical trials is challenging primarily because of the difficulty of designing randomized trials with appropriate blinding of both subjects and providers. Many studies lack appropriate controls, adequate study size, randomization and/or consistent outcome measures.

Study controls for comparing real acupuncture (also referred to as verum acupuncture) typically include a placebo, sham acupuncture, standard treatment, or no treatment. Sham acupuncture is the most often used control in studies evaluating the efficacy of acupuncture. However, there is no standardized method for employing sham acupuncture and no consensus on needle placement, making it difficult to generalize findings across studies. The goal of applying sham acupuncture is to refrain from stimulating acupuncture points. In many studies, sham is

Documentation Requirements

Acupuncture should be provided in accordance with an ongoing, written plan of care. The purpose of the written plan of care is to assist in determining medical necessity and should include the following:

The written plan of care should be sufficient to determine the medical necessity of treatment, including:

- I. The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
 - A. A reasonable estimate of when the goals will be reached;
 - B. Long-term and short-term goals that are specific, quantitative and objective;
 - C. Acupuncture evaluation;
 - D. The frequency and duration of treatment; *and*
 - E. The acupuncture protocol to be used in treatment.
- II. Signatures of the patient's attending physician and/or acupuncturist.

. The plan of care should be ongoing, (i.e., updated as the member's condition changes), and treatment should demonstrate reasonable expectation of improvement (as defined below):

- 1. Acupuncture services are considered medically necessary only if there is a reasonable expectation that acupuncture will achieve measurable improvement in the member's condition in a reasonable and predictable period of time.
- 2. The member should be reevaluated regularly, and there should be documentation of progress made toward the goals of acupuncture.

The treatment goals and subsequent documentation of treatment results should specifically demonstrate that acupuncture services are contributing to such improvement.

Subjective Findings

- Pain may be worse with motion
- Stiffness upon arising from a seated position
- May report history of occasional sciatica, but lower back symptoms predominate
- Essentially constant awareness of some level of back discomfort or limitations in motion
- Pain and stiffness in lower back
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing acupuncture treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for acupuncturists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

Objective Findings**Scope of Lumbar Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing

Specific Aspects of Lumbar Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that leads to a prognosis and the selection of appropriate interventions.

Note: The most serious cause of low back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

ACU-3.1: Included Conditions

Submitted information must show that Acupuncture Services are primarily and directly focused on care for one of the following non-musculoskeletal conditions:

- Allergic Rhinitis
- Anxiety (Primary)
- Aromatase-inhibitor induced arthralgia
- Asthma
- Cancer pain
- Cancer-related fatigue
- Chemotherapy-related Nausea
- Chronic Functional Constipation
- Chronic Prostatitis
- Depression (Primary)
- Dry Eye Syndrome
- Fibromyalgia
- Insomnia (Primary)
- Menopausal Hot Flashes/Night Sweats
- Post-stroke spasticity
- Post-stroke insomnia
- Post-stroke dysphagia

ACU-3.2: Recommended Standardized Assessments

Standardized assessment tools are used to assess and track changes in symptoms and/or condition status. Recommended standardized assessment tools are listed below:

Assessment	References
Rhinitis Control Assessment Test (RCAT)	Metzler 2013
Asthma Control Test (ACT)	Schatz 2006; Schatz 2009
Fibromyalgia Impact Questionnaire (FIQ)	Williams 2011; Bennett 2009
Fugl-Meyer Assessment (FMA) (Recommended for Post-Stroke Rehabilitation)	Singer 2016; Sullivan 2011
Hospital Anxiety and Depression Scale (HADS)	Stern 2014
Hot Flash Diary; Hot Flash Related Daily Interference Scale (HFRDIS)	Guttuso 2012; Carpenter 2017; Carpenter 2001
Irritable Bowel Syndrome Symptom Severity Scale (IBS-SSS); Irritable Bowel Syndrome Health Related Quality of Life (IBS-HR-QOL)	Lee 2016; Francis 1997
Modified Ashworth Scale (MAS)	Harb 2020; Meseguer-Henarejos 2018
National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI)	Litwin 1999; Litwin 2002
Ocular Surface Disease Index (OSDI)	Schiffman 2000; Miller 2010
Patient Specific Functional Scale (PSFS)	Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020
Pittsburg Sleep Quality Index (PSQI)	Mollaveva 2016; Buysse 1989
Quality Of Life Questionnaire Core 30 (QLQ-C30) (Recommended for Adjunct Cancer Care)	Aaronson 1993
Spontaneous Bowel Movement Diary; Patient Assessment of Constipation Quality of Life (PAC-QOL)	Forootan 2018; Marquis 2005; Nelson 2014
Visual Analog Scale, Numeric Ratin Scale (VAS, NRS)	Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001
Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014
Post-stroke dysphagia assessments must be performed by a Speech Language Pathologist (SLP) or other trained specialist. The dates and results of the SLP's assessments should be obtained and reported by the acupuncture provider if dysphagia is the main symptom treated with acupuncture.	Eltringham 2018