ACUPUNCTURE PRACTICE

CPT CODES

- × 97810
 - + Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
- ★ 97811 for each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion(note) of needles.
- × 97813
 - Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-onone contact with the patient.
- 97814 for each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles.

CAVEAT

- Codes don't really matter because the insurances largely don't pay and if they do (rare exceptions) they pay a flat rate regardless of CPT code
- **× BOTTOM LINE**
 - + I JUST USE THE CODE 97810 FOR EVERYONE REGARDLESS
 - + JUST USED BY MY INSTITUTION AS METHOD OF TRACKING CASH PAYMENTS
 - + When insurances do pay I add modifiers

MEDICARE

- * Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic or for other therapeutic purposes, may not be made.
- Accordingly, acupuncture is not considered reasonable and necessary within the meaning of Section 1862 (a)(1) of the Act

AETNA

- Aetna considers needle acupuncture (manual or electroacupuncture) medically necessary for any of the following indications:
 - + Chronic low back pain. (Maintenance treatment, where the patient's symptoms are neither regressing or improving, is considered not medically necessary); or
 - + Migraine headache; or
 - + Nausea of pregnancy; or
 - + Pain from osteoarthritis of the knee or hip (adjunctive therapy)
 - Postoperative and chemotherapy-induced nausea and vomiting;
 - + Postoperative dental pain; or
 - + Temporomandibular disorders (TMD)

REALITY

- * The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members.
- CMS's Coverage Database can be found on the following website: http://www.cms.hhs.gov/center/coverage.asp.

HMO/POS/PPO

- Reimbursement of acupuncture services is determined by the member's benefit package. The member is responsible for payment beyond the benefit limit.
- Harvard Pilgrim only reimburses contracted providers with a primary or secondary specialty of acupuncture for the acupuncture CPT codes 97810-97814.
- Harvard Pilgrim reimburses a maximum of three acupuncture service codes or a total of three units in any combination of any listed service or procedure per visit.

CHANGING HEALTH CARE LAW



Provider Payment Guidelines

Original Effective Date: January 1, 2014

Revision Date:

ACUPUNCTURE SERVICES

Policy

NHP reimburses participating providers for the provision of medically necessary acupuncture services for for pain relief or anesthesia. Services are reimbursed up to the maximum allowed as defined by the member's plan benefit, when performed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.).

Membership Limitations

This policy applies to Mass Health CarePlus, Mass Health CommonHealth, and Mass Health Standard insured members only.

PRIOR AUTHORIZATION NECESSARY

Authorization, Notification and Referral

Requirement Acupuncture Referral from the member's PCP is required Non-Contracted providers must have a referral from the member's PCP and must obtain Prior Authorization from NHP.

Payment for services yet to be determined and authorization process unclear Exclusions

NHP does not cover the following services or supplies: Acupuncture; All institutional charges over the semi-private room rate, except when a private room is Medically Necessary; Benefits from other sources; Biofeedback; Blood and related fees;* Cosmetic services and procedures; Custodial care; Dentures; Diet foods; Educational testing and evaluations; Exams required by a third party; Experimental services and procedures; Eyewear/laser eyesight correction;* Gender re-assignment surgery; Long-term care; Massage therapy; Non-covered providers;

PRACTICE MODELS

- × Hospital Based
- Salaried physician
- * RVU OR OTHER VOLUME BASED PRACTICES
- PRIVATE PRACTICE
 - Start by carving out 2 hours per week during a Low Utilization part of the week
 - + Try to find at least 2 rooms to work in
 - x Initially schedule patients in 20 minutes increments with the 3rd 20 minute slot left open each hour.
 - As you feel more confident, you can start adding in a patient in the 3rd 20 minute slot (especially if you have 3 rooms)
 - + Work out a overhead model with your institution or practice (60:40 to 50:50 very common)
 - + Other Resources; Support Materials on CANVAS
 - × Super bil
 - × Treatment Documentation (Support Materials)
 - x Credentialing Document (Support Materials)

SUPER BILL

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

Patient's Name (Last, First, M.I.) Patient's Date of Birth: Insured's Name (last, First, M.I.)

Patient's Address	Patient's Sex Male () Female ()	Insured's Policy #	Group #	
City, State, Zip Code	ty, State, Zip Code Relationship to Insured: Self () Child () Spouse () Other ()		Check here if Same as Patient's ()	
Telephone #	Was Condition Due To: Work Injury () Auto ()	City, State, Zip Code		

Other Health Insurance (Name of Policy Holder, Policy #, Plan Name)

Telephone #

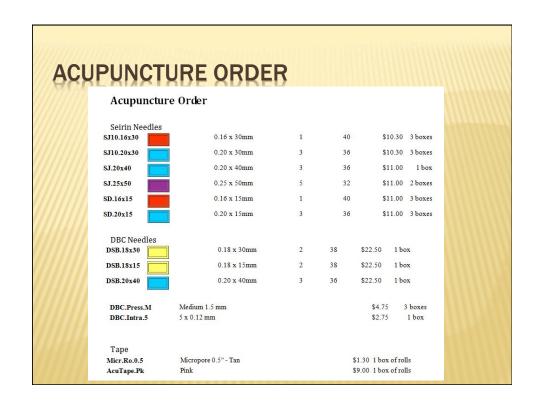
INSURANCE COMPANY: PLEASE MAKE PAYMENT TO SUBSCRIBER, NOT CLINIC

I authorize the release of any medical information necessary to process this claim. Patient's Signature: Date:

		PROVID	ER INFO	DRMATION	1		
Date of Treatment	Date o	f Onset of Co	ndition	Date	First Con	sulted for Condition	
Provider's Signature							_
		ICD – 9 DI	AGNOS	STIC COL	<u>DES</u>		_
PAIN:							
789.0 Abdominal/Epi	388.70	Ear 💮	478.1	Nasal		Vaginal	
729.5 Arch	379.91	Eye Face	723.1	Neck	608.9	Testis	
729.5 Arm	784.0	Face	478.1				
724.2 Back, low							
724.5 Back, unspecified				Stomach			
511.71 Breast		Jaw		Throat			
786.50 Chest, central	719.47	Joint Joint	525.9	Tooth			
786.51 Coccyx	729.1	Muscle	788.0	Urinary			
OTHER:							
995.3 Allergy					344.9		
160. Cold	780.4	Dizziness		Fatigue		SOB	
564.0 Constipation	782.3	Edema	787.02	Nausea	787.03	Vomiting	
		CPT TRI	EATME	NT CODE	E <u>S</u>		
Examinations; New Patier	ıt			nations; Est		Patient	
99202 Brief Exam		\$20		Brief Exam		\$20	
99203 Intermediate Exam		\$30		99214 Extended Exam \$30			
99204 Extended Exam		\$40	99215	99215 Comprehensive \$40			
99205 Comprehensive		\$50					
Acupuncture Therapies							
97810 Acupuncture Initial		\$35		Electro-Acu		\$15	
97811 Acupuncture – addit	ional	\$15	97814	Electro-Acu	ıp Additio	onal \$10	

	NA		
	SUPE	RBILL	
	Patient In	formation	
Name:		DOB:	Gender: F M
Insurance:		Subscriber:	
Subscriber ID:		Group Number:	
Street Address:			
City:		State:	Zip Code:
Phone:	Ema	ill:	8 2003
		nosis	
784.0 Headache	719.45 Pelvic Pain	719.41 Shoulder Pain	723.1 Neck Pain
346.90 Migraine	729.1 Myofascial Pain	719.46 Knee Pain	724.2 Low back Pair
350.1 Trigeminal n.	_338.0 Central Pain	724.1 Thoracic Pain	724.6 Sacral Pain
350.2 Facial Pain	357.9 Neuropathy	719.44 Hand Pain	724.3 Sciatica
053.12 PHN	628.9 Infertility	724.7 Coccyx Pain	Othe
	Service R		
Procedures	CPT	Unit	Fee
Initial Consult	99202		_ ,
Follow up Visit	99212	-	
Acup w/o E. Stim -Initial 15 min	97810	40	NI.
-Additional 15 min	97811		
Acup w/ E. Stim -Initial 15 min	97813		
-Additional 15 min	97814		
Date of Service	-	Total 0	Charges:
		P.	ayment:
Physician Name	NPI:		

MED	ICAL ACUPUNCTURE PROCEDURE NOTE
	CC/reason for procedure: Date of procedure: Acupuncture visit #:
	Same?Better?:Worse?since beginning treatment?
	Global % improvement:
	Functional activities:
	Acupuncture treatment
	Risks and benefits reviewed. Consent obtained. Post-procedure care plan reviewed.
	Treatment Approach
	Meridian:
	Auricular:
	Neuroanatomic:
	Myofascial:
	Electrical stimulation:
	Duration of treatment:
	Patient tolerated well. Follow up:
	Joseph Audette, MD



MALPRACTICE INSURANCE

- Inform your carrier that you now are providing acupuncture treatments
 - + Example in MA CRICO requires coverage of "Surgical Procedures" so may require higher cost coverage
- Alternative: Contact the
 - American Acupuncture Council
 - + http://www.acupuncturecouncil.com/
 - + 1-800-838-0383
 - + Important for physicians who plan to practice acupuncture only and are not part of a network

MARKETING

- Create a brochure and send ask colleagues if you can leave in their waiting rooms
 - + AAMA has resources to help with content
- Put a small poster in your own waiting room indicating that there are now acupuncture services
- Join the AAMA and you can be listed on their physician acupuncturist search engine
- * After advanced course work, we will list you on ISA website
- Give Grand Rounds or other Talks to Colleagues
- Always carry needles with you and treat colleagues for free to get known as a physician acupuncturist