

The New 2025 CPT & ICD Changes September 2025



NETWORK

Our program begins at 8a EST and there is no
sound before we start



Samuel A. Collins
Director, A.A.C Information Network
E mail sam@aacinfonetwork.com

American Acupuncture Council Network, one of the most highly trusted billing, coding, and compliance companies, has streamlined insurance operations for thousands of chiropractors nationwide for over 40 years. Clients can depend on the H.J. Ross Company to provide the most up to date protocols and procedures, and to be your coach, making it easy for you and your staff to adapt to the changing climate within the insurance industry including codes, laws, and regulations related to the practice of chiropractic.

As director, Dr. Sam Collins believes that you should get paid. His history is firmly rooted in chiropractic, both as a chiropractor from a chiropractic family and now, as he is proudly regarded as The Billing Expert in the chiropractic profession.

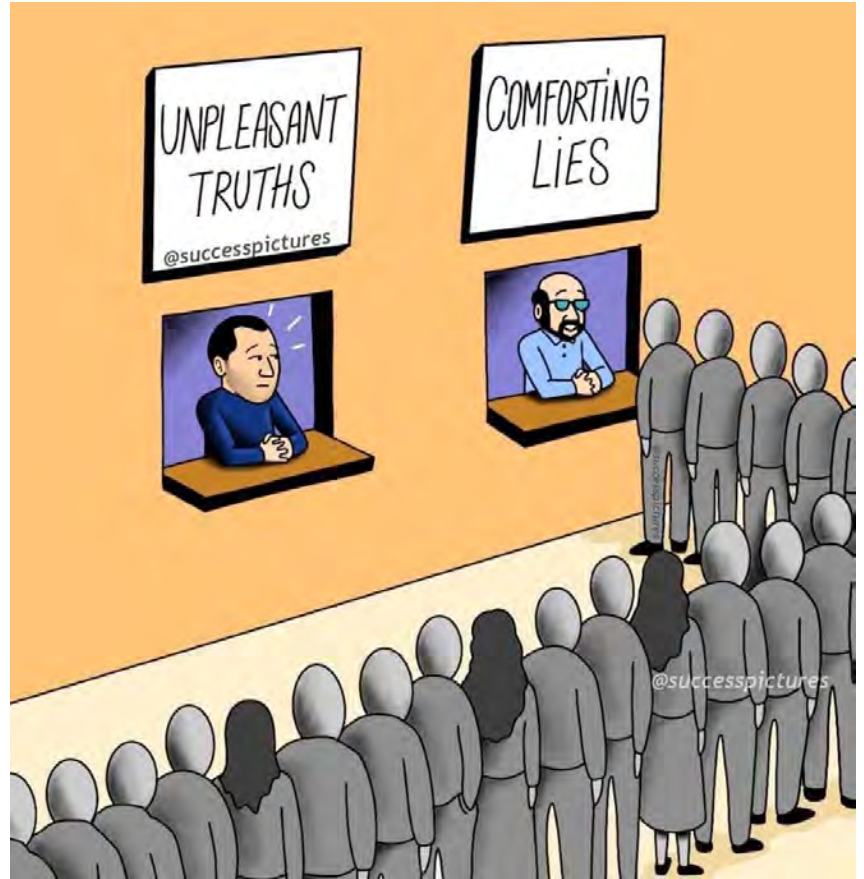
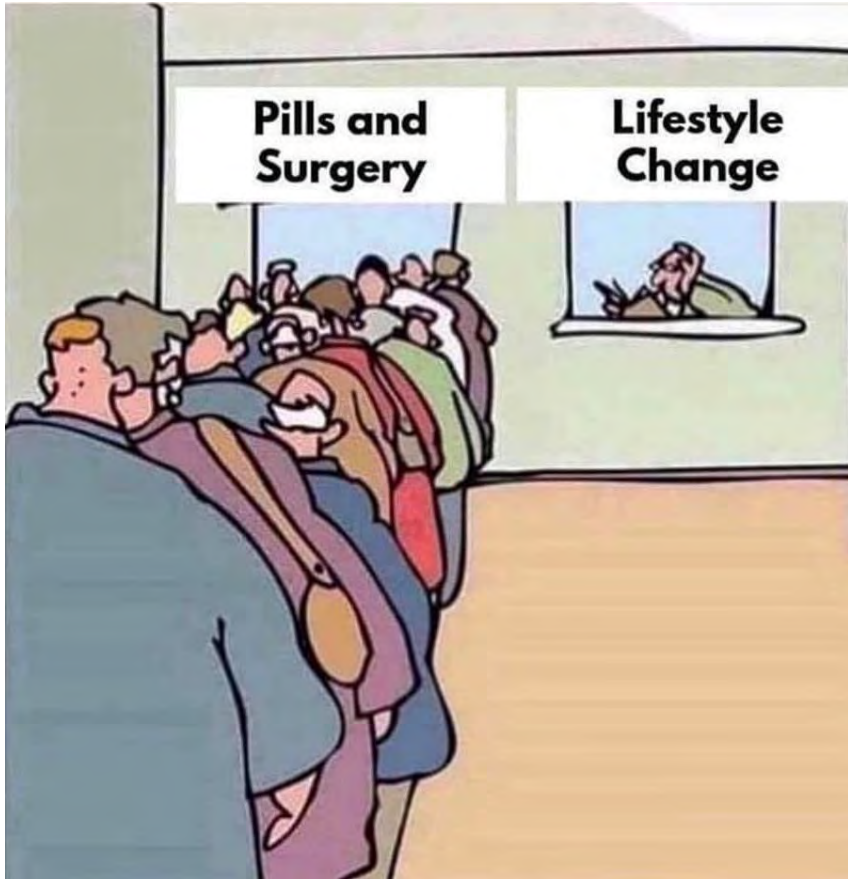
Due to our unique ability to stay ahead of the curve on the latest trends and changes in billing and coding by utilizing our direct channel of communication with the insurance companies and organizations that set the guidelines, you can trust you are in good hands!

There is a reason Chiropractors who trusted us with their business 40 years ago still trust us today



State of the Profession






37 state Attorney Generals, National Governor's Association, State and National treatment guidelines recommend non-pharmaceutical acupuncture treatment for acute and chronic pain and dysfunction.

"Average per-episode costs for care that begins with an acupuncturist is only \$619, compared to \$1,728 for specialist care. If you make the initial investment in chiropractic / PT acupuncture, significant total-episode savings occur."

"The actuaries have done the work the net of the increased conservative care will take out about 230 million in annual medical expenditures and reduce opiate prescribing for back pain by 25-26 percent."

- 
- [American College of Physicians Back Treatment Guidelines](#) - The ACP updated prior guidelines, recommending non-drug treatment first for back pain, including chiropractic manipulative therapy (CMT), osteopathic manipulative therapy (OMT), exercise therapy, [acupuncture](#), massage and yoga.
 - [FDA Education Blueprint for Health Providers Involved in Pain Management](#): The Blueprint recommends "The [health care provider] should be knowledgeable about which therapies can be used to manage pain and how these should be implemented." Chiropractic and [acupuncture](#) are specifically noted as non-pharmacologic therapies that can play an important role in managing pain.



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Chiropractic visits
*0 copay

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AARP Medicare Resource Center

HEALTH

Medicare Will Cover Acupuncture for Chronic Back Pain

Federal officials hope this alternative treatment will help curb opioid use

by Dana Bonta AARP January 22, 2020 | Comments 20

AARP Medicare Plans
UnitedHealthcare

Hassle Free Medicare coverage.



“Acupuncture is big, dry needling, cupping. Pretty much anything that they can offer, I’m doing,” McKinnon said with a laugh.

McKinnon also said he dry needles and receives acupuncture twice a week.

[| Neutral site AFC Championship Game ticket sales announced](#) ▶

The Atlanta, Georgia, native was named a playoff captain during the Chiefs’ bye week — an honor that he holds close to him.

[Check Availability](#)

[See terms and conditions](#)

TRENDING STORIES

- 1 [Joe’s Blog: How much snow to expect Saturday](#)
- 2 [KCPD say multiple people shot at funeral home](#)
- 3 [FOX4 farewell to Abby Eden](#)
- 4 [Gardner Edgerton teacher charged with child sex crimes](#)
- 5 [Kelce’s mom can’t make both Chiefs, Eagles games](#)
- 6 [Buckner police looking for home invasion suspect](#)



March 14, 2024



To Whom it May Concern,

_____ is under my care for the treatment of breast cancer.

She continues intravenous chemotherapy with fam-trastuzumab deruxtecan.

She continues to experience side effects of disease and treatment including nausea, fatigue, and neuropathy. She has gotten much relief from these symptoms with continued acupuncture and is recommended to continue this.

Please extend any possible courtesies you can to _____ at this time.

If you have any questions, feel free to contact my office at _____ Monday to Friday, 9AM to 5PM.

Sincerely,

_____ MD

**YOU GET TO
STICK PEOPLE WITH
1-INCH NEEDLES &
FOR THEIR
OWN GOOD TOO
IF YOU BECOME
THIS SPECIALIST**

2024 Department of Health and Human Services Compliance Program

Documentation, Coding, Billing, Medical Necessity, HIPAA-Privacy

Each practice can undertake reasonable steps to implement compliance measures, depending on the size and resources of that practice. Practices can rely, at least in part, upon standard protocols and current practice procedures to develop an appropriate compliance program for that practice. Many practices already have established the framework of a compliance program without referring to it as such.

The incorporation of compliance measures into a physician's practice should not be at the expense of patient care but instead should augment the ability of the physician's practice to provide quality patient care.

7 Components of an Effective Compliance Program. This compliance program guidance is for individual and small-group practices:

1. Conducting internal monitoring and auditing.
2. Implementing compliance and practice standards
3. Designating a compliance officer or contact.
4. Conducting appropriate training and education.
5. Responding appropriately to detected offenses and developing corrective action.
6. Developing open lines of communication.
7. Enforcing disciplinary standards through well-publicized guidelines.

A well-designed compliance program can:


- Speed and optimize proper payment of claims;
- Minimize billing mistakes;
- Reduce the chances that an audit will be conducted by HCFA or the OIG; and
- Avoid conflicts with the self-referral and anti-kickback statutes (fee-splitting)

A self-audit is an audit, examination, review, or other inspection performed by and within a physician's or other healthcare professional's business. Self-audit generally focus on assessing, correcting, and maintaining controls to promote compliance with applicable laws, rules, and regulations. The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG). Includes periodic internal monitoring and auditing in its list of the seven elements of an effective compliance program.(1)

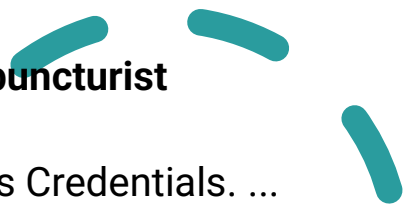
1.Federal Register Vol.65, No. 194 92000, October5) Office of Inspector General. OIG Compliance Program for individual and Small Group Physician Practices. Retrieved December 18, 2017, from <https://olg.hhs.gov/authorities/docs/physician.pdf>

Studies indicate an effective compliance program can facilitate an increase in revenue by catching and correcting problems early that would otherwise result in lost income





How do you know if an acupuncturist is good?

- 
- **7 Tips for Choosing an Acupuncturist**
 - Get Referrals. ...
 - Research the Acupuncturist's Credentials. ...
 - Consider the Acupuncturist's Experience. ...
 - Consider Gender. ...
 - Evaluate Communication Style. ...
 - Review Patient Satisfaction Surveys. ...
 - Know What Your Insurance Covers.

Practice Success

How do you define it?

A light blue downward-pointing arrow indicating a flow from the first question to the second.

What the barriers?

A light blue downward-pointing arrow indicating a flow from the second question to the third.

What is your model?

Where are your patients?

Cash Practice

1. Cash
2. Prompt Pay
3. Prepay

Insurance Practice

1. Standard
2. PPO
3. HMO (EPO)
4. HSA or FSA
5. Automobile (Personal Injury)
6. Workers' Compensation
7. Veterans Administration
8. Medicaid
9. Medicare

Why Insurance? Is it worth it?

Cash Practice

Insurance Practice

What Is Insurance?

Health Insurance?

Sick Insurance

Not preventative in design

It aids in paying for services does not pay in full in most instances

Insurance

Insurance aids in payment and rarely covers 100%

New patients

Someone may be more apt to try acupuncture

You are not required to bill insurance

Deductible

The amount the patient pays for covered health care services before the insurance plan starts to pay. With a \$2,000 deductible, for example, the patient pays the first \$2,000 of covered services.

Note not all services or amount of your fee may be counted towards deductible.

If you bill \$100 but the plan only allows \$50 the amount applied to deductible will only be \$50. If you are an out of network provider however the patient is liable for the entire \$100.

Hence why often patients seek care with “in network” providers as their out of pocket may or will be less.

Co-Payment v Co-Insurance

Copayment

- Fixed dollar amounts the patient pays for covered health care.
- The provider would be “in network” and is limited to collect the amount designated by the plan

Coinsurance

- The patients share of the cost of health care after insurance has paid.
- This provider is out of network and the patient simply liable for amounts not paid by the plan.

Your Bottom Line

- What does it cost to treat a patient?
- Overhead (all related costs) ÷ Average patient visits per month
- $\$4000 \div 100$ patient visits per month = \$40.00 per visit to meet overhead

Pros & Cons of Joining Insurance Plans

Pros

- Increase patient access

Cons

- Decrease reimbursement

Yes

- **Exclusive – Only reimburses member providers**
- **Pay is reasonable**
- **Many new and potential patients**
- **Minimally added authorization**

No

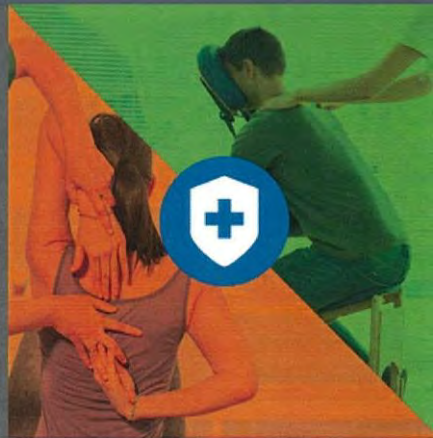
- **Non-Exclusive - Reimburses members and non-members**
- **Pays to little**
- **Already current patients**
- **Tedious request for care and reporting**

Barriers to Care

- **Z91.190** Patient's noncompliance with other medical treatment and regimen due to financial hardship



Study Reveals
Insurance
Coverage Patterns
for Acupuncture,
Chiropractic, and
Massage



Data suggest that Americans are **increasingly willing to pay out-of-pocket** for acupuncture, chiropractic, or massage care that isn't covered by health insurance, reports a new study led by the National Center for Complementary and Integrative Health.



- **Higher copayments decreased the likelihood of a patient seeing a physical therapist as first provider.** Patients with a copayment over \$30 were 29% less likely to see a physical therapist first than were patients with no copayment. This association was not evident for chiropractic or **acupuncture**.

Cash and Prompt Pay Discounts



- Discounts
- Waiving co-pay or deductible
- Hardships

Cash and Prompt Pay

Waiving co-payment, co-insurance and deductible. If a physician's office routinely fails to collect the patient's portion of the care, it is considered a violation of both the Anti-Kickback Statute (AKS) AND the False Claims Act. OIG and the Department of Justice recognize that there are cases of financial hardship and make allowances for those unable to pay. They also recognize when a physician makes a reasonable effort to collect from a patient, but does not receive payment. It is the *routine waiver* of the patient responsibility that can cause serious consequences.

A reasonable "discount" for payment at the time of service, or so called "bookkeeping" discount can be within legal bounds. What's key, however, is how the provider sets discount policies.

Helping patients afford care is the compassionate and right thing to do. But offering a cash rate that is substantially lower than the insurance rate is and may be considered fraud.

What is reasonable? **OIG Advisory Opinion No. 08-03 provides protocol for such discounts.**

Following the broad guidance of the OIG, in a recent opinion, they O.K.'d a 5%-15% "Prompt Payment" discount for a particular hospital

Think defensible, what is the actual bookkeeping savings for not doing the administrative and clerical work associated with billing insurance not to mention the waiting period for payment and you are on the right track.

Charging 5-15% more for identical services where the additional burden of billing and collection is eliminated is certainly reasonable. However charging significantly more than the rate charged for a pay in full at the time of service patient would not be considered fair or reasonable. Certainly there is a cost to the added work but not double the cost of the actual chiropractic service.



August 1, 2023

Sent via email: [REDACTED]

UHC SIU Case Number [REDACTED]



Re: Request for Records

Dear Sir or Madam:

As part of UnitedHealthcare's role to monitor the appropriateness of paid medical claims and verify adherence to standard billing procedures, we request your assistance with a compliance review for your patients, who are UnitedHealthcare members.

Please assist us in this review by completing the Attestation of Proof of Member Responsibility (Attestation)¹ and submitting proof that our members paid their copays, coinsurance, and/or deductible for each of the claims listed on the attached Attestation. Proof of payment includes, but is not limited to, credit card/check receipts, patient ledgers and/or payment contracts. If the member received a hardship waiver, please provide the supporting documentation.

If our members have not yet paid their copays, coinsurance, and/or deductible, please assist us by completing the Attestation and providing documentation of your attempt(s) to collect each member's responsibility or documentation of your waiver of each member's responsibility, including but not limited to hardship waivers.

Please submit the requested information in **PDF format via a secured electronic format**, along with a copy of this letter and an executed copy of the Attestation within 30 days of the date of this letter to:

Carla Jackson
Fax: 855-244-2189
Email: carla.jackson@uhc.com

Thank you for your cooperation and assistance. Please contact us at 651-495-5585 if you have any questions or require additional information.

Sincerely,

Washington Administrative Code

- WAC 246-808-545
- **Improper billing practices.**
 - The following acts shall constitute grounds for which disciplinary action may be taken:
 - (1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.
 - (2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

Oregon Revised Statutes 742.525

- **(1)** Except as provided in subsection (2) of this section, a provider shall charge a person who receives personal injury protection benefits or that person's insurer the lesser of:
 - (a) An amount that does not exceed the amount the provider charges the general public; or
 - (b) An amount that does not exceed the fee schedules for medical services published pursuant to ORS 656.248 (Medical service fee schedules) for expenses of medical, hospital, dental, surgical and prosthetic services.

Minnesota Cash Discounts

72A.20 METHODS, ACTS, AND PRACTICES WHICH ARE DEFINED AS UNFAIR OR DECEPTIVE

Subd. 39. **Discounted payments by health care providers; effect on use of usual and customary payments.**

An insurer, including, but not limited to, a health plan company as defined in section 62Q.01, subdivision 4; a reparation obligor as defined in section 65B.43, subdivision 9; and a workers' compensation insurer shall not consider in determining a health care provider's usual and customary payment, standard payment, or allowable payment used as a basis for determining the provider's payment by the insurer, the following discounted payment situations:

- (1) care provided to relatives of the provider;
- (2) care for which a discount or free care is given in hardship situations; and
- (3) care for which a discount is given in exchange for cash payment.

NY Office of General Counsel

- **Question Presented:**
 - If an acupuncture provider were to charge a lower fee for services to "non-insurance" patients—that is, patients without insurance or whose contractual benefits under an insurance policy have been exhausted—than to patients whose cost of services is covered by insurance, could the chiropractor's conduct alone constitute insurance fraud?
- **Conclusion:**
 - No. If an acupuncturist charges a lower fee to non-insurance patients who pay cash, that activity would not constitute insurance fraud, because neither the chiropractor nor the insured would submit any claim for services to an insurer, self-insurer, purported insurer, or any agent thereof. However, if an acupuncturist submits a claim to an insurer for an insured patient, or issues a bill to an insured patient for services knowing that the bill will be presented to the insurer, then the chiropractor would be wise to fully disclose to the insurer that it charges non-insurance patients who pay cash a lower fee.

A teal square with rounded corners containing the text "Best Practice". The slide is decorated with teal circles and lines: a large circle in the top-left, a smaller one on the left edge, and a large circle with radiating lines at the bottom center.

Best Practice

If a healthcare provider does make a business judgment to charge non-insureds a lesser charge, the healthcare provider should at the least be sure to disclose this to your insurer(s); that the usual and customary charge is clear; and that any cash discount has a logical basis or can readily be explained in way that creates an argument against potential kickback concerns.

Business and Professions Code 657.

(a) The Legislature finds and declares all of the following:

(1) Californians spend more than one hundred billion dollars (\$100,000,000,000) annually on health care.

(2) In 1994, an estimated 6.6 million of California's 32 million residents did not have any health insurance and were ineligible for Medi-Cal.

(3) Many of California's uninsured cannot afford basic, preventative health care resulting in these residents relying on emergency rooms for urgent health care, thus driving up health care costs.

(4) Health care should be affordable and accessible to all Californians.

(5) The public interest dictates that uninsured Californians have access to basic, preventative health care at affordable prices.

(b) To encourage the prompt payment of health or medical care claims, health care providers are hereby expressly authorized to grant discounts in health or medical care claims when payment is made promptly within time limits prescribed by the health care providers or institutions rendering the service or treatment.

(c) Notwithstanding any provision in any health care service plan contract or insurance contract to the contrary, health care providers are hereby expressly authorized to grant discounts for health or medical care provided to any patient the health care provider has reasonable cause to believe is not eligible for, or is not entitled to, insurance reimbursement, coverage under the Medi-Cal program, or coverage by a health care service plan for the health or medical care provided. Any discounted fee granted pursuant to this section shall not be deemed to be the health care provider's usual, customary, or reasonable fee for any other purposes, including, but not limited to, any health care service plan contract or insurance contract.

(d) "Health care provider," as used in this section, means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act, or licensed pursuant to Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code; and any clinic, health dispensary, or health facility, licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

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Overall well-being

Revive

2,500 years of acupuncture made modern

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Monthly Plan
1 Session Per Month
Additional Sessions \$35

LIFESTYLE PLUS

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Additional Session \$30

LIFESTYLE UNLIMITED

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Monthly Plan
Up to 1 visit per day

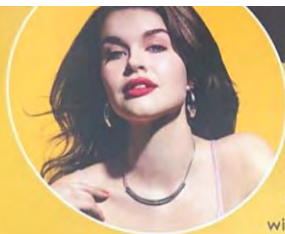
WALK-IN

\$99

GIFT CARDS AVAILABLE

Acupuncture
LET'S TINGLE

LET'S
TINGLE
PAIN AND STRESS
AWAY.



BEAUTY

REFINE. REVERSE.
REJUVENATE. REFRESH.

Cosmetic Acupuncture is the only targeted beauty treatment with direct health and well-being benefits. Modern Acupuncture®

takes the ancient practice of acupuncture and applies it to our modern pursuit of beauty, blending the two together in powerful ways.

TOXIN-FREE

GLOW FROM THE INSIDE OUT

Acupuncture for facial skin health is a non-invasive, toxin-free and all natural glow treatment for those who want to ditch chemicals, injections and harsh beauty regimens. Glow acupuncture is without the potential risks and downtime of more invasive cosmetic procedures. Take 30 minutes to recharge so you can conquer the world! Your licensed acupuncturist will create a plan that will be the ultimate ticket to escape and restore.



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Costa Mesa · Fullerton · Irvine · Justin · Yorba Linda

LIFESTYLE SELECT

\$59

Monthly Plan
1 Session Per Month
Additional Sessions \$35

LIFESTYLE PLUS

\$160

Monthly Plan
4 Sessions Per Month
Additional Session \$30

LIFESTYLE UNLIMITED

\$250

Monthly Plan
Up to 1 visit per day

WALK-IN

\$99



Packages and Plans

“Modern Acupuncture”

Fee for
service (visits)
not time

Refund policy
for unused

No expiration

MARYLAND ACUPUNCTURE BOARD

4201 Patterson Avenue, Baltimore, MD 21215

Telephone: 410-764-4766

Toll free: 1-800-530-2481

RECOMMENDATION ON PREPAYMENT PLANS

Note: this recommendation applies in Maryland and may differ in other states

PLEASE READ CAREFULLY

Prompted by numerous requests from practitioners, the Board of Acupuncture revisited the article published in its Winter 2006 newsletter regarding prepayment policies, at its meeting on May 9, 2006. After considering practitioners' testimony and a statement issued by the Maryland Insurance Commission, the Board of Acupuncture decided to rescind the article and acknowledge prepayment capability with due caution.

One of the Board's most pressing concerns with prepayment plans is the patient's ability to recoup monies if the patient decides not to continue treatment. Another concern is what repercussions or penalties will ensue if a contract is broken. Will the patient be fully informed of all monetary consequences before agreeing to sign the contract?

The Board is recommending that if a practitioner chooses to offer prepayment plans, he/she must carefully explain all terms and conditions to the patient. A contract should detail all terms and conditions of the prepayment plan and be signed by the patient. In addition to full disclosure to the patient of the nature and consequences of treatment, contract must outline payment terms stating exactly what monies will be reimbursed to the patient if the contract is broken, and whether the discounted price will be waived and full charges imposed. It must state whether there is a time limit to the contract. It must also clearly stipulate whether administrative charges will be imposed. If your patient can not make informed decisions on his own, or is a minor, be sure to attain the signature of his or her personal representative. As a rule, if it is not stated in the contract, it can not be imposed.

Please ensure that if your patient wishes to cancel treatment and requests reimbursement of unused payments, they should be paid back immediately. Failure to reimburse your patient or provide the proper informed consent may be considered a violation of the Maryland Acupuncture Practice Act and could lead to disciplinary action against your license.

Feel free to contact the Board's office if you have questions or concerns regarding this matter.

SECTION 80.13. Prepaid Treatment Plans

(a) A licensee may accept prepayment for services planned but not yet delivered, but must provide the following:

(1) The plan must be cancellable by either party at any time for any reason without penalty of any kind to the patient.

(2) Upon cancellation of the plan the patient shall receive a complete refund of all fees paid on a pro rata basis of the number of treatments provided compared to total treatments contracted.

(3) The plan must provide for a limited, defined number of visits.

(4) The patient's file must contain the proposed treatment plan, including enumeration of all aspects of evaluation, management, and treatment planned to therapeutically benefit the patient relative to the condition determined to be present and necessitating treatment.

(A) The patient's financial file must contain documents outlining any necessary procedures for refunding unused payment amounts in the event that either the patient or the doctor discharge the other's services or therapeutic association.

(B) The treatment plan in such cases where prepayment is contracted must contain beginning and ending dates and a breakdown of the proposed treatment frequency.

(5) A contract for services and consent of treatment document must be maintained in the patient's file that specifies the condition for which the treatment plan is formulated.

(6) If nutritional products or other hard goods including braces, supports, or patient aids are to be used during the proposed treatment plan, the patient documents must state whether these items are included in the gross treatment costs or if they constitute a separate and distinct service or fee.

(b) This rule does not create any exemptions from any requirements applicable under the Texas Insurance Code.

Source Note: The provisions of this §80.13 adopted to be effective March 9, 2011, 36 TexReg 1511



The Office of General Counsel issued the following opinion on March 22, 2005 representing the position of the New York State Insurance Department.

Re: Acupuncture Packages

Question Presented:

May a licensed acupuncturist offer a discounted package of treatments in New York?

Conclusion:

So long as any insurer is not deceived, such packages would not be contrary to the New York Insurance Law (McKinney 2000 and 2005 Supplement).

Facts:

A licensed acupuncturist in New York, who also practices in New Jersey, previously offered packages of facial acupuncture in which the patient paid for multiple treatments. As the acupuncturist described it:

These are constitutional treatments which involve body needling along with facial acupuncture or facial microcurrent. The process improves muscle tone as well as facial circulation, and possibly triggers collagen formation.

The acupuncturist stated that she was informed by the New York Board of Acupuncture that the New York Education Department had no problem with the sale of such packages. However, the insurer providing the acupuncturist with professional liability insurance indicated to the acupuncturist that she must secure the approval of her local Insurance Department and Corporation Department to offer such discounted packages.

Analysis:

The acupuncturist indicated that the insurer in question is the American Acupuncture Council ("Council"). The Council is not a licensed insurer in New York. According to the Council's website, the Council sponsors a program of professional liability insurance underwritten by a company whose name is recognizable as an insurance group.

The insurance group name shown on the Council's web site is actually the name for several insurers that are incorporated and licensed in the United States and whose ultimate corporate parent is located in the United Kingdom. While several of the group's insurers are licensed in New York, no such insurer has filed to issue an acupuncturist's professional liability insurance policy in New York. Accordingly, the policy under discussion here was not issued in New York and this Department has no jurisdiction over its terms and conditions.

While coverage of acupuncture treatment by health insurance is not specifically required in New York, such coverage, if offered, would be encompassed within the definition of accident & health insurance, New York Insurance Law § 1113(a)(3) (McKinney 2000 and 2005 Supplement), and



Florida Prepay Plans

- Florida Statute 460.411
- Funds must be in a separate designated account from \$501 and not more than \$1500
- Advances for costs and expenses of examination or treatment is to be held in trust and must be applied only to that purpose.

Montana also requires monies to be put aside in an escrow account

Best Practice

Clear financial disclosure

A light gray downward-pointing arrow indicating a flow from the first item to the second.

Plan of care

A light gray downward-pointing arrow indicating a flow from the second item to the third.

Refund policy

FINANCIAL POLICY

We offer several methods of payment for your acupuncture treatment, and you may choose the plan which best suits your needs. Please read carefully and choose the plan which you prefer. This information will enable us to better serve you and help us to avoid misunderstandings in the future. If special financial arrangements are necessary, please consult with the business manager during your initial consultation.

OUR MAIN CONCERN IS YOUR HEALTH AND WELL-BEING AND WE WILL DO OUR BEST TO HELP YOU.

PLAN ONE:

The **self-pay** plan means that all fees will be paid when rendered. Fees are discounted for payment at the time of service.

PLAN TWO:

If you have **insurance**, we will bill your plan as a courtesy. Payment for deductibles, if it has not been met is the responsibility of the patient as well as any copayment or remaining balance after insurance payment. We do participate in many insurance plans that may allow nominal out-of-pocket expenses. **Your co-pay is due as services are rendered.** You are also responsible for portions of your bill that exceed your insurance limits.

Credit Cards will be accepted for all or partial payments.

If care is discontinued, the balance for care received up to that date is due in full in 30 days.

I understand that all responsibility for payment of services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. I permit this office to endorse co-issued remittances for the conveyances of credit to my account. In the event payments are not received by the agreed-upon dates, I understand that a 1.5% finance charge (18% APR) will be added to my account. I agree to pay all attorneys and collection fees if this account is turned over for collection.

PLEASE ADVISE WHICH PLAN YOU WOULD LIKE TO USE: _____

Please sign below to indicate your understanding of our financial policies. If you do not understand, please allow us to review the policies with you until they are clear.

Signature

Date:

Print Name

Witness

Date:

How do
you value
your
services?

Usual Customary & Reasonable
(UCR)

What is fair?

May I have dual fees?

Do I have to collect?

Fee Structure?

What is your charge for...

97810

97811

99203

97124

2024 Relative Value Units

	RVU					RVU	
CMT			Acupuncture			E&M	
98940	0.82		97810	1.15		99202	2.17
98941	1.18		97811	0.85		99203	3.35
98942	1.52		97813	1.36		99204	5.02
98943	0.77		97814	1.10		99205	6.62
						99211	0.70
						99212	1.70
Physical Medicine			Dry Needle			99213	2.73
97010	0.19		20560	0.77		99214	3.85
97012	0.42		20561	1.11		92215	5.42
97014	0.37						
G0283	0.35						
97016	0.35		Trigger Point Injection				
97018	0.17		20552	1.58		Prolonged Services	
97022	0.51		20553	1.82		99358	2.65
97024	0.22					99359	1.13
97026	0.20		Therapeutic Injection			99417	0.92
97028	0.25		96372	0.43		G2212	0.96
97032	0.43						
97033	0.58					Preventative Medicine	
97034	0.42					99401	1.15
97035	0.42					99402	1.87
97036	1.05					99403	2.57
97039	0.00					99404	3.28
97110	0.88						
97112	1.01					X-ray	
97113	1.10					72040	1.19
97116	0.88					72050	1.61
97124	0.91					72052	1.88
97139	0.00					72070	0.99
97140	0.81					72072	1.19
97150	0.54					72074	1.34
97530	1.10					72082	2.11
97533	1.87					72100	1.20
97535	0.98					72110	1.56
97537	0.95					72114	1.84
97542	0.95					72120	1.22
97545	0.00						
97546	0.00		Interprofessional Telephone			Telephone & Online	
97750	1.02		99446	0.53		99441	1.69
97755	1.15		99447	1.08		99442	2.72
97760	1.43		99448	1.60		99443	3.85
97761	1.25		99449	2.13			
97763	1.57					99421	0.45
97799	0.00					99422	0.88
0552T	0.00					99423	1.40

2024 Relative Value Units

CMT	RVU						RVU
			Acupuncture				E&M
98940	0.82		97810	1.15			99202 2.17
98941	1.18		97811	0.85			99203 3.35
98942	1.52		97813	1.36			99204 5.02
98943	0.77		97814	1.10			99205 6.62
							99211 0.70
							99212 1.70
Physical Medicine			Dry Needle				99213 2.73
97010	0.19		20560	0.77			99214 3.85
97012	0.42		20561	1.11			92215 5.42
97014	0.37						
G0283	0.35						
97016	0.35		Trigger Point Injection				
97018	0.17		20552	1.58			Prolonged Services
97022	0.51		20553	1.82			99358 2.65
97024	0.22						99359 1.13
97026	0.20		Therapeutic Injection				99417 0.92
97028	0.25		96372	0.43			G2212 0.96
97032	0.43						
97033	0.58						Preventative Medicine
97034	0.42						99401 1.15
97035	0.42						99402 1.87
97036	1.05						99403 2.57
97039	0.00						99404 3.28
97110	0.88						
97112	1.01						X-ray
97113	1.10						72040 1.19
97116	0.88						72050 1.61
97124	0.91						72052 1.88
97139	0.00						72070 0.99
97140	0.81						72072 1.19
97150	0.54						72074 1.34
97530	1.10						72082 2.11
97533	1.87						72100 1.20
97535	0.98						72110 1.56
97537	0.95						72114 1.84
97542	0.95						72120 1.22
97545	0.00						
97546	0.00		Interprofessional Telephone				Telephone & Online
97750	1.02		99446	0.53			99441 1.69
97755	1.15		99447	1.08			99442 2.72
97760	1.43		99448	1.60			99443 3.85
97761	1.25		99449	2.13			
97763	1.57						99421 0.45
97799	0.00						99422 0.88
0552T	0.00						99423 1.40

$$\$60.00 / 1.15 = 52.17 \text{ 97810}$$

$$52.17 \times 0.85 = \$44.34 \text{ 97811}$$

$$52.17 \times 3.35 = \$174.76 \text{ 99203}$$

$$52.17 \times 0.91 = \$47.47 \text{ 97124}$$

New York Medicare 2024

97810	42.65
97811	31.28
97813	50.42
97814	42.74

99202	81.06
99203	125.18
99204	186.91
99205	246.47
99211	26.29
99212	63.55
99213	101.54
99214	142.89
99215	205.85

97012	15.37
97016	12.93
97018	6.45
97022	19.07
97024	8.36
97026	7.60
97028	9.44
97032	15.75
97033	21.44
97034	15.50
97035	15.50
97036	39.32
97110	32.27
97112	37.07
97113	40.57
97116	32.27
97124	33.75
97140	29.66
97150	19.82
97530	40.70

97810	43.47
97811	31.89
97813	51.50
97814	46.08

99202	83.02
99203	128.28
99204	191.35
99205	252.33
99211	26.94
99212	65.1
99213	103.85
99214	146.05
99215	217.58

97012	15.63
97016	13.19
97018	6.65
97022	19.52
97024	8.61
97026	7.83
97028	9.70
97032	16.02
97033	21.87
97034	15.81
97035	15.81
97036	40.25
97110	32.82
97112	37.71
97113	41.33
97116	32.82
97124	34.44
97140	30.16
97150	20.17
97530	41.51

$$97810 \ 43.47 / 1.15 = 37.80 \text{(conversion)}$$

$$97811 \ 37.80 \times 0.85 = \$32.13$$

$$99203 \ 37.80 \times 3.35 = \$126.63$$

$$97124 \ 37.80 \times 0.91 = \$34.39$$

Acupuncture

97810	\$39.76
97811	\$29.28
97813	\$47.07
97814	\$38.09

Evaluation and Management

99202	\$75.44
99203	\$116.42
99204	\$174.07
99205	\$229.52
99211	\$24.44
99212	\$59.13
99213	\$94.55
99214	\$133.31
99215	\$187.66

Physical Medicine

97012	\$14.43
97016	\$12.09
97018	\$5.96
97022	\$17.75
97024	\$7.73
97026	\$7.02
97028	\$8.75
97032	\$14.78
97033	\$20.05
97034	\$14.50
97035	\$14.50
97036	\$36.61
97110	\$30.28
97112	\$34.78
97113	\$37.99
97116	\$30.28
97124	\$31.53
97140	\$27.85
97150	\$18.59
97530	\$38.07

Acupuncture

97810	\$38.12
97811	\$28.17
97813	\$45.10
97814	\$36.47
E&Mt	
99202	\$71.96
99203	\$111.01
99204	\$166.33
99205	\$219.31
99211	\$23.25
99212	\$36.38
99213	\$90.51
99214	\$127.63
99215	\$179.64

Physical Medicine

97012	\$13.93
97016	\$11.61
97018	\$5.63
97022	\$16.93
97024	\$7.30
97026	\$6.63
97028	\$8.29
97032	\$14.26
97033	\$19.25
97034	\$13.93
97035	\$13.93
97036	\$34.88
97110	\$29.20
97112	\$33.52
97113	\$36.52
97116	\$29.20
97124	\$30.21
97140	\$26.88
97150	\$17.91
97530	\$36.52

Locality 01 –Anne Arundel, Baltimore Carroll
Harford, Howard

Locality 99 – Rest of state

Workers' Compensation Medical Services & Treatment 2024 conversion = \$51.78

Florida Medicare & VA 2024

Local 99 (1&2)

97810	\$37.27
97811	\$27.66
97813	\$43.83
97814	\$35.63

99202	\$70.00
99203	\$109.02
99204	\$163.76
99205	\$216.33
99211	\$22.07
99212	\$54.74
99213	\$88.31
99214	\$124.69
99215	\$176.12

Local 3

97810	\$38.63
97811	\$28.57
97813	\$45.50
97814	\$36.99

99202	\$73.00
99203	\$113.62
99204	\$170.28
99205	\$224.90
99211	\$23.14
99212	\$57.12
99213	\$91.83
99214	\$129.48
99215	\$182.86

Local 4

97810	\$40.07
97811	\$29.59
97813	\$47.09
97814	\$38.43

99202	\$76.01
99203	\$118.96
99204	\$178.09
99205	\$235.44
99211	\$23.86
99212	\$59.44
99213	\$95.48
99214	\$134.52
99215	\$190.40

97012	\$13.59
97016	\$11.30
97018	\$5.52
97022	\$16.20
97024	\$7.06
97026	\$6.45
97028	\$8.03
97032	\$13.90
97033	\$18.54
97034	\$13.51
97035	\$13.51
97036	\$33.04
97110	\$28.14
97112	\$32.24
97113	\$34.97
97116	\$28.14
97124	\$28.87
97140	\$25.95
97150	\$17.36
97530	\$34.90

97012	13.99
97016	11.7
97018	5.81
97022	16.93
97024	7.45
97026	6.79
97028	8.43
97032	14.32
97033	19.22
97034	13.99
97035	13.99
97036	34.58
97110	29.04
97112	30.01
97113	36.23
97116	29.04
97124	30.01
97140	26.75
97150	17.92
97530	36.23

97012	\$14.39
97016	\$12.09
97018	\$6.15
97022	\$17.48
97024	\$7.83
97026	\$7.16
97028	\$8.82
97032	\$14.72
97033	\$19.76
97034	\$14.42
97035	\$14.42
97036	\$35.54
97110	\$29.68
97112	\$34.01
97113	\$37.05
97116	\$29.68
97124	\$30.78
97140	\$27.34
97150	\$18.39
97530	\$37.08

Locality 99 (1 & 2)

Alachua	Duval	Highlands	Mario	Seminole	
Baker		Escambia	Hillsboroug	Nassau	St. Johns
Bay		Flagler	Holmes	Okaloosa	Sumter
Bradford	Franklin	Jackson	Okeechobee	Suwannee	
Brevard	Gadsden	Jefferson	Orange	Taylor	
Calhoun	Gilchrist	Lafayette	Osceola	Union	
Charlotte	Glades	Lake	Pasco	Volusia	

Southern California – Area 17 (Ventura County)

97810	\$ 40.77
97811	\$ 29.83
97813	\$ 48.64
97814	\$ 39.09

99202	\$ 77.88
99203	\$ 118.75
99204	\$ 176.71
99205	\$ 232.69
99211	\$ 26.02
99212	\$ 61.21
99213	\$ 97.33
99214	\$ 136.83
99215	\$ 191.72

97012	\$14.81
97016	\$12.46
97018	\$6.10
97022	\$18.71
97024	\$8.04
97026	\$7.26
97028	\$9.10
97032	\$15.20
97033	\$20.96
97034	\$15.02
97035	\$15.02
97036	\$39.06
97110	\$31.60
97112	\$36.38
97113	\$39.97
97116	\$31.60
97124	\$33.28
97140	\$28.99
97150	\$19.25
97530	\$40.17

Southern California – Area 18 (LA/OC)

97810	\$ 41.31
97811	\$ 30.25
97813	\$ 49.28
97814	\$ 49.27

99202	\$ 78.89
99203	\$ 120.37
99204	\$ 179.36
99205	\$ 235.95
99211	\$ 26.31
99212	\$ 61.99
99213	\$ 98.61
99214	\$ 138.66
99215	\$ 196.82

97012	\$15.01
97016	\$12.62
97018	\$6.18
97022	\$18.93
97024	\$8.14
97026	\$7.36
97028	\$9.21
97032	\$15.40
97033	\$21.22
97034	\$15.21
97035	\$15.21
97036	\$39.49
97110	\$32.00
97112	\$36.83
97113	\$40.45
97116	\$32.00
97124	\$33.67
97140	\$29.36
97150	\$19.50
97530	\$40.65

Southern California – Area 71 (Imperial County)

97810	\$ 38.92
97811	\$ 28.61
97813	\$ 46.31
97814	\$ 37.26

99202	\$ 73.89
99203	\$ 113.02
99204	\$ 168.83
99205	\$ 222.22
99211	\$ 24.42
99212	\$ 58.00
99213	\$ 92.63
99214	\$ 130.43
99215	\$ 182.97

97012	\$14.21
97016	\$11.89
97018	\$5.76
97022	\$17.64
97024	\$7.55
97026	\$6.83
97028	\$8.57
97032	\$14.57
97033	\$19.91
97034	\$14.32
97035	\$14.32
97036	\$36.68
97110	\$30.16
97112	\$34.68
97113	\$37.96
97116	\$30.16
97124	\$31.49
97140	\$27.71
97150	\$18.40
97530	\$39.56

Southern California – Area 72 San Diego Cour

97810	\$ 40.83
97811	\$ 29.87
97813	\$ 48.76
97814	\$ 40.37

99202	\$ 78.04
99203	\$ 118.86
99204	\$ 177.03
99205	\$ 232.80
99211	\$ 26.14
99212	\$ 61.34
99213	\$ 97.50
99214	\$ 137.06
99215	\$ 194.02

97012	\$14.84
97016	\$12.49
97018	\$6.11
97022	\$18.78
97024	\$8.06
97026	\$7.28
97028	\$9.12
97032	\$15.23
97033	\$21.03
97034	\$15.06
97035	\$15.06
97036	\$39.25
97110	\$31.71
97112	\$36.52
97113	\$40.13
97116	\$31.71
97124	\$33.42
97140	\$29.09
97150	\$19.31
97530	\$40.35

- 09 - Brazoria
- 11 - Dallas
- 15 - Galveston
- 18 - Houston (Harris County)
- 20 - Beaumont (Jefferson County)
- 28 - Ft. Worth (Tarrant County)
- 31 - Austin (Travis County)
- 99 - Rest of the State

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2024 Texas Workers' Compensation Conversion Rate

\$67.81 x RVU

Locality	9	11	15	18	20	28	31	99
97810	\$37.76	\$37.83	\$37.74	\$38.52	\$35.97	\$37.71	\$38.31	\$36.65
97811	\$27.92	\$27.97	\$27.92	\$28.50	\$26.76	\$27.90	\$28.23	\$27.19
97813	\$44.69	\$44.76	\$44.64	\$45.43	\$42.34	\$44.59	\$45.43	\$43.24
97814	\$36.10	\$36.17	\$36.08	\$36.86	\$34.33	\$36.06	\$36.67	\$35.01
99202	\$71.17	\$71.33	\$71.10	\$72.67	\$67.23	\$71.06	\$72.58	\$68.79
99203	\$109.67	\$109.99	\$109.67	\$112.73	\$104.37	\$109.65	\$111.64	\$106.48
99204	\$164.39	\$164.85	\$164.43	\$169.00	\$157.04	\$164.40	\$166.98	\$159.93
99205	\$216.70	\$217.34	\$216.80	\$223.07	\$207.33	\$216.79	\$220.04	\$211.03
99211	\$23.04	\$23.06	\$22.96	\$23.19	\$21.28	\$22.92	\$23.66	\$21.98
99212	\$55.77	\$55.89	\$55.70	\$56.88	\$52.58	\$55.66	\$56.91	\$53.84
99213	\$89.58	\$89.76	\$89.51	\$91.46	\$84.99	\$89.45	\$91.11	\$86.78
99214	\$126.36	\$126.60	\$126.28	\$129.00	\$120.14	\$126.19	\$128.37	\$122.54
99215	\$177.75	\$178.15	\$177.71	\$181.94	\$169.47	\$177.62	\$180.47	\$172.68
97016	\$11.51	\$11.52	\$11.50	\$11.69	\$10.94	\$11.48	\$11.67	\$11.15
97026	\$6.54	\$6.56	\$6.53	\$6.72	\$6.12	\$6.53	\$6.72	\$6.29
97110	\$29.04	\$29.03	\$28.97	\$29.20	\$27.46	\$28.92	\$29.42	\$28.04
97112	\$33.33	\$33.33	\$33.25	\$33.48	\$31.47	\$33.19	\$33.80	\$32.15
97124	\$30.00	\$30.01	\$29.91	\$30.15	\$28.03	\$29.86	\$30.60	\$28.79
97140	\$26.73	\$26.72	\$26.67	\$6.89	\$25.33	\$26.62	\$27.05	\$25.84
97530	\$36.28	\$36.29	\$36.17	\$36.42	\$33.94	\$36.10	\$36.97	\$34.83

Your Fee Schedule Results

Procedure Code	Description	Modifier	Network	Amount
97810	ACUPUNCT W/O STIMUL 15 MIN		Blue Choice PPO	\$30.52
97811	ACUPUNCT W/O STIMULADDL 15M		Blue Choice PPO	\$23.02
97813	ACUPUNCT W/STIMUL 15 MIN		Blue Choice PPO	\$36.14
97814	ACUPUNCT W/STIMULADDL 15M		Blue Choice PPO	\$29.45
97016	VASOPNEUMATIC DEVICE THERAPY		Blue Choice PPO	\$9.37
97140	MANUAL THERAPY 1/> REGIONS		Blue Choice PPO	\$21.68
97124	MASSAGE THERAPY		Blue Choice PPO	\$24.09
97530	THERAPEUTIC ACTIVITIES		Blue Choice PPO	\$29.71
97110	THERAPEUTIC EXERCISES		Blue Choice PPO	\$23.56
97026	INFRARED THERAPY		Blue Choice PPO	\$5.35
97010	HOT OR COLD PACKS THERAPY		Blue Choice PPO	\$5.09
99202	OFFICE O/P NEW SF 15 MIN		Blue Choice PPO	\$57.56
99203	OFFICE O/P NEW LOW 30 MIN		Blue Choice PPO	\$89.14
99204	OFFICE O/P NEW MOD 45 MIN		Blue Choice PPO	\$132.24
99211	OFF/OP EST MAY X REQ PHY/QHP		Blue Choice PPO	\$17.13
99212	OFFICE O/P EST SF 10 MIN		Blue Choice PPO	\$34.00
99213	OFFICE O/P EST LOW 20 MIN		Blue Choice PPO	\$55.95
99214	OFFICE O/P EST MOD 30 MIN		Blue Choice PPO	\$81.92
99344	HOME/RES VST NEW MOD MDM 60		Blue Choice PPO	\$113.77
99349	HOME/RES VST EST MOD MDM 40		Blue Choice PPO	\$100.92

BCBS TX

Table AB – Other Providers of Medical Services – Acupuncture Procedures

Acupuncture procedures shall have a maximum fee established as a fixed amount per service, according to the maximum fees in the table below.

Maximum Fee Per Service

CPT	Modifier	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Mult Surg	Bilat Surg
97810		\$76.23	\$73.43	\$55.50	\$70.70	\$74.37	\$37.25	No	No
97811		\$57.06	\$54.97	\$41.54	\$52.91	\$55.66	\$27.89	No	No
97813		\$80.95	\$77.99	\$58.93	\$75.09	\$78.98	\$39.55	No	No
97814		\$64.40	\$62.04	\$46.87	\$59.71	\$62.81	\$31.47	No	No



BlueCross BlueShield of Illinois

Please review this update to the Boeing Health Care Plan's allowance for non-network providers. Keep it for future reference.

Boeing Health Care Plan Revises Maximum Allowance Effective January 1, 2021

Non-Network Provider Maximum Allowance:

The purpose of this notice is to advise you of an update to the predetermined percentage of Medicare's allowed charge for non-network provider services and supplies beginning with the 2021 plan year. According to our records, you submitted one or more claims for Boeing Health Care Plan members during 2020.

Under the terms of the Boeing Health Care Plan, the covered charge for a service (or supply) provided by a non-network provider is the maximum allowable cost, which is the lesser of (a) the provider's actual charge for the service or supply, (b) the provider's normal charge for a similar service or supply, or (c) a predetermined percentage of Medicare's allowed charge for that service or supply.

Starting January 1, 2021, the Boeing Health Care Plan is updating the predetermined percentage of Medicare's allowed charge to the percentages listed here in order to align it more closely with market standards. Professional Services: 175%; Outpatient Facility Services: 215%; Inpatient Facility Service: 240%.

Questions?

EXPLANATION OF REVIEW

Delaware

Receive Date : 03/24/2021

Claim Number

Service Provider

Date Of Loss

Patient

Case Number

Patient Account

Adjuster Name

Billing Provider

51-0405455

Carrier : GEICO

Dates Of Service : 02/10/2021 - 02/10/2021

PO Box 9505

Fredericksburg, VA 22403-9504

Diagnostic Codes

Diagnostic Codes	Description
M99.01	Seg somatic dysf cervical region
M53.1	Cervicobrachial syndrome
M99.02	Seg somatic dysf thoracic region
M54.6	Pain in thoracic spine
M99.03	Seg somatic dysf lumbar region
M54.5	Low back pain
M99.04	Seg somatic dysf sacral region
S33.6XXA	Sprain si joint initial encounter
M99.05	Seg somatic dysf pelvic region
S33.8XXA	Sprain oth parts lumb spn pelv init
V43.52XA	Car drv inj coll oth car traf init

** See 2nd Page
Highlights →*

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	02/10/21	98942	Chiropractic manipulative bx spinal 5 regions	1.0	\$109.00	\$4.00	\$0.00	\$105.00	785
2	02/10/21	97810	Acupuncture 1> ndles w/o elec stimj init 15 min	1.0	\$125.00	\$12.00	\$0.00	\$113.00	785
3	02/10/21	97124	Ther px 1> areas each 15 minutes massage	4.0	\$0.00	\$0.00	\$0.00	\$0.00	785
4	02/10/21	97124	Ther px 1> areas each 15 minutes massage	3.0	\$165.00	\$15.00	\$0.00	\$150.00	785

DATE(S) OF SVC	NUM OF SVCS	REVENUE/ PROCEDURE CODE	PAY- MENT CODE	PROVIDER CHARGE	OUR ALLOWANCE	NON- CHARGEABLE AMOUNT	NON- CHG CODE	MEMBER LIABILITY AMOUNT	MEM LIAB CODE	OTHER AMOUNT	AMOUNT(S) PAID (* = MEMBER)	MESSAGE CODES
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PATIENT ACCT
MEMBER ID: R



PATIENT:
MEMBER:



05/19/21	1	97810-00	026	125.00	31.03	93.97	25	4.65	C1		26.38	J9049
05/19/21	2	97811-00	026	190.00	47.28	142.72	25	7.09	C1		40.19	J9049
05/19/21	1	97811-00		95.00		95.00	07					H5026, J9049
CLAIM TOTALS						331.69		11.74			66.57	

Client Fee Schedule

Select Fee Schedule to View:

NEW/ESTABLISHED PATIENT EVALUATION & MANAGEMENT

CODE ↕	Description	Fee
99202	OFFICE OUTPATIENT NEW 20 MINUTES	\$33.00
99203	OFFICE OUTPATIENT NEW 30 MINUTES	\$36.00
99204	OFFICE OUTPATIENT NEW 45 MINUTES	\$40.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$20.00
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	\$23.00
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	\$26.00
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	\$30.00

ACUPUNCTURE/OFFICE VISIT

CODE ↕	Description	Fee
97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	\$45.00
97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	(1)
97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$45.00
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	(1)

(1) Covered and reimbursed under the all-inclusive maximum reimbursable amount for Acupuncture/Office Visit (97810 or 97813).

ADJUNCTIVE THERAPY

CODE ↕	Description	Fee
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	\$10.00
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	\$10.00

All rights reserved. This system is for informational purposes only. It is not intended to be used for clinical or financial decision-making. Please consult your physician for more information.

American Specialty Health Group, Inc.
 REMITTANCE ADVICE FOR TIN:

Check Date: 07/15/2022

Check Fee: \$0.00 Check Amt: \$84.00

Patient Name:	ID Number:
Group No:	Benefits:
Health Plan/Insurance Co:	
Treating Practitioner:	
Claim No:	
Received:	
Original Claim Received:	
Benefits administered on behalf of:	
Diagnosis:	M54.50

Date of Service	Procedure Code	Provider Billed Amount	Provider Allowed Amt	COB	MEMBER RESPONSIBILITY				Not Allowed Amt	Explanation Codes
					Coinsurance*	Copay	Deductible	Other Responsibility		
06/20/2022	97810	\$68.90	\$58.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	
06/20/2022	97811	\$52.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	11
06/20/2022	97124	\$55.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5
06/20/2022	97016	\$22.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5
TOTALS:		\$198.15	\$58.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	

Provider Allowed Amount:	\$58.00	+ EFT Bonus:	\$0.00
COB Amount:	\$0.00	+ ETP Incentive:	\$0.00
*Member Responsibility :	\$30.00	- ETP Admin. fee:	\$0.00
		+ Interest/Penalty:	\$0.00
		- Previously Paid:	\$0.00
Not Allowed Amount:	\$0.00	Total Amount Paid:	\$28.00

Explanation Codes:

Today's Date: 7/22/2022

Page 2 of 3 pages

ASHLink Claim Display - 134202953

5 - This service is not allowed under the applicable client summary and therefore is not eligible for reimbursement according to your contract with ASH. (96)

11 - Reimbursement for this service is included in an all-inclusive maximum daily rate with another service billed for the same date of service. (97)

ASH

Under Cigna Healthcare, there is section called "Claims-based reimbursement" and it says as follows:

- "Benefit plans administered by ASH Group for Client may include reimbursement of ASH Group services utilizing a claims-based reimbursement methodology. Under the claims based reimbursement methodology, Client and ASH Group have agreed upon and established a separate Client-ASH Group Fee Schedule. The Client-ASH Group Fee Schedule includes the Fee Schedule amounts in effect between ASH Group and Contracted Practitioner plus an allocation for ASH Group's care coordination, clinical integration, and administrative services that have been delegated by Client. Upon payment to ASH Group by Client, for clinical services that are determined to Medically Necessary Services, ASH Group shall reimburse Contracted Practitioner in accordance with the Fee Schedules in effect between ASH Group and Contracted Practitioner, less any Member out-of-pocket expense. **ASH Group will retain any remaining portion of payment by Client as reimbursement for ASH Group's care coordination, clinical integration and administrative services provided to Client.** ASH Group shall identify the Member out-of-Pocket expense Contracted Practitioner is permitted to collect and any payment made by ASH Group for Medically Necessary Services for Covered Conditions."



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CHECK/EFT DT: 02/20/23

CHECK/EFT:

PPD PB INCENTIVE

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: [REDACTED]		INSURED'S ID: [REDACTED]		PATIENT NAME: [REDACTED]		FOR INQUIRIES CALL: (800) 444-2726							
PATIENT ACCOUNT#: [REDACTED]		CLAIM NUMBER: [REDACTED]		RECEIVED DATE: [REDACTED]		EXPL CD: [REDACTED]							
SERVICE PROVIDER NAME: [REDACTED]		SERVICE PROVIDER ID: [REDACTED]		RELATIONSHIP TO INSURED: [REDACTED]		PLAN TYPE: PPO		DRG RCVD: [REDACTED]					
NETWORK: OUT OF NETWORK													
02/09/2023	97026	11	10.00	10.00	0.00	0.00	2.00	0.00	0.00		2.00	067 2	8.00
02/09/2023	97810	11	105.00	105.00	0.00	0.00	21.00	0.00	0.00		21.00	067 2	84.00
02/09/2023	97811	11	65.00	65.00	0.00	0.00	13.00	0.00	0.00		13.00	067 2	52.00
02/09/2023	99212	11	70.00	70.00	0.00	0.00	14.00	0.00	0.00		14.00	067 2	56.00
TOTAL:			250.00	250.00	0.00	0.00	50.00	0.00	0.00		50.00		200.00
TOTAL NET PAID													

TOTAL APPROVED AMOUNT 200.00
 TOTAL INTEREST 0.00
 TOTAL NET AMOUNT DUE: PPD PB INCENTIVE 200.00

GROSS APPROVED CLAIM AMOUNT 200.00
 NET AMOUNT DUE 200.00

EXPL CODES

EXPLANATION

AUZ

WE PAID THE MEMBER FOR THIS CLAIM BECAUSE THE DOCTOR/FACILITY IS NOT IN THE PLAN'S NETWORK. THE MEMBER IS RESPONSIBLE FOR PAYING THE BILL THEY RECEIVE FROM THE DOCTOR/FACILITY.

067

This amount was applied to the member's coinsurance. For the quickest and easiest way to check a member's benefits, from Availity.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.

2

COINSURANCE AMOUNT

APPEALS CODE

APPEALS

CDI

Explanation of claims review procedures
 If you believe that your claim is wrongfully in whole or in part, rejected or denied you may request a review from the California Department of Insurance at the following address and phone number:
 Department of Insurance / Health Claims Bureau: 1-800-927-HELP (4357)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/06/23	11	9920325	1.0	150.00	95.03				95.03		95.03	0.00
03/06/23	11	97813	1.0	125.00	40.00	40.00					40.00	0.00
03/06/23	11	9753559	1.0	50.00	23.69				23.69		23.69	0.00
03/06/23	11	9711059	1.0	50.00			40.76	1	9.24		9.24	0.00
TOTALS				375.00	158.72	40.00	40.76		127.96		167.96	0.00

ISSUED AMT:

NO PAY

Remarks:

¹ - We reduce our rate when more than one procedure is done on the same day. The member does not owe this amount. [K25]

For Questions Regarding This Claim PO BOX 14079 LEXINGTON, KY 40512-4079

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility:

\$167.96

Claim Payment:

\$0.00

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: [REDACTED]		INSURED'S ID: [REDACTED]		PATIENT NAME: [REDACTED]		FOR INQUIRIES CALL							
PATIENT ACCOUNT#: [REDACTED]		CLAIM NUMBER: [REDACTED]		RECEIVED DATE: [REDACTED]/2023		(800) 676-2583							
SERVICE PROVIDER NAME: [REDACTED]		SERVICE PROVIDER ID: [REDACTED]		EXPL CD: [REDACTED]		APPEALS CODE: ASO							
NETWORK: OUT OF NETWORK		RELATIONSHIP TO INSURED: SPOUSE		PLAN TYPE: PPO		DRG RCVD: N/A							
03/08/2023	03/08/2023	97813	11	120.00	91.50	0.00	0.00	0.00	0.00		28.50	015 45	91.50
03/08/2023	03/08/2023	97814	11	100.00	74.56	0.00	0.00	0.00	0.00		25.44	015 45	74.56
03/08/2023	03/08/2023	97814	11	100.00	74.56	0.00	0.00	0.00	0.00		25.44	015 45	74.56
03/08/2023	03/08/2023	97140	11	60.00	54.90	0.00	0.00	0.00	0.00		5.10	015 45	54.90
		TOTAL:		380.00	295.52	0.00	0.00	0.00	0.00		84.48		295.52
INTEREST													0.00
TOTAL NET PAID													295.52

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: [REDACTED]		INSURED'S ID: [REDACTED]		PATIENT NAME: [REDACTED]		FOR INQUIRIES CALL							
PATIENT ACCOUNT#: [REDACTED]		CLAIM NUMBER: [REDACTED]		RECEIVED DATE: [REDACTED]/2023		(800) 676-2583							
SERVICE PROVIDER NAME: [REDACTED]		SERVICE PROVIDER ID: [REDACTED]		EXPL CD: [REDACTED]		APPEALS CODE: ASO							
NETWORK: OUT OF NETWORK		RELATIONSHIP TO INSURED: SPOUSE		PLAN TYPE: PPO		DRG RCVD: N/A							
03/10/2023	03/10/2023	97810	11	100.00	77.26	0.00	0.00	0.00	0.00		22.74	015 45	77.26
03/10/2023	03/10/2023	97811	11	80.00	58.28	0.00	0.00	0.00	0.00		21.72	015 45	58.28
03/10/2023	03/10/2023	97811	11	80.00	58.28	0.00	0.00	0.00	0.00		21.72	015 45	58.28
03/10/2023	03/10/2023	97140	11	60.00	54.90	0.00	0.00	0.00	0.00		5.10	015 45	54.90
		TOTAL:		320.00	248.72	0.00	0.00	0.00	0.00		71.28		248.72
INTEREST													0.00
TOTAL NET PAID													248.72

Original Medicare

(also known as Part A&B)

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- Drug coverage, requires a separate Part D plan.
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help out-of-pocket costs in Original Medicare (20% coinsurance), beneficiaries can purchase supplemental coverage
- **Acupuncture - Chronic low back pain only under adequate supervision of medical provider**

Medicare Advantage

(also known as Part C)

- Medicare Advantage is an “all in one” alternative to original Medicare. These “bundled” plans include Part A, Part B, and usually Part D benefits.
- Plans may have lower out-of-pocket costs than Original Medicare
- In most cases, patient will need to use doctors who are in the plan’s network.
- Most plans offer extra benefits that Original Medicare doesn’t cover— like acupuncture, vision, hearing, dental, and more
- **Billed directly by an LAc with benefits generally the same as under the insurance plan**

National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain

- The Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain under section 1862(a)(1)(A) of the Social Security Act. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:
- Upon the most recent national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP) CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Act Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:
 - For the purpose of this decision, cLBP is defined as:
 - Lasting 12 weeks or longer;
 - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - Not associated with surgery; and
 - Not associated with pregnancy

Medicare Diagnosis for Chronic Lower Back Pain

- M54.51 Vertebrogenic Low Back Pain
- M54.59 Other specified Low back pain

12480.7	NCD 30.3.3 Acupuncture for Chronic Low Back Pain	X	X			X	X			
	Contractors shall end-date ICD-10 dx M54.5 effective September 30, 2021.									
	Contractors shall add ICD-10 dx M54.51, M54.59 as coverable effective October 1, 2021.									
	Contractors shall delete ICD-10 unspecified dx:									



Acupuncture services

What's covered?

Acupuncture (Medicare-covered)

Medicare covers acupuncture services for chronic low back pain only. Covered services include:

- Up to 12 visits in 90 days
- An additional 8 sessions for patients demonstrating an improvement
- No more than 20 acupuncture treatments may be administered annually
- Treatment must be discontinued if the patient is not improving or is regressing

Chronic low back pain is defined as:

- Lasting 12 weeks or longer
- Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc., disease)
- Not associated with surgery
- Not associated with pregnancy

Acupuncture (routine)

Routine acupuncture is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans. This benefit allows members to visit acupuncturists for pain relief, neuromusculoskeletal disorders and nausea.

How to find a network acupuncture provider

Acupuncture (Medicare-covered)

Due to CMS regulations, acupuncture for chronic low back pain can only be performed by physicians or auxiliary personnel who have a master's or doctoral level degree in acupuncture or Oriental Medicine and a license to practice acupuncture in the United States or D.C. Auxiliary personnel furnishing acupuncture must be under appropriate level of supervision of a physician, PA or NP/CNS. When exclusively delivered by an independent acupuncturist, the Medicare-supported acupuncture benefit is not covered.

Please assist your patients in locating a network provider who can deliver acupuncture for chronic low back pain and meets the CMS requirements for this service.

Acupuncture (routine)

You can find a network care provider for routine acupuncture services by searching the acupuncture section of the online provider directory at [Find a provider | UHCprovider.com](#).

Does the member require a referral to receive this service?

Acupuncture (Medicare-covered)

Referral plans: To simplify the administrative processes for members and care providers, UnitedHealthcare is choosing **not to enforce referral requirements**. PCPs may still need to issue specialist referrals via [UHCprovider.com](#) if specialist care providers require a referral; however, claims will not be denied for missing referrals.

Open access plans: Members of open access plans don't need a referral for Medicare-covered acupuncture care.

Acupuncture (routine)

We don't require referrals for routine acupuncture care.

Acupuncture (routine)

See the copy listed in the Evidence of Coverage for routine acupuncture services.

Acupuncture CPT codes

Medicare-covered: Acupuncture for chronic low back pain*	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal 1-on-1 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 1-on-1 contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal 1-on-1 contact with the patient, with re-insertion of needle(s) (list separately, in addition to code for primary procedure)
Modifier: KX	Specified requirements have been met

*For more information on Medicare-covered acupuncture services, including links to supporting policies on [cms.gov](#), visit [UHCprovider.com](#) > Resources > Health plans, policies, protocols and guides > For Medicare Advantage Plans > Coverage Summaries for Medicare Advantage Plans > Complementary, Alternative Medicine, and Chiropractic Services – Medicare Advantage Coverage Summary.

Common routine acupuncture codes (not a complete list)	
99201	New patient office visit/examination
99202	New patient office visit/examination
99211	Established patient office visit/examination
99212	Established patient office visit/examination
99213	Established patient office visit/examination
99214	Established patient office visit/examination
97810	Acupuncture (without electrical stimulation; initial 15 minutes)
97811	Acupuncture (without electrical stimulation; each additional 15 minutes)
97813	Acupuncture (without electrical stimulation; each additional 15 minutes)
97814	Acupuncture (with electrical stimulation; each additional 15 minutes)
G0283	Electrical stimulation (unattended)
97026	Infrared
97035	Ultrasound
97110	Therapeutic procedures; therapeutic exercises
Notes:	
<ul style="list-style-type: none"> • Refer to your Supplemental/Routine Fee Schedule for covered acupuncture services • All codes are subject to change • Please follow original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at cms.gov before submitting claims 	

Acupuncture Coverage



Pain Management

- Low Back Pain / Sciatica
- Headache
- Neck/Shoulder Pain
- Fibromyalgia
- Arthritis
- Carpal Tunnel Syndrome
- Tennis/Golf Elbow
- Sprain/Strain

- Infertility
- Weight Loss
- Rejuvenation
- Cancer Care
- Stroke Rehabilitation
- Bell's Palsy
- Depression / Anxiety
- Insomnia
- Digestive Disorders
- Asthma / Allergies

Vickery Health & Wellness

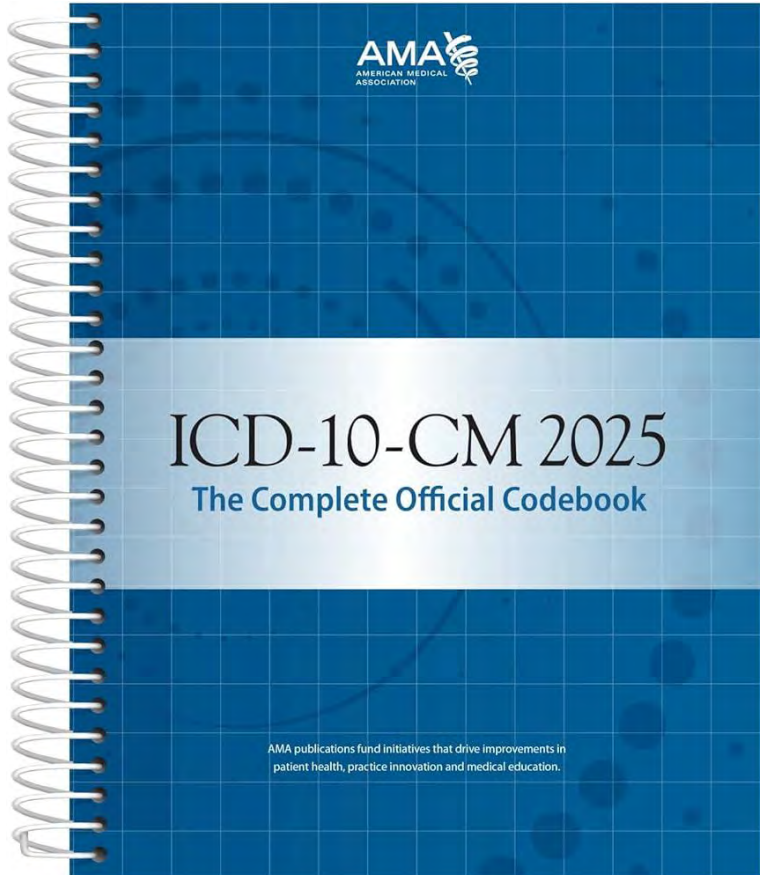
- Fatigue, Stress Tension
- Anxiety, Depression, Mood Swings
- Migraine and Tension Headaches
- Digestive Disorders, Indigestion
- Allergies, Asthma, Cough
- Insomnia
- Women's Health Complaints
- Back, Neck and Knee Pain
- Arthritis
- Fibromyalgia
- Autoimmune Disorders
- Chronic Pain

Veterans Benefits Available

Acupuncture
Acute & Chronic Pain Relief

- Neck-Shoulder-Low Back Pain
- Stress-Depression-Anxiety
- Insomnia-Migraine-Headache
- Arthritis-Sciatica
- Tendonitis-Carpal Tunnel
- Bell's Palsy-Stroke
- Nasal Allergy-Constipation
- Weight Control
- PMS-Menopause

Disposable Needles Only
Most Insurance Accepted



-
- **2025 update 10-1-2024**
 - 74260 Codes in
 - 252 Additions
 - 36 Deletions
 - 13 Revisions

Lumbar Disc

Deleted:

~~M51.36 Other intervertebral disc degeneration, lumbar~~



Added:

M51.360 Other intervertebral disc degeneration, lumbar region with discogenic back pain

M51.361 Other intervertebral disc degeneration, lumbar region with lower extremity pain only

M51.362 Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain

M51.369 Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain

Lumbar Disc

Deleted:

M51.37 Other intervertebral disc degeneration, lumbosacral region



Added:

M51.370 Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only

M51.371 Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only

M51.372 Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain

M51.379 Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity

MULTIFIDUS MUSCLES, LUMBAR SPINE

Added

M62.85
Dysfunction of the
multifidus muscles,
lumbar region

Synovitis and Tenosynovitis

Deleted:

M65.9 Synovitis and tenosynovitis, unspecified

Added:

M6590 Unspecified synovitis and tenosynovitis, unspecified site

M65911 Unspecified synovitis and tenosynovitis, right shoulder

M65912 Unspecified synovitis and tenosynovitis, left shoulder

M65.919 Unspecified synovitis and tenosynovitis, unspecified shoulder

M65.921 Unspecified synovitis and tenosynovitis, right upper arm

M65.922 Unspecified synovitis and tenosynovitis, left upper arm

M65.929 Unspecified synovitis and tenosynovitis, unspecified upper arm

M65.931 Unspecified synovitis and tenosynovitis, right forearm

M65.932 Unspecified synovitis and tenosynovitis, left forearm

M65.939 Unspecified synovitis and tenosynovitis, unspecified forearm

M65.941 Unspecified synovitis and tenosynovitis, right hand

M65.942 Unspecified synovitis and tenosynovitis, left hand

M65.949 Unspecified synovitis and tenosynovitis, unspecified hand

Synovitis and Tenosynovitis

Added:

M65.951 Unspecified synovitis and tenosynovitis, right thigh

M65.952 Unspecified synovitis and tenosynovitis, left thigh

M65.959 Unspecified synovitis and tenosynovitis, unspecified thigh

M65.961 Unspecified synovitis and tenosynovitis, right lower leg

M65.962 Unspecified synovitis and tenosynovitis, left lower leg

M65.969 Unspecified synovitis and tenosynovitis, unspecified lower leg

- M65.971 Unspecified synovitis and tenosynovitis, right ankle and foot
- M65.972 Unspecified synovitis and tenosynovitis, left ankle and foot
- M65.979 Unspecified synovitis and tenosynovitis, unspecified ankle and foot
- M65.98 Unspecified synovitis and tenosynovitis, other site
- M65.99 Unspecified synovitis and tenosynovitis, multiple sites

Sick Care (Healthcare) Reality

New:

Z59.71 Insufficient health insurance coverage

Existing:

Z59.41 Food insecurity

Z59.12 Inadequate housing utilities

Z59.6 Low income

Z59.86 Financial insecurity

Z62.1 Parental overprotection

Z62.0 Inadequate parental supervision of control

Z62.892 Sibling Rivalry

Diagnosis

- **Best practice coding**
- **Pain, symptoms, signs**



Number: 0135

Table Of Contents

[Policy](#) >

[Applicable CPT / HCPCS / ICD-10 Codes](#) >

[Background](#) >

[References](#) >

Policy

Scope of Policy

This Clinical Policy Bulletin addresses acupuncture and dry needling.

I. Medical Necessity

Aetna considers acupuncture (manual or electroacupuncture) medically necessary for *any* of the following indications:

- A. Chronic (minimum 12 weeks duration) neck pain; *or*
- B. Chronic (minimum 12 weeks duration) headache; *or*
- C. Low back pain; *or*
- D. Nausea of pregnancy; *or*
- E. Pain from osteoarthritis of the knee or hip (adjunctive therapy); *or*
- F. Post-operative and chemotherapy-induced nausea and vomiting; *or*
- G. Post-operative dental pain; *or*
- H. Temporomandibular disorders (TMD).

Policy History

Last Review > [↗](#) 04/02/2024

Effective: 07/19/1996

Next Review: 02/13/2025

[Review History](#) > [↗](#)

[Definitions](#) > [↗](#)

Additional Information

[Clinical Policy Bulletin Notes](#) > [↗](#)

S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient
ICD-10 codes covered if selection criteria are met (not all-inclusive):	
G43.001 - G43.919	Migraine
K08.9	Disorder of teeth and supporting structures, unspecified [postoperative dental pain]
M16.0 - M16.12	Primary osteoarthritis of hip
M16.2 - M16.7	Secondary osteoarthritis, hip
M16.9	Osteoarthritis of hip, unspecified
M17.0 - M17.12	Osteoarthritis of knee
M17.2 - M17.5	Secondary osteoarthritis, knee
M17.9	Osteoarthritis of knee, unspecified
M26.601 - M26.69	Temporomandibular joint disorders
M54.2	Cervicalgia [chronic neck pain]
M54.50 - M54.59	Low back pain
O21.0 - O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting [postoperative] [chemotherapy-induced]
R51.0- R51.9	Headache
T45.1x5+	Adverse effect of antineoplastic and immunosuppressive drugs [chemotherapy-induced nausea and vomiting]
Z98.89	Other specified postprocedural status [dental, with pain]

Maintenance treatment, where the member's symptoms are neither regressing or improving, is considered not medically necessary. If no clinical benefit is appreciated after four weeks of acupuncture, then the treatment plan should be reevaluated. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms.



Aetna

- “The member’s plan covers services or supplies needed (medically necessary) to treat a disease or injury. To determine whether future claims meet this requirement of the member’s plan, we may request additional information from you. Future claims for this type of service may not be covered if this requirement is not met. A medical necessity determination based on the specific plan of benefits and medical records will be conducted at a specified point in time during the course of therapy for physical & occupational therapy, **acupuncture**, osteopathic therapy and chiropractic treatment. **Depending on the member’s plan of benefits, the review may occur following the 10th and 25th visit.** Claims for therapy services may be subject to medical review, even if the plan has unlimited benefits, and even if the services are provided by a participating provider. Coverage of benefits is dependent upon the timely submission of records.

Subject: Acupuncture
Guideline #: CG-ANC-03
Status: Reviewed

Publish Date: 04/10/2024
Last Review Date: 02/15/2024

Description

This document addresses the use of acupuncture, the practice of stimulating specific points on the body using needles for the purpose of treating various health conditions. Manual manipulation or electrical stimulation of the needles may or may not be incorporated into therapy.

Note: For additional information regarding the use of auricular electroacupuncture, please see:

- [DME_00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices](#)

Clinical Indications

Medically Necessary:

The use of acupuncture is considered **medically necessary** when one or more of the following conditions is the target of therapy:

- A. Nausea or vomiting associated with surgery, chemotherapy, pregnancy; or
- B. Chronic osteoarthritis of the knee or of the hip that is significantly affecting daily activity; or
- C. Cancer pain; or
- D. Tension headache recurring for more than 12 weeks despite medication or behavioral therapy (such as biofeedback or relaxation therapy); or
- E. Migraine recurring for more than 12 weeks despite medication treatment; or
- F. Back or neck pain persisting for more than 12 weeks despite medication and physical therapy.

Continuing treatment:

Continuing use of acupuncture therapy is considered **medically necessary** when **both** of the following are met (A and B):

- A. The individual to be treated continues to experience one or more of the conditions listed above; **and**
- B. The requesting physician documents ongoing benefit from the use of acupuncture.

Not Medically Necessary:

Acupuncture is considered **not medically necessary** when the criteria above are not met, and for any other indication.

Cigna Medical Coverage Policy- Therapy Services

Acupuncture

Effective Date: 4/15/2024
Next Review Date: 4/15/2025



INSTRUCTIONS FOR USE

Cigna / ASH Medical Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these Cigna / ASH Medical Coverage Policies are based. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Cigna / ASH Medical Coverage Policy. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Determinations in each specific instance may require consideration of:

- 1) the terms of the applicable benefit plan document in effect on the date of service
- 2) any applicable laws/regulations
- 3) any relevant collateral source materials including Cigna-ASH Medical Coverage Policies and
- 4) the specific facts of the particular situation

Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant guidelines and criteria outlined in this policy, including covered diagnosis and/or procedure code(s) outlined in the Coding Information section of this policy. Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this policy. When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under this policy will be denied as not covered.

Cigna / ASH Medical Coverage Policies relate exclusively to the administration of health benefit plans.

Cigna / ASH Medical Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines.

Some information in these Coverage Policies may not apply to all benefit plans administered by Cigna. Certain Cigna Companies and/or lines of business may provide utilization review services to clients and do not make benefit determinations. References to standard benefit plan language and benefit determinations do not apply to those clients.

GUIDELINES

Medically Necessary

If coverage for acupuncture services are available in the applicable benefit plan document, acupuncture may be provided as treatment for ANY of the following conditions when ALL of the medical necessity factors and ALL of the treatment planning /outcomes listed below are met:

- Tension-type Headache; Migraine Headache with or without Aura
- Musculoskeletal joint and soft tissue pain (e.g., hip, knee, spine) resulting in a functional deficit (e.g., inability to perform household chores, interference with job functions, loss of range of motion)
- Nausea Associated with Pregnancy (only when co-managed)
- Post-Surgical Nausea (only when co-managed)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® 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)

ICD-10-CM Diagnosis Codes	Description
G43.001- G43.919	Migraine
G44.201	Tension-type headache, unspecified, intractable
G44.209	Tension-type headache, unspecified, not intractable
G44.211	Episodic tension-type headache, intractable
G44.219	Episodic tension-type headache, not intractable
G44.221- G44.229	Chronic tension-type headache
G44.301- G44.329	Post traumatic headache
G89.11	Acute pain due to trauma
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.28	Other chronic postprocedural pain
G89.29	Other chronic pain
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome
K91.0	Vomiting following gastrointestinal surgery
M16.0- M16.9	Osteoarthritis of hip
M17.0- M17.9	Osteoarthritis of knee
M18.0- M18.9	Osteoarthritis of first carpometacarpal joint
M19.011- M19.93	Other and unspecified osteoarthritis
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M25.521	Pain in right elbow
M25.522	Pain in left elbow
M25.529	Pain in unspecified elbow
M25.531	Pain in right wrist
M25.532	Pain in left wrist
M25.539	Pain in unspecified wrist

M25.541	Pain in joints of right hand
M25.542	Pain in joints of left hand
M25.549	Pain in joints of unspecified hand
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.569	Pain in unspecified knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.579	Pain in unspecified ankle and joints of unspecified foot
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal 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
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.01	Cervical disc disorder with myelopathy, high cervical region
M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level
M50.021	Cervical disc disorder at C4-C5 level with myelopathy
M50.022	Cervical disc disorder at C5-C6 level with myelopathy
M50.023	Cervical disc disorder at C6-C7 level with myelopathy
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region

M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.120	Mid-cervical disc disorder, unspecified level
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.20	Other cervical disc displacement, unspecified cervical region
M50.21	Other cervical disc displacement, high cervical 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	Other cervical disc displacement, cervicothoracic region
M50.30	Other cervical disc degeneration, unspecified cervical region
M50.31	Other cervical disc degeneration, high cervical region
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	Other cervical disc degeneration, cervicothoracic region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.3	Sacrococcygeal disorders, not elsewhere classified
M54.2	Cervicalgia
M54.30-	Sciatica
M54.32	
M54.40-	Lumbago with sciatica
M54.42	
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified

M77.40	Metatarsalgia, unspecified foot
M77.41	Metatarsalgia, right foot
M77.42	Metatarsalgia, left foot
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.2	Neuralgia and neuritis, unspecified
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.606	Pain in leg, unspecified
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified 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
M79.659	Pain in unspecified thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.673	Pain in unspecified foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.676	Pain in unspecified toe(s)
M79.7	Fibromyalgia
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.06	Segmental and somatic dysfunction of lower extremity
M99.07	Segmental and somatic dysfunction of upper extremity
M99.08	Segmental and somatic dysfunction of rib cage
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.16	Subluxation complex (vertebral) of lower extremity
M99.17	Subluxation complex (vertebral) of upper extremity
M99.18	Subluxation complex (vertebral) of rib cage
M99.21	Subluxation stenosis of neural canal of cervical region

M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.26	Subluxation stenosis of neural canal of lower extremity
M99.27	Subluxation stenosis of neural canal of upper extremity
M99.28	Subluxation stenosis of neural canal of rib cage
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Osseous stenosis of neural canal of pelvic region
M99.36	Osseous stenosis of neural canal of lower extremity
M99.37	Osseous stenosis of neural canal of upper extremity
M99.38	Osseous stenosis of neural canal of rib cage
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.46	Connective tissue stenosis of neural canal of lower extremity
M99.47	Connective tissue stenosis of neural canal of upper extremity
M99.48	Connective tissue stenosis of neural canal of rib cage
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.56	Intervertebral disc stenosis of neural canal of lower extremity
M99.57	Intervertebral disc stenosis of neural canal of upper extremity
M99.58	Intervertebral disc stenosis of neural canal of rib cage
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region
M99.65	Osseous and subluxation stenosis of intervertebral foramina of pelvic region
M99.66	Osseous and subluxation stenosis of intervertebral foramina of lower extremity
M99.67	Osseous and subluxation stenosis of intervertebral foramina of upper extremity
M99.68	Osseous and subluxation stenosis of intervertebral foramina of rib cage
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage
O21.0- O21.9	Excessive vomiting in pregnancy
R07.82	Intercostal pain
R07.9	Chest pain, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting

R11.2	Nausea with vomiting, unspecified
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
S13.4XXS	Sprain of ligaments of cervical spine, sequela
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8XXD	Sprain of joints and ligaments of other parts of neck, subsequent encounter
S13.8XXS	Sprain of joints and ligaments of other parts of neck, sequela
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
S16.1XXS	Strain of muscle, fascia and tendon at neck level, sequela
S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter
S16.8XXD	Other specified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S23.3XXS	Sprain of ligaments of thoracic spine, sequela
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S23.8XXD	Sprain of other specified parts of thorax, subsequent encounter
S23.8XXS	Sprain of other specified parts of thorax, sequela
S29.011A	Strain of muscle and tendon of front wall of thorax, initial encounter
S29.011D	Strain of muscle and tendon of front wall of thorax, subsequent encounter
S29.011S	Strain of muscle and tendon of front wall of thorax, sequela
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S29.012D	Strain of muscle and tendon of back wall of thorax, subsequent encounter
S29.012S	Strain of muscle and tendon of back wall of thorax, sequela
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter
S39.013D	Strain of muscle, fascia and tendon of pelvis, subsequent encounter
S39.013S	Strain of muscle, fascia and tendon of pelvis, sequela
S43.491A	Other sprain of right shoulder joint, initial encounter
S43.491D	Other sprain of right shoulder joint, subsequent encounter
S43.491S	Other sprain of right shoulder joint, sequela
S43.492A	Other sprain of left shoulder joint, initial encounter
S43.492D	Other sprain of left shoulder joint, subsequent encounter
S43.492S	Other sprain of left shoulder joint, sequela
S43.81XA	Sprain of other specified parts of right shoulder girdle, initial encounter
S43.81XD	Sprain of other specified parts of right shoulder girdle, subsequent encounter
S43.81XS	Sprain of other specified parts of right shoulder girdle, sequela
S43.82XA	Sprain of other specified parts of left shoulder girdle, initial encounter
S43.82XD	Sprain of other specified parts of left shoulder girdle, subsequent encounter
S43.82XS	Sprain of other specified parts of left shoulder girdle, sequela

S46.811A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
S46.811D	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter
S46.811S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.812A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter
S46.812D	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter
S46.812S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S53.411A	Radiohumeral (joint) sprain of right elbow, initial encounter
S53.411D	Radiohumeral (joint) sprain of right elbow, subsequent encounter
S53.411S	Radiohumeral (joint) sprain of right elbow, sequela
S53.412A	Radiohumeral (joint) sprain of left elbow, initial encounter
S53.412D	Radiohumeral (joint) sprain of left elbow, subsequent encounter
S53.412S	Radiohumeral (joint) sprain of left elbow, sequela
S53.419A	Radiohumeral (joint) sprain of unspecified elbow, initial encounter
S53.419D	Radiohumeral (joint) sprain of unspecified elbow, subsequent encounter
S53.419S	Radiohumeral (joint) sprain of unspecified elbow, sequela
S53.421A	Ulnohumeral (joint) sprain of right elbow, initial encounter
S53.421D	Ulnohumeral (joint) sprain of right elbow, subsequent encounter
S53.421S	Ulnohumeral (joint) sprain of right elbow, sequela
S53.422A	Ulnohumeral (joint) sprain of left elbow, initial encounter
S53.422D	Ulnohumeral (joint) sprain of left elbow, subsequent encounter
S53.422S	Ulnohumeral (joint) sprain of left elbow, sequela
S53.429A	Ulnohumeral (joint) sprain of unspecified elbow, initial encounter
S53.429D	Ulnohumeral (joint) sprain of unspecified elbow, subsequent encounter
S53.429S	Ulnohumeral (joint) sprain of unspecified elbow, sequela
S53.431A	Radial collateral ligament sprain of right elbow, initial encounter
S53.431D	Radial collateral ligament sprain of right elbow, subsequent encounter
S53.431S	Radial collateral ligament sprain of right elbow, sequela
S53.432A	Radial collateral ligament sprain of left elbow, initial encounter
S53.432D	Radial collateral ligament sprain of left elbow, subsequent encounter
S53.432S	Radial collateral ligament sprain of left elbow, sequela
S53.439A	Radial collateral ligament sprain of unspecified elbow, initial encounter
S53.439D	Radial collateral ligament sprain of unspecified elbow, subsequent encounter
S53.439S	Radial collateral ligament sprain of unspecified elbow, sequela
S53.441A	Ulnar collateral ligament sprain of right elbow, initial encounter
S53.441D	Ulnar collateral ligament sprain of right elbow, subsequent encounter
S53.441S	Ulnar collateral ligament sprain of right elbow, sequela
S53.442A	Ulnar collateral ligament sprain of left elbow, initial encounter
S53.442D	Ulnar collateral ligament sprain of left elbow, subsequent encounter
S53.442S	Ulnar collateral ligament sprain of left elbow, sequela
S53.449A	Ulnar collateral ligament sprain of unspecified elbow, initial encounter
S53.449D	Ulnar collateral ligament sprain of unspecified elbow, subsequent encounter
S53.449S	Ulnar collateral ligament sprain of unspecified elbow, sequela
S53.491A	Other sprain of right elbow, initial encounter
S53.491D	Other sprain of right elbow, subsequent encounter
S53.491S	Other sprain of right elbow, sequela
S53.492A	Other sprain of left elbow, initial encounter
S53.492D	Other sprain of left elbow, subsequent encounter
S53.492S	Other sprain of left elbow, sequela
S63.591A	Other specified sprain of right wrist, initial encounter
S63.591D	Other specified sprain of right wrist, subsequent encounter
S63.591S	Other specified sprain of right wrist, sequela

S63.592A	Other specified sprain of left wrist, initial encounter
S63.592D	Other specified sprain of left wrist, subsequent encounter
S63.592S	Other specified sprain of left wrist, sequela
S63.8X1A	Sprain of other part of right wrist and hand, initial encounter
S63.8X1D	Sprain of other part of right wrist and hand, subsequent encounter
S63.8X1S	Sprain of other part of right wrist and hand, sequela
S63.8X2A	Sprain of other part of left wrist and hand, initial encounter
S63.8X2D	Sprain of other part of left wrist and hand, subsequent encounter
S63.8X2S	Sprain of other part of left wrist and hand, sequela
S73.191A	Other sprain of right hip, initial encounter
S73.191D	Other sprain of right hip, subsequent encounter
S73.191S	Other sprain of right hip, sequela
S73.192A	Other sprain of left hip, initial encounter
S73.192D	Other sprain of left hip, subsequent encounter
S73.192S	Other sprain of left hip, sequela
S83.411A	Sprain of medial collateral ligament of right knee, initial encounter
S83.411D	Sprain of medial collateral ligament of right knee, subsequent encounter
S83.411S	Sprain of medial collateral ligament of right knee, sequela
S83.412A	Sprain of medial collateral ligament of left knee, initial encounter
S83.412D	Sprain of medial collateral ligament of left knee, subsequent encounter
S83.412S	Sprain of medial collateral ligament of left knee, sequela
S83.421A	Sprain of lateral collateral ligament of right knee, initial encounter
S83.421D	Sprain of lateral collateral ligament of right knee, subsequent encounter
S83.421S	Sprain of lateral collateral ligament of right knee, sequela
S83.422A	Sprain of lateral collateral ligament of left knee, initial encounter
S83.422D	Sprain of lateral collateral ligament of left knee, subsequent encounter
S83.422S	Sprain of lateral collateral ligament of left knee, sequela
S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter
S83.511D	Sprain of anterior cruciate ligament of right knee, subsequent encounter
S83.511S	Sprain of anterior cruciate ligament of right knee, sequela
S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter
S83.512D	Sprain of anterior cruciate ligament of left knee, subsequent encounter
S83.512S	Sprain of anterior cruciate ligament of left knee, sequela
S83.521A	Sprain of posterior cruciate ligament of right knee, initial encounter
S83.521D	Sprain of posterior cruciate ligament of right knee, subsequent encounter
S83.521S	Sprain of posterior cruciate ligament of right knee, sequela
S83.522A	Sprain of posterior cruciate ligament of left knee, initial encounter
S83.522D	Sprain of posterior cruciate ligament of left knee, subsequent encounter
S83.522S	Sprain of posterior cruciate ligament of left knee, sequela
S83.8X1A	Sprain of other specified parts of right knee, initial encounter
S83.8X1D	Sprain of other specified parts of right knee, subsequent encounter
S83.8X1S	Sprain of other specified parts of right knee, sequela
S83.8X2A	Sprain of other specified parts of left knee, initial encounter
S83.8X2D	Sprain of other specified parts of left knee, subsequent encounter
S83.8X2S	Sprain of other specified parts of left knee, sequela
S83.91XA	Sprain of unspecified site of right knee, initial encounter
S83.91XD	Sprain of unspecified site of right knee, subsequent encounter
S83.91XS	Sprain of unspecified site of right knee, sequela
S83.92XA	Sprain of unspecified site of left knee, initial encounter
S83.92XD	Sprain of unspecified site of left knee, subsequent encounter
S83.92XS	Sprain of unspecified site of left knee, sequela
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
S93.401D	Sprain of unspecified ligament of right ankle, subsequent encounter
S93.401S	Sprain of unspecified ligament of right ankle, sequela
S93.402A	Sprain of unspecified ligament of left ankle, initial encounter

S93.402D	Sprain of unspecified ligament of left ankle, subsequent encounter
S93.402S	Sprain of unspecified ligament of left ankle, sequela

Considered Not Medically Necessary:

ICD-10-CM Diagnosis Codes	Description
	All other codes

Acupuncture Point Injection

Considered Experimental, Investigational and/or Unproven when used to report acupuncture point injection therapy:

CPT** Codes	Description
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	Injection(s); single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

*Current Procedural Terminology (CPT®) ©2023 American Medical Association: Chicago, IL.

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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-2.0: Clinical Considerations for Musculoskeletal Conditions

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)
- Irritable bowel syndrome
- Menopausal hot flashes/night sweats
- Post-stroke spasticity
- Post-stroke insomnia
- Post-stroke shoulder pain
- 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

ACU-3.0: Clinical Considerations for Non-Musculoskeletal Conditions

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; Neilson 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 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**

Acupuncture treatment is generally limited to the following conditions:

1. As an analgesia for medical procedures;
 - A. Chronic pain syndromes, including but not limited to:
 - B. Neuromusculoskeletal conditions (such as. neck, back, extremity pain, radicular syndromes, myofascial pain syndromes, fibromyalgia syndromes);
 - C. Headaches (chronic or recurrent, tension or migraine)ii. Nausea (such as following chemotherapy; associated with pregnancy)
 - D. Premenstrual syndrome (PMS) or menstrual disorders

2. For the patients with new condition there should be documented improvement in the following areas that are relevant to the condition to be treated. 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**

Smoking (tobacco) cessation.

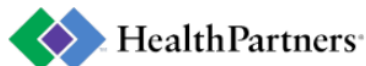
Other conditions not listed in this policy.

Maintenance care is a benefit exclusion and therefore not covered

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
G43.E01	Chronic migraine with aura, not intractable, with status migrainosus,
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus,
G43.E11	Chronic migraine with aura, intractable, with status migrainosus
G43.E19	Chronic migraine with aura, intractable, without status migrainosus
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,	Cervical radiculitis



M54.11-M54.13	
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-M54.42	Lumbago with sciatica
M54.5-M54.59	Low back pain
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	Menstrual disorders
N95.0-N95.9	Menopausal and other perimenopausal 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

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



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

Gastritis, Irritable bowel syndrome
Hepatitis, Hemorrhoids

Emotional

Anxiety, Depression, Insomnia
Nervousness, Neurosis

Eye-Ear-Throat

Rhinitis, Sinusitis, Sore throat

Gynecological

Menstrual pain, Infertility

Musculoskeletal

Arthritis, Back pain, Muscle cramping, Muscle pain and weakness, Neck pain, Sciatica

Neurological

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, 04/21/22, 04/20/23, 04/18/24
Current Effective Date	04/18/24
Archived Date	
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> Services are contract dependent; 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 or Child Health Plus product), medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

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 ANY of 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;
 - 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;

CPT Codes

Code	Description
0720T (E/I)	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation (e. g., IB-Stim system)
0783T (E/I)	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
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)

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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)

Proprietary Information of Excellus BlueCross BlueShield

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

Page: 6 of 10

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)

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
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus
G43.E11	Chronic migraine with aura, intractable, with status migrainosus
G43.E19	Chronic migraine with aura, intractable, without status migrainosus
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	Other intervertebral disc degeneration, lumbar region (deleted 10-1-2024)
M51.360	Other intervertebral disc degeneration, lumbar region with discogenic back pain (added 10-1-2024)
M51.361	Other intervertebral disc degeneration, lumbar region with lower extremity pain only (added 10-1-2024)
M51.362	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain (added 10-1-2024)
M61.369	Other intervertebral disc degeneration, lumbar region without mention lumbar back pain or lower extremity pain (added 10-1-2024)
M51.37	Other intervertebral disc degeneration, lumbosacral region (deleted 10-1-2024)
M51.370	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain (added 10-1-2024)
M51.371	Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only (added 10-1-2024)
M51.372	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain (added 10-1-2024)
M61.379	Other intervertebral disc degeneration, LS region without mention lumbar back pain or lower extremity pain (added 10-1-2024)
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
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

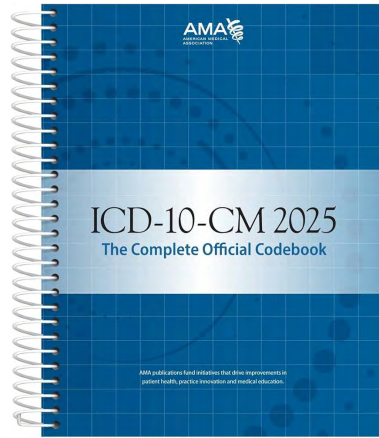
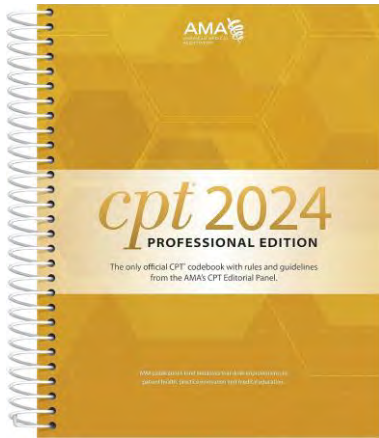
R11.2	Nausea with vomiting, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
T45.1X5A	Antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use. Adverse effect of antineoplastic and immunosuppressive 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	Premenstrual 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




Algorithm of Patient Management

- Patient
- Financial Understanding - Verification
- History
- Examination
- Diagnosis
- Treatment
- Outcome
- Billing and Payment

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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

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)

What Time Does Not Count

Time spent on activities normally performed by clinical staff



Time spent on separately reportable services

Treatment

New Patient

99202 Meet or exceed 15 min
99203 30 minutes
99204 45 minutes
99205 60 minutes

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

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.

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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A	N/A	N/A	N/A
Straightforward Low	<p>Minimal</p> <ul style="list-style-type: none"> 1 self-limited or minor problem <p>Low</p> <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury or 1 stable acute illness; or acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 	<p>Minimal or none</p> <p>Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents</p> <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; review of the result(s) of each unique test*; ordering of each unique test* <p>or</p> <p>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)</p>	<p>Minimal risk of morbidity from additional diagnostic testing or treatment</p> <p>Low risk of morbidity from additional diagnostic testing or treatment</p>
Moderate	<p>Moderate</p> <ul style="list-style-type: none"> 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 	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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
High	<p>High</p> <ul style="list-style-type: none"> 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 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 or escalation of hospital-level of care Decision not to resuscitate or to de-escalate care because of poor prognosis Parenteral controlled substances



Toll Free: (800) 433-7749
 Fax: (877) 217-1389
 Email: medclaim@farmersinsurance.com
 National Document Center
 P.O. Box 268994
 Oklahoma City, OK 73126-8994

April 6, 2021



RE: Claim Number
 Insured:
 Policy Number
 Loss Date:
 Injured Party:
 Subject:



07/10/2019



Dear Dr. 

We are in receipt of your appeal to reconsider the downcoding for the charge of 99214 for date of service 2/3/21. Unfortunately, we are unable to reconsider our decision as according to documentation you submitted, 20 or 25 minutes was spent with the patient. Per 2021 CPT E/M service guidelines, a total time of 30 minutes is required to bill 99214.

If you have any questions or concerns, call me at (952) 882-5475.

Thank you.

Farmers Insurance Company of Oregon

Madonna de Moraes

Madonna de Moraes
 Med/PIP Claims Representative
 (952) 882-5475

COVID-19 Notice - In light of the national health emergency, I am currently working from home. I can be reached by telephone and e-mail; my phone number and email address have not changed. E-mail communications are preferred to avoid any potential delays caused by mailing. If you are unable to email and hard copies of communications are required, they may be sent to our National Document Center at P.O. Box 268994, Oklahoma City, OK 73126-8994. We are unable to receive deliveries at any location from FedEx, UPS or any other courier at this time, as our claims office locations have been temporarily closed.

[Enclosure(s):

Medical Report -

- ★ 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
 ↳ CPT Assistant Summer '95, Feb 07 '10, Aug 08 '11, Mar 00 '11, Nov 01 '13, May 02 '18, Apr 03 '20, Dec 02 '17, Feb 04 '15, Feb 07 '12, May 06 '9, Aug 13 '7, May 18 '5
- ★ 97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
 ↳ CPT Changes: An Insider's View 2004, 2013
 ↳ CPT Assistant May 18 '5, Mar 21 '4
- (To report augmentative and alternative communication devices, see 92605, 92607)

Orthotic Management and Training and Prosthetic Training

- ★ 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported, upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
 ↳ CPT Changes: An Insider's View 2005, 2018
 ↳ CPT Assistant Dec 05 '8, 11, Feb 07 '8, May 18 '5
- (Code 97760 should not be reported with 97116 for the same extremity(ies))
- ★ 97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
 ↳ CPT Changes: An Insider's View 2006, 2018
 ↳ CPT Assistant Dec 05 '8, 11, Feb 07 '8, May 18 '5
- 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
 ↳ CPT Changes: An Insider's View 2018
 ↳ CPT Assistant May 18 '5
- (Do not report 97763 in conjunction with 97760, 97761)

Other Procedures

- (For extracorporeal shock wave musculoskeletal therapy, see 0101T, 0102T)
- 97799 Unlisted physical medicine/rehabilitation service or procedure
 ↳ CPT Assistant Summer '95, Oct 09 '10, Nov 16 '10, May 18 '5

Medical Nutrition Therapy

- ★ 97802 Medical nutrition therapy: initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
 ↳ CPT Changes: An Insider's View 2001, 2017
 ↳ CPT Assistant Apr 03 '10, Nov 03 '1, Feb 09 '13, Jul 20 '7

- ★ 97803 re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
 ↳ CPT Changes: An Insider's View 2001, 2017
 ↳ CPT Assistant Apr 03 '10, Nov 03 '1, Feb 09 '13, Jul 20 '7
- ★ 97804 group (2 or more individual(s)), each 30 minutes
 ↳ CPT Changes: An Insider's View 2001, 2017
 ↳ CPT Assistant Apr 03 '10, Nov 03 '1, Feb 09 '13, Jul 20 '7
- (Physicians and other qualified health care professionals who may report evaluation and management services should use the appropriate evaluation and management codes)

Acupuncture

Acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

If no electrical stimulation is used during a 15-minute increment, use 97810, 97811. If electrical stimulation of any needle is used during a 15-minute increment, use 97813, 97814.

Only one code may be reported for each 15-minute increment. Use either 97810 or 97813 for the initial 15-minute increment. Only one initial code is reported per day.

Evaluation and management services may be reported in addition to acupuncture procedures, when performed by physicians or other health care professionals who may report evaluation and management (E/M) services, including new or established patient office or other outpatient services (99202-99215), hospital inpatient or observation care (99221-99233, 99231-99233), office or other outpatient consultations (99242, 99243, 99244, 99245), inpatient or observation consultations (99252, 99253, 99254, 99255), critical care services (99291, 99292), inpatient neonatal intensive care services and pediatric and neonatal critical care services (99466-99480), emergency department services (99281-99285), nursing facility services (99304-99316), and home or residence services (99341-99350), separately using modifier 25 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 acupuncture services. The time of the E/M service is not included in the time of the acupuncture service.

For needle insertion(s) without injection(s) (eg, dry needling, trigger point acupuncture), see 20560, 20561.

Medicine / Acupuncture 97810-97814

Copyright, photographing, or sharing this CPT® book violates AMA's copyright.

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

↳ CPT Changes: An Insider's View 2005
 ↳ CPT Assistant Jan 05 '15, Jun 05 '5, Jun 06 '20, Aug 06 '4, Feb 20 '9

(Do not report 97810 in conjunction with 97813)

- + 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)
 ↳ CPT Changes: An Insider's View 2005, 2006
 ↳ CPT Assistant Jan 05 '15, Jun 05 '5, Aug 06 '4, Feb 20 '9
- (Use 97811 in conjunction with 97810, 97813)

- 97813 with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
 ↳ CPT Changes: An Insider's View 2005, 2006
 ↳ CPT Assistant Jan 05 '15, Jun 05 '5, Jun 06 '20, Aug 06 '4, Feb 20 '9

(Do not report 97813 in conjunction with 97810)

- + 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)
 ↳ CPT Changes: An Insider's View 2005, 2006
 ↳ CPT Assistant Jan 05 '15, Jun 05 '5, Aug 06 '4, Feb 20 '9
- (Use 97814 in conjunction with 97810, 97813)

(Do not report 97810, 97811, 97813, 97814 in conjunction with 20560, 20561) When both time-based acupuncture services and needle insertion(s) without injection(s) are performed, report only the time-based acupuncture codes)

Acupuncture, Needle 97810-97811



Osteopathic Manipulative Treatment

Osteopathic manipulative treatment (OMT) is a form of manual treatment applied by a physician or other qualified health care professional to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of techniques.

Evaluation and management (E/M) services, including new or established patient office or other outpatient services (99202-99215), initial and subsequent hospital inpatient or observation care (99221-99223, 99231-99233), critical care services (99291, 99292), hospital inpatient or observation care services (including admission and discharge services 99234-99236), office or other outpatient consultations (99242, 99243, 99244, 99245), emergency department services (99281-99285), nursing facility services (99304-99316), and home or residence services (99341-99350), may be reported separately using modifier 25 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. The E/M service may be caused or prompted by the same symptoms or condition for which the OMT service was provided. As such, different diagnoses are not required for the reporting of the OMT and E/M service on the same date.

Body regions referred to are: head region; cervical region; thoracic region; lumbar region; sacral region; pelvic region; lower extremities; upper extremities; rib cage region; abdomen and viscera region.

- 98925 Osteopathic manipulative treatment (OMT), 1-2 body regions involved
 ↳ CPT Assistant May 96 '10, Jan 97 '8, 10, Jul 98 '10, Aug 00 '11, Dec 00 '15, Oct 09 '10, Dec 17 '15, Aug 18 '9
- 98926 3-4 body regions involved
 ↳ CPT Assistant May 96 '10, Jan 97 '8, Aug 00 '11, Dec 00 '15, Oct 09 '10, Aug 18 '9
- 98927 5-6 body regions involved
 ↳ CPT Assistant May 96 '10, Jan 97 '8, Aug 00 '11, Dec 00 '15, Oct 09 '10, Aug 18 '9
- 98928 7-8 body regions involved
 ↳ CPT Assistant May 96 '10, Jan 97 '8, Aug 00 '11, Dec 00 '15, Oct 09 '10, Mar 12 '14, May 12 '14, Aug 18 '5
- 98929 9-10 body regions involved
 ↳ CPT Assistant May 96 '10, Jan 97 '8, 10, Aug 00 '11, Oct 06 '10, Aug 18 '5

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 - Report A-L to service line below (24E)										ICD-9: 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)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. PPT#		I. ID. QUAL.		J. PE	
From MM DD YY To MM DD YY																											
1 09 02 21 09 02 21 11										99203		25		A		100 00		1									
2 09 02 21 09 02 21 11										97810				A		60 00		1									
3 09 02 21 09 02 21 11										97811				A		90 00		2									
4 09 06 21 09 06 21 11										97140				A		60 00		1									

**DENIAL OF E/M CODE
ON THE 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 and Management services performed on (date). Your explanation for denying these charges is "This procedure is inclusive of 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 routine, it was a separately identifiable evaluation and management service, above and beyond the usual pre-service work associated with the acupuncture procedure.

The 2024 CPT Professional Edition, specifically page 871, 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 post-service 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.

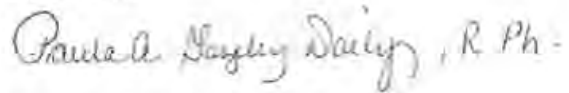
Please note the original bill (copy attached) had modifier 25 appended to the E&M service to indicate the separate and distinct service from other services billed on the same date. I assume it was a clerical error and expect reimbursement for these unfairly denied services, along with any interest now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

Sincerely,

Please note that in accordance with New York State Department of Education, Licensed Acupuncturists cannot evaluate or diagnose medical conditions. Therefore, billing Evaluation and Management codes is not appropriate and will not be reimbursable.

We thank you for your attention to this very important matter. Should you have questions about billing policies or payment matters, please contact UnitedHealthcare at 1-877-7-NYSHIP (1-877-769-7447), select option 1.

Sincerely,

A handwritten signature in cursive script that reads "Paula Gazeley Daily, RPH".

Paula Gazeley Daily, RPH
Vice President, Client Management
The NYS Empire Plan
UnitedHealthcare

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

INAPPROPRIATE TO BILL AN E&M ON EACH VISIT



ACUPUNCTURE 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, 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 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 of 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 to 97813 if 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.



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.

<u>Preliminary Activities</u>	
<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>

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2024 Year of the Dragon & Time



Time Based Coding: Documentation did not appear to accurately report the time spent delivering the services billed, including the physical therapy procedures to include an accurate description of each modality and/or neuromuscular re-education per Elevance Health's Commercial Reimbursement Policy: Guidelines for Reporting Timed Units for Physical Medicine and Rehabilitation Services – Professional. Every claim image reviewed showed a billing pattern where every member claim billed not only the same four CPT codes, but also the same units. Every medical record mirrored the same 45 minutes acupuncture in conjunction with 45 minutes Infrared, and 30 minutes Neuromuscular Reeducation which is a total of 2 hours of face-to-face time billed for every date of service, for every member, which is extremely unlikely. Documentation lacks member specific details of each service such as the start and stop times for the treatment, frequency of the electrical stimulation, the length of resting periods between sessions, and individual responses. Also, the Neuromuscular Re-education description appears to describe a protocol rather than a member specific therapeutic service treatment as these “descriptions” were one of four, word for word format that appears to have been selected dependent upon the diagnosis billed.

10/26/2021 to 10/26/2021	99203	25	OFFICE OUTPATIENT NEW 30 MINUTES	\$150.00	HR	Charges were reconsidered and claim was processed per member benefits as a result of the additional information provided.
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Claim/Coding Logic

Supported.

Date	CPT@ code	Mod	CPT description	Claim amount	Denial code	Reason
10/26/2021 to 10/26/2021	97811		ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$60.00	OW	Claim cannot be processed as billed. This code requires a preceding procedure code.

Claim/Coding Logic

Not supported. This Current Procedural Terminology (CPT) is an add-on type code that requires a primary code. Since the primary code is not supported, this code cannot be separately reimbursed. In addition, the medical records submitted does not indicate the time spent face-to-face for this service. Therefore, the validity and accuracy of billed service cannot be verified.

Date	CPT@ code	Mod	CPT description	Claim amount	Denial code	Reason
10/26/2021 to 10/26/2021	97813		ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$120.00	HP	The information submitted does not contain sufficient detail to support all related charges billed.

Claim/Coding Logic

Not supported. The submitted medical records do not support that 97813 was performed. The documentation submitted does not indicate if the time was personal one-on-one contact with the patient or the duration of acupuncture needle(s) placement (retention). Therefore, the billed service cannot be supported.

Date	CPT@ code	Mod	CPT description	Claim amount	Denial code	Reason
10/26/2021 to 10/26/2021	97814		ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	\$200.00	OW	Claim cannot be processed as billed. This code requires a preceding procedure code.

Claim/Coding Logic

Not supported. This Current Procedural Terminology (CPT) is an add-on type code that requires a primary code. Since the primary code is not supported, this code cannot be separately reimbursed. In addition, the medical records submitted does not indicate the time spent face-to-face for this service. Therefore, the validity and accuracy of billed service and units cannot be verified.

Date	CPT@ code	Mod	CPT description	Claim amount	Denial code	Reason
10/30/2021 to 10/30/2021	97811		ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$60.00	OW	Claim cannot be processed as billed. This



As stated above, with every patient encounter you bill CPT codes 97810 and 97811. The description of 97810 and 97811 according to the CPT manual is:

97810: Acupuncture, 1 or more needles; with one-on-one contact with the patient

97811: Acupuncture, 1 or more needles; with personal one-on-one contact with the patient, to code for primary procedure)

Anthem[®]



BlueCross BlueShield

According to AMA procedures, the fifteen (15) minutes aspect of these "timed codes" require that in order to bill each of these codes, you must maintain personal one-on-one contact with the patient. This means that not only are you in the room with the patient for the full fifteen (15) minutes, you are actively performing a medically necessary activity that is a component of acupuncture. Activities include selecting, locating, marking and cleaning the points, inserting and manipulating the needles, and removing and properly disposing of the needles.

As per a previous discussion, it was indicated that your office is open on Mondays, Wednesdays, and Thursdays from 9:00 A.M. to 7:00 P.M. and Tuesdays and Fridays from 9:00 A.M. to 4:30 P.M. Therefore, at most, you can only bill for ten (10) hours worth of the acupuncture timed codes on Mondays, Wednesdays, and Thursdays and seven (7) hours and thirty (30) minutes worth of acupuncture timed codes on Tuesdays and Fridays. Through an analysis of the claims you submitted, it was determined that there were 265 dates of service in which you billed in excess of the time your office was open for operation.

For each of the 265 dates of service that timed codes were excessively billed, an overpayment amount was determined by giving you credit for as many timed units as possible for the hours you were in operation and counting the rest as additional. Due to the fact there is a time component to Evaluation and Management codes, they were included when determining excess time for each day but were not included in the overpayment calculation. That being said, it was determined that your excessive billing of timed codes for the 265 dates of service paid during the time period of October 1, 2012 to March 31, 2014 are in conflict with established policy and has resulted in your being overpaid as much as \$189,096.92.

10 hours of Timed Codes

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:

Patient:		DOB:	
Ins Co		Pol #	
		Insured	
Date	12		
Provider		*** continued from previous page ***	

- Tx Effect : Examination performed without incident.
- Next Visit : Patient advised continue with treatment plan as scheduled.

Assessment:

(M76.01) Gluteal tendinitis, right hip, (M79.18) Myalgia, other site, (M72.2) Plantar fascial fibromatosis, (S83.401A) Sprain of unsp collateral ligament of right knee, init

Plan:

Acu NP Plan

- New Patient Acupuncture Evaluation performed.
- **Primary Treatment:** Acupuncture Treatment (approx: 8 visits) 1 visit per week for 8 wks and next 4 weeks followed by a re-exam within 30 days.
- **Planned Supportive Therapies:** Cupping Therapy, Moxibustion, Unlisted(Magnet, Earseeds), EMS (unattended), Moist Heat / Ice, Infrared

Pain Relief, Improve ROM and Strengthen.
Move Qi and Blood in LV, KD, ST

Treatment Set 1

Face to Face Time: 20 Min.
Position: Prone
Acupuncture Points (the point attached electro marked as **BOLD**)
Both **Bao Liao, UB23-25**
Rt) Ashi: Heel/Plantar Fascia

Needle retention time after insertion: 10 Min.

Treatment Set 2

Face to Face Time: 15 Min.
Position: Supine
Acupuncture Points (the point attached electro marked as **BOLD**)
Rt) **GB30-31, GB34, Xiyian, KD3**

Needle retention time after insertion: 10 Min.

Cupping Therapy was performed. @ L/S for 5 Min.
Infra Red Treatment was performed. @ Rt. Knee for 25 Min.
Ear Seeds/Pressed Needle was planted. @ Rt. Knee for 3 days.

Diagnosis M76.01: Gluteal tendinitis, right hip
M79.18: Myalgia, other site
M72.2: Plantar fascial fibromatosis
S83.401A: Sprain of unsp collateral ligament of right knee, init

O: Objective Findings:

- ROM: N.A
 Pulse DX: Wiry, tight Tongue DX: thin white coat center
 TCM DX: Bi syndrome of channel of blood no coat side slightly purple

Points

- LV 2: stagnation
1st set (Initial 15min, one on one contact with patient) Yintang Shenmen point zero GV 20
2nd set (additional 15min, one on one, reinsertion) LV 3 LV 4 GV 3 3 4 GV 41 TW 5
3rd set (additional 15min, one on one, reinsertion) GV 14 GV 21 GV 20 BL 18 BL 23 BL 25 BL 23

Conjunctive treatment:

A: Assessment

DX (ICD 10 Code): M54.5 M54.2

P: Plan

- Initial 15min E-stim Additional 15min E-stim Additional 15min E-stim
 Acupuncture Treatment Plan: 1 x week for two weeks or months
 Purpose of Next Visit: Continue Current Treatment Plan Re-Examination

Policy																	
Overview																	
<p>Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or "needling," or other "non-needling" techniques focused on these points.</p> <p>This policy defines the maximum time unit of service (UOS) for Acupuncture services for face-to-face contact with the patient, addresses supplies that are included in the Acupuncture services and describes the submission of evaluation and management services in conjunction with Acupuncture services.</p> <p>All services described in this policy may be subject to additional UnitedHealthcare reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, the Supply Policy and the CCI Editing Policy.</p>																	
Reimbursement Guidelines																	
<p>This policy enforces the code description for Acupuncture services which are to be reported based on 15 minute time increments of personal face-to-face contact with the patient and not the duration of the needle(s) placement. In addition, CPT® code guidelines state only one initial CPT code, 97810 or 97813, should be reported per day.</p> <p>In accordance with the code descriptions and/or the Centers for Medicare and Medicaid Services (CMS) guidelines and National Correct Coding Initiative (NCCI) established Medically Unlikely Edits (MUE) values, the maximum units of Acupuncture services allowed per date of service are as follows:</p>																	
<table border="1"> <thead> <tr> <th>CPT Codes</th> <th>MUE Value</th> </tr> </thead> <tbody> <tr> <td>20560</td> <td>1</td> </tr> <tr> <td>20561</td> <td>1</td> </tr> <tr> <td>97810</td> <td>1</td> </tr> <tr> <td>97811</td> <td>2</td> </tr> <tr> <td>97813</td> <td>1</td> </tr> <tr> <td>97814</td> <td>2</td> </tr> <tr> <td>S8930</td> <td>3</td> </tr> </tbody> </table>		CPT Codes	MUE Value	20560	1	20561	1	97810	1	97811	2	97813	1	97814	2	S8930	3
CPT Codes	MUE Value																
20560	1																
20561	1																
97810	1																
97811	2																
97813	1																
97814	2																
S8930	3																
<p>The cost of needles (A4212 and A4215) is included in the Acupuncture service and will be denied if submitted in addition to the Acupuncture service. The CMS National Physician Fee Schedule (NPF) indicates these supplies are part of the Practice Expense (PE) and should not be reported separately.</p> <p>Consistent with the CPT code description and the CMS NCCI Procedure to Procedure Coding Edits (PTP), electrical stimulation services (97014, 97032 and G0283) should not be reported separately in addition to specific Acupuncture services that include electrical stimulation (97813, 97814 and S8930). A modifier may be appropriate when an electrical stimulation service is performed distinctly and separate from the Acupuncture service and the documentation supports the service was not related to the Acupuncture.</p> <p>Per CPT guidelines an evaluation and management (E/M) service may only be reported in addition to Acupuncture services if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual pre-service and post-service work associated with the Acupuncture service. When a separate E/M service is reported, the time spent for the E/M service is not to be included in the time UOS for the Acupuncture service.</p>																	



Counting Time as a Function of Work

Pre-service time includes assessment and management time - medical record review, physician contact while the patient is present, assessment of the patient's progress since the previous visit, and time required to establish clinical judgment for the treatment session. Pre-service time is not the time required to get the patient ready to receive the treatment.

Intra-service time includes the hands-on treatment time.

Post-service time includes the assessment of treatment effectiveness, communication with the patient/caregiver to include education/instruction/counseling/advising, professional communications, clinical judgment required for treatment planning for the next treatment session, and documentation while the patient is present.

Counting Minutes for Timed Codes in 15 Minute Units

When only one service is provided in a day, providers should not bill for services performed for less than 8 minutes. For any single timed CPT code in the same day measured in 15 minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

Units Number of Minutes

- 1 unit: ≥ 8 minutes through 22 minutes
- 2 units: ≥ 23 minutes through 37 minutes
- 3 units: ≥ 38 minutes through 52 minutes
- 4 units: ≥ 53 minutes through 67 minutes
- 5 units: ≥ 68 minutes through 82 minutes
- 6 units: ≥ 83 minutes through 97 minutes
- 7 units: ≥ 98 minutes through 112 minutes
- 8 units: ≥ 113 minutes through 127 minutes

The pattern remains the same for treatment times in excess of 2 hours.

Only one time-based code may be performed at a time.

If more than one procedure code is billed for the same date of service, then in order to fully support all of the billed services the time must be separately documented for each specific procedure or time-based service. This will clearly document what portion of the total visit was spent performing each of the billed codes.

Methods and examples for time documentation:

Acceptable:

- Specific number of minutes. Example: "Manual therapy to lumbar spine x 15 minutes."
- Listing begin-time and end-time for service. Example: "E-stim to cervical neck, 09:30 – 09:45."

Unacceptable:

- Documenting time in terms of "units". Examples: "One unit of pulsed ultrasound was administered." or "Ther Ex 1 unit."
- Documenting time using a range. Example: "Therapeutic activities x 6 – 12 minutes as appropriate per assessment and symptoms."
- Documenting a quantity but not specifying the measurement or increment used. Example: "97110 Exercises x 2"
- No time mentioned at all. Example: Checking or circling "NMR" or "TE" with no additional information documented.

8-Minute Rule Quick Reference



1 Unit	8 to 22 minutes
2 Units	23 to 37 minutes
3 Units	38 to 52 minutes
4 Units	53 to 67 minutes
5 Units	68 to 82 minutes
6 Units	83 to 97 minutes
7 Units	98 to 112 minutes
8 Units	113 to 127 minutes

Should you be concerned about audits?



March 12, 2024



Subject: Reminder claims data analysis of acupuncture therapy codes

Dear Dr. 

Thank you for the care you provide to our members. We value our partnership with Anthem Blue Cross (Anthem) providers and seek educational opportunities to foster collaboration efforts to help ensure proper coding and payment of claims. We regularly review submitted claims data in an effort to observe coding trends and billing patterns for providers in the same geographic area and peer group.

As part of ongoing claims data review, we previously contacted you regarding the use of acupuncture services by letter dated 03/09/2023. Further review of paid claims data for Anthem members for dates of service between 08/01/2021 and 07/31/2022 indicated that your billing behavior continues to be outside of the expected utilization for acupuncture sessions of 45 minutes or greater, personal one-on-one contact with the patient (CPT® codes 97810, 97811, 97813 and 97814).

We recognize that many factors may impact the coding of your acupuncture services. Our goal is to partner with you to further understand your coding methodologies and billing practices and to assist providers with understanding documentation and reporting guidelines to support the level of care billed for each service.

The current American Medical Association CPT coding book indicates, acupuncture is reported based on 15-minute increments of personal one-on-one contact with the patient, not the duration of acupuncture needle(s) placement

We appreciate the services you provide and your commitment to the healthcare needs of our members. It is important that we understand your coding methodologies and billing practices so please contact the Provider Education team as soon as possible via *email* (PEducationZ4@Anthem.com) (please include your NPI). We may request further information to validate the utilization of these services.



March 12, 2024



Subject: Reminder claims data analysis of Therapeutic Exercise

Dear Dr. 

Thank you for the care you provide to our members. We value our partnership with Anthem Blue Cross (Anthem) providers and seek educational opportunities to foster collaboration efforts to help ensure proper coding and payment of claims. We regularly review submitted claims data in an effort to observe coding trends and billing patterns for providers in the same geographic area and peer group.

As part of ongoing claims data review, we previously contacted you regarding the use of claims billed with therapeutic exercise procedure code 97110 by letter dated 05/15/2023. Further review of paid claims data for Anthem members for dates of service between 01/01/2022 and 12/31/2022 indicated that your billing behavior continues to be outside of the expected utilization for procedure code 97110.

We recognize that many factors may impact the coding of your claims billed with therapeutic exercise procedure code 97110. Our goal is to partner with you to further understand your coding methodologies and billing practices and to assist providers with understanding documentation and reporting guidelines to support the level of care billed for each service.

According to Anthem Reimbursement Policy C-07002, procedures that are reported with 15 minute time-based codes listed under Modalities, Therapeutic Procedures, Tests and Measurements, are allowed under the following circumstances:

- The provider must maintain direct (one-on-one) visual, verbal, and/or manual contact with the member
- The time reported should be the time actually spent in the delivery of the modality and/or therapeutic procedure. This means that pre and post-delivery services should not be counted in determining the treatment time.
- The time that the member spends not being treated, due to resting periods or waiting for a piece of equipment to become available, is not considered treatment time.
- Total treatment time, for each modality, must be recorded in the member's medical record, along with the note describing the specific modality or procedure.
- Services must be reported with appropriate modifiers GN, GO and GP to identify therapy type.

We appreciate the services you provide and your commitment to the healthcare needs of our members. It is important that we understand your coding methodologies and billing practices so please contact the Provider Education team as soon as possible via *email* (PEducationZ4@Anthem.com) (please include your NPI). We may request further information to validate the utilization of these services.

As part of the full retrospective review, records for 40 patients as part of a statistically valid random sample. The sampling frame included claims processed between February 7, 2015 and January 24, 2017. The records for 40 patients were subject to clinical review by a Cigna Medical Director. A total of 2,259 unique claim lines were reviewed.

The entire review established several significant issues, as noted below, where Plan and/or other relevant requirements were not satisfied.

Experimental, Investigational or Unproven Services Not Covered

- On 52 claim lines, manual therapy was identified as “cupping” in the medical records. Reporting CPT code 97140 for cupping is not appropriate according to CPT coding guidelines. In addition to incorrect coding, Cigna’s Coverage Policy 0086 on Complementary and Alternative Medicine identifies cupping as Experimental, Investigational, and Unproven.

Services Not Rendered as Billed

- CPT code 99213 (Office or other outpatient visit for the evaluation and management of an established patient) – Evaluation and management (E&M) services billed were unbundled from the primary acupuncture code. All acupuncture CPT codes include an evaluation and management component built in. To be eligible for payment for a separate E&M service, the documentation would need to demonstrate that the service went beyond the brief assessment included in the acupuncture code. The records provided did not document sufficient key elements to support that a significant and separately identifiable E&M service was performed.
- CPT code 97026 (Application of a modality to 1 or more areas; infrared) - without the identification of the site of the infrared treatment, services are considered unsupported.
- CPT code 97140 (Manual therapy techniques, e.g., mobilization/manipulation, manual lymphatic drainage, manual traction, 1 or more regions, each 15 minutes) - The medical records did not document the start and stop time of the procedures, the type of manual therapy, and/or the site of the manual therapy on the body. Therefore, the services are considered not rendered as billed.
- CPT code 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 needles) - There are multiple examples of conflicting information with respect to time spent treating the patient with acupuncture to support the billing of CPT 97811 x 2 units.
- Forty two percent of the claim lines had no supporting records at all.

Medical Necessity Criteria Not Met

- For 1,204 claim lines reviewed (53%), the clinical records showed no ongoing objective gains/improvements to support medical necessity of care.

What you need to do:

Cigna issues payment in good faith and relies upon billed CPT®, HCPCS, and/or revenue codes expecting an accurate representation of the services rendered. In addition, the claim forms themselves mandate that a provider submit accurate and complete information, while the submitter also certifies the accuracy of the information being billed. The findings of Cigna’s retrospective review revealed that Cigna

The Gold Standard

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 an indication of the purpose or outcome

Another provider can read the notes, identify the services, and perform such services based on what was documented.

SCOPE OF PRACTICE

Evaluation

Acupuncture

Adjunctive Therapies

Injections (not all states)



INJECTION CODES

20550	Injection(s) single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	single or multiple trigger point(s), 3 or more muscle(s)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection of infusion

**2024 ACUPUNCTURE
PHYSICAL MEDICINE & REHABILITATION
(97010 - 97799)**

ACUPUNCTURE

- 97810** Acupuncture, one or more needles without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient
- 97811** Each additional 15 minutes of personal one-on-one with patient, with re-insertion of needles
- 97813** Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with patient
- 97814** Each additional 15 minutes of personal one-on-one with patient, with re-insertion of needles

DRY NEEDLING

- 20560 Needle insertion without injection 1-2 muscle(s)
- 20561 3 or more muscles

MODALITIES

Any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy.

SUPERVISED

The application of a modality that does not require direct (one on one) patient contact by the provider.

Application of a modality to one or more areas;

- 97010 Hot or cold packs
- 97012 Traction, mechanical
- 97014 Electrical stimulation, (unattended)
- G0283 Electrical stimulation, (VA, MC, UHC)
- 97016 Vasopneumatic devices
- 97018 Paraffin bath
- 97022 Whirlpool
- 97024 Diathermy (Includes Microwave)
- 97026 Infrared
- 97028 Ultraviolet

CONSTANT ATTENDANCE

The application of a modality that requires direct (one on one) patient contact by the provider.

Application of a modality to one or more areas.

- 97032 Electrical Stimulation (manual), 15 min.
- 97033 Iontophoresis, each 15 minutes
- 97034 Contrast baths, each 15 minutes
- 97035 Ultrasound, each 15 minutes
- 97036 Hubbard tank, each 15 minutes
- 97039 Unlisted modality (specify type and time if constant attendance)

LASER

- S8948 Application of a modality with constant attendance to one or more areas; Low-level laser; each 15-minute
- 0552T Low-level laser therapy dynamic photonic and dynamic thermokinetic energies, provided by physician or other qualified health professional.

THERAPEUTIC PROCEDURES

A manner of effecting change through the application of clinical skills and or services that attempt to improve function.

Physician or therapist required to have direct (one on one) patient contact.

Therapeutic procedure, one or more areas, 15 min;

- 97110 Therapeutic exercises to develop strength and endurance, range of motion, and flexibility.
- 97112 Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception.
- 97113 Aquatic therapy with therapeutic exercises
- 97116 Gait training (includes stair climbing)
- 97124 Massage, including effleurage, petrissage, tapotement (stroking, compression, percussion)
- 97139 Unlisted therapeutic procedure (specify)
- 97140 Manual therapy techniques, one or more regions. (for example: mobilization, manipulation, manual traction, manual lymphatic drainage)

2024 ACUPUNCTURE PHYSICAL MEDICINE & REHABILITATION (97010 - 97799)

Additional Procedures

- 97150 Therapeutic procedure(s), group (2 or more)
- 97530 Therapeutic activities, direct (one one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.
- 97535 Self-care/home management training (e.g. activities of daily living (ADL) and compensatory training, safety procedures, and instructions in use of adaptive equipment) direct one one-on-one contact by provider, each 15 minutes.
- 97537 Community/work reintegration training (e.g. avocational activities and/or work environment/modification analysis, work task analysis), direct one one-on-one contact by provider, each 15 minutes.
- 97542 Wheelchair management/propulsion training, each 15 min.
- 97545 Work hardening/conditioning; initial 2 hours.
- 97546 *each additional hour*
- 97799 Unlisted physical medicine/rehabilitation service.

Modalities

SUPERVISED

The application of a modality that *does not* require direct (one on one) patient contact by the provider.

Application of a modality to one or more areas;

- 97010 Hot or cold packs
- 97012 Traction, mechanical
- 97014 Electrical stimulation, (unattended)
- G0283 Electrical stimulation, (VA, MC, UHC)
- 97016 Vasopneumatic devices
- 97018 Paraffin bath
- 97022 Whirlpool
- 97024 Diathermy (Includes Microwave)
- 97026 Infrared
- 97028 Ultraviolet

CONSTANT ATTENDANCE

The application of a modality that requires direct (one on one) patient contact by the provider.

Application of a modality to one or more areas.

- 97032 Electrical Stimulation (manual), 15 min.
- 97033 Iontophoresis, each 15 minutes
- 97034 Contrast baths, each 15 minutes
- 97035 Ultrasound, each 15 minutes
- 97036 Hubbard tank, each 15 minutes
- 97039 Unlisted modality (specify type and time if constant attendance)

What, where, intensity (if applicable) and area(s) applied

Time of application (timed services 8-minute rule)

Documentation-
97026 Infra-red heat lumbar spine 15 minutes

THERAPEUTIC PROCEDURES

A manner of effecting change through the application of clinical skills and or services that attempt to improve function.

Physician or therapist required to have direct (one on one) patient contact.

Therapeutic procedure, one or more areas, 15 min;

- 97110 Therapeutic exercises to develop strength and endurance, range of motion, and flexibility.
- 97112 Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception.
- 97113 Aquatic therapy with therapeutic exercises
- 97116 Gait training (includes stair climbing)
- 97124 Massage, including effleurage, petrissage, tapotement (stroking, compression, percussion)
- 97139 Unlisted therapeutic procedure (specify)
- 97140 Manual therapy techniques, one or more regions. (for example: mobilization, manipulation, manual traction, manual lymphatic drainage)

97124 Massage v 97140 Manual Therapy

- A massage is rhythmically applied pressure to the skin and soft tissues of the body. Effleurage, petrissage, tapotement (stroking, compression, percussion).
- Some manual therapy techniques include soft tissue mobilization, myofascial release, strain-counter strain, muscle energy techniques, joint mobilizations and manipulations, and mobilization with movement.
- *Manual therapy techniques* are skilled hand movements and skilled passive movements of joints and soft tissue and are intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. Techniques may include manual lymphatic drainage, manual traction, massage, mobilization/manipulation, and passive range of motion.
- 97124 relaxation versus 97140 muscle rehabilitation

97124 MASSAGE VS 97140 MANUAL THERAPY

- A massage is the use of rhythmically applied pressure to the skin and soft tissues of the body. Effleurage, petrissage, tapotement (stroking, compression, percussion).
- Some manual therapy techniques include soft tissue mobilization, myofascial release, strain-counter strain, muscle energy techniques, joint mobilizations and manipulations, and mobilization with movement.



97110 Therapeutic Exercises

- One or more areas
- Strength
- Endurance
- Flexibility
 - Examples
 - Bike/Treadmill
 - Gym Equipment
 - Isotonic Exercise
 - Stretching
 - Qi Gong?

EXERCISES TO STRENGTHEN YOUR CORE AND LOW BACK

PATIENT NAME: _____

DATE: _____



1. CAT - CAMEL

Begin by rounding your back upward until you feel a gentle stretch in the mid and low back. Pause for 3-5 seconds then relax and let your stomach fall downward as you gently arch your back. Perform 2 sets of 10 repetitions to warm up prior to strengthening exercises.



4. HIP BRIDGE

Begin lying down with both knees bent. Gently tighten your stomach muscles to activate your core. Squeeze your glutes and lift the hips off the floor to until knees, hips and shoulders are in alignment. Hold for 2-4 seconds before slowly returning to start position. Perform 2 sets of 10 repetitions.



2. BIRD DOG

Begin by gently tightening your stomach muscles to activate your core. Raise one arm to shoulder level as the opposite leg lifts simultaneously off the floor extending to hip level. Hold for 4 seconds and return to the start position and alternate sides. Perform 2 sets of 10 repetitions.



5. PLANK

Begin lying face down with elbows under shoulders and legs extended. Gently tighten your stomach muscles to activate your core. Lift knees and hips off the floor so that forearms and toes are supporting your body weight. Hold for 20 - 30 sec. Repeat 2 times.



3. MCGILL CURL UP

Begin lying on your back with one knee bent and one leg straight with both hands placed underneath low back. Lift your shoulders off floor trying not to round your low back. Let your elbows assist you if needed. Hold for 2-4 seconds before slowly return to starting position. Perform 2 sets of 10 repetitions.



6. SIDE PLANK

Begin lying on your side with your elbow underneath your shoulder and knees bent. Gently tighten your stomach muscles to activate your core. Lift hips off the floor so that knees and elbow are supporting your body weight. Hold for 20 - 30 sec. Repeat 2 times and repeat on opposite side.

Passive v Active Care

It has been recommended that passive modalities not be employed except when necessary to facilitate participation in an active treatment program.

A general conclusion about the treatment of chronic, noncancer pain is that the results from traditional, passive modalities are disheartening. Perhaps this may be due to the propensity of patients to seek out passive versus active treatments. In pain management, active treatments should be the primary focus, with passive interventions as an adjunct.

It doesn't mean that active treatment is better than passive treatment (or vice versa) – the truth is **there's a role for both of those types of treatments** done at the proper timing.

Role of Active Versus Passive Complementary and Integrative Health Approaches in Pain Management
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5896844>

EXERCISES TO STRENGTHEN YOUR CORE AND LOW BACK

PATIENT NAME:

DATE:



1. CAT - CAMEL

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Begin lying on your back with one knee bent and one leg straight with both hands placed underneath low back. Lift your shoulders off floor trying not to round your low back. Let your elbows assist you if needed. Hold for 2-4 seconds before slowly return to starting position. Perform 2 sets of 10 repetitions.



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Begin lying down with both knees bent. Gently tighten your stomach muscles to activate your core. Squeeze your glutes and lift the hips off the floor to until knees, hips and shoulders are in alignment. Hold for 2-4 seconds before slowly returning to start position. Perform 2 sets of 10 repetitions.



5. PLANK

Begin lying face down with elbows under shoulders and legs extended. Gently tighten your stomach muscles to activate your core. Lift knees and hips off the floor so that forearms and toes are supporting your body weight. Hold for 20 - 30 sec. Repeat 2 times.



6. SIDE PLANK

Begin lying on your side with your elbow underneath your shoulder and knees bent. Gently tighten your stomach muscles to activate your core. Lift hips off the floor so that knees and elbow are supporting your body weight. Hold for 20 - 30 sec. Repeat 2 times and repeat on opposite side.

EXERCISES TO STRENGTHEN YOUR NECK AND IMPROVE POSTURE

PATIENT NAME:

DATE:



1. BRÜGGER'S EXERCISE

Stand up straight with your hands at your sides. Begin by bending your elbows slightly as you rotate your arms outward. Slowly pull your shoulders back and down as you gently retract your head. Perform 2 sets of 10 repetitions.



2. HEAD RETRACTION

Begin by tucking your chin slightly then draw head upward toward the ceiling in a straight-line movement. Pause at end range for 4 seconds before returning to starting position. Perform 2 sets of 10 repetitions. This can also be performed in the seated position.



3. FLOOR ANGELS

Begin lying face up on floor with knees bent. Place arms with elbows bent comfortably on the floor with palms facing up. Slide arms upward above your head while maintaining forearm contact with floor. Do not let your back arch upward. Slowly return to start position and repeat. Perform 2 sets of 10 repetitions.



4. CRANIO-CERVICAL FLEXION

Begin by lying face up with knees bent. Slowly lower chin down in a head-nodding motion as you simultaneously lift head approximating the chin towards chest. Pause and hold for 5-10 seconds before returning to the starting position. Perform 2 sets of 10 repetitions.



5. BLACKBURN T

Begin lying face down. Arms should be extended shoulder level with thumbs pointing up. A pillow, or rolled towel, may be placed under forehead for comfort. Lift arms upward squeezing shoulder blades together. Neck muscles should remain relaxed. Hold for 5 seconds. Perform 2 sets of 10 repetitions.



6. BLACKBURN Y

Begin lying face down. Arms should be extended above shoulder level with thumbs pointing up. A pillow, or rolled towel, may be placed under forehead for comfort. Lift arms upward squeezing shoulder blades together. Neck muscles should remain relaxed. Hold for 4 seconds. Perform 2 sets of 10 repetitions.

Some types of exercise are more effective than others in people with chronic low back pain: a network meta-analysis

- Pilates exercise provided the largest reductions in self-reported pain and largest improvement in self-reported function. McKenzie exercise finished a close second, posting statistically significant and clinically meaningful changes in both self-reported pain and functional domains nearly as good as Pilates therapy (with no statistically significant differences between them). Remember that McKenzie extension exercises are notably intended to centralize radicular pain and that 40% of participants in this study had lower extremity pain at baseline, so patient characteristics may not be entirely comparable between these two groups.
- <https://www.sciencedirect.com/science/article/pii/S1836955321001028?via%3Dihub>

To predict mortality, you need a
leg to stand on





To predict mortality,
you need a leg to
stand on

10-second test

Stork position with foot placed on the weight-bearing leg

Lower risk of death in the next 7 years

Middle age (51) or older who could not perform a 10 second one leg stand were 84% greater to die of causes such as heart attacks, strokes, and cancer

British Journal of Sports Medicine

June 21, 2022

Cupping



- There is no specific code for this service
- Use 97039 or 97139
- Indicate on the 1500 as “cupping”
- **97016 for VA claims**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO					\$ CHARGES				
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)				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID, #		
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER											
1	09	03	24	09	03	24	11		97810			A	100.00	1		NPI			
2	Cupping																		
2	09	03	24	09	03	24	11		97039			A	35.00	1		NPI			
3															NPI				
4															NPI				
5															NPI				
6															NPI				
25. FEDERAL TAX I.D. NUMBER					SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov't claims, see back)			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rvd. for NUCC Use	
123456789					<input type="checkbox"/> <input checked="" type="checkbox"/>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			\$ 135.00		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)							32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH # (555) 111-2222							
John Smith LAc 54321 Spine Ave Any City							John Smith LAc 54321 Spine Ave Any City												
SIGNED							a. NPI					a. 111222333							
DATE							b.					b.							

PHYSICIAN OR SUPPLIER INFORMATION

Use Modifier –GP
on all physical
medicine codes
97010-97799

GP is appended on the following plans-

United Health Care (including Optum Health)

VA claims

Anthem (BCBS)

Blue Cross of CA (not Blue Shield)

Medicare (Medicare does not pay but is necessary for a denial so a secondary may make payment)

Do not blanket for plans other than these as it may cause denial for plans that do not require

DOCUMENTING MEDICAL NECESSITY

Significant durable pain intensity decrease

Functional improvement by clinically meaningful improvement on validated disease-specific outcomes instruments; return to work; and/or documented improvement in activities of daily living

Documented decreased utilization of pain-related medications

Objective measures demonstrating the extent of meaningful clinical improvement with the rationale for additional treatment to reach further durable improvement or for ongoing pain management.



- 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.).

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)	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)	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

Principle Reason Not Authorized: An Independent Review Organization contracted physician reviewer specializing in Chiropractic has evaluated the additional medical information and determined that the Chiropractic treatment for dates of service 12/09/21, 12/16/21, 12/23/21, 01/06/22, 02/03/22, 02/10/22, 02/17/22, 03/03/22, 9/15/22, 9/8/22, 10/5/22, and 10/13/22 were not medically necessary according to peer-reviewed literature.

The level of documentation does not support the medical necessity for the procedures performed according to peer-reviewed literature. Peer-reviewed literature strongly suggests that a defined and quantified significant functional deficit be identified for the patient. This functional deficit must affect activities of daily living or the performance of job duties. There are no functional deficits identified for this patient. There are pain-provoking activities identified but no quantified effect on activities of daily living or job duties is documented. Peer-reviewed literature strongly suggests the use of outcome assessments for the establishment of goals and tracking the patient throughout care beyond a pain rating. No outcome assessments are used in this case. For these reasons, the dates of service 12/09/21, 12/16/21, 12/23/21, 01/06/22, 02/03/22, 02/10/22, 02/17/22, 03/03/22, 9/15/22, 9/8/22, 10/5/22, and 10/13/22 were not medically necessary according to peer-reviewed literature.

GENERAL PAIN INDEX QUESTIONNAIRE

We would like to know how much your pain **presently** prevents you from doing what you would normally do. Regarding each category, please indicate the **overall** impact your present pain has on your life, not just when the pain is at its worst.

Please **circle the number** which best describes how your typical level of pain affects these six categories of activities.

1. FAMILY / AT-HOME RESPONSIBILITIES SUCH AS YARD WORK, CHORES AROUND THE HOUSE OR DRIVING THE KIDS TO SCHOOL –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

2. RECREATION INCLUDING HOBBIES, SPORTS OR OTHER LEISURE ACTIVITIES –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

3. SOCIAL ACTIVITIES INCLUDING PARTIES, THEATER, CONCERTS, DINING –OUT AND ATTENDING OTHER SOCIAL FUNCTIONS –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

4. EMPLOYMENT INCLUDING VOLUNTEER WORK AND HOMEMAKING TASKS –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

5. SELF -CARE SUCH AS TAKING A SHOWER, DRIVING OR GETTING DRESSED –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

6. LIFE –SUPPORT ACTIVITIES SUCH AS EATING AND SLEEPING –

0 1 2 3 4 5 6 7 8 9 10
COMPLETLY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

PATIENT NAME _____

DATE _____

SCORE _____ (50)

BENCHMARK = 5 _____

Pain Interference – Short Form 6a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	How much did pain interfere with your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How much did pain interfere with work around the home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How much did pain interfere with your ability to participate in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	How much did pain interfere with your household chores?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How much did pain interfere with the things you usually do for fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How much did pain interfere with your enjoyment of social activities?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Patient-Specific Functional Scale

This useful questionnaire can be used to quantify activity limitation and measure functional outcome for patients with any orthopaedic condition.

Clinician to read and fill in below: Complete at the end of the history and prior to physical examination.

Initial Assessment:

I am going to ask you to identify up to three important activities that you are unable to do or are having difficulty with as a result of your _____ problem. Today, are there any activities that you are unable to do or having difficulty with because of your _____ problem? (Clinician: show scale to patient and have the patient rate each activity).

Follow-up Assessments:

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list at a time). Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to one number):

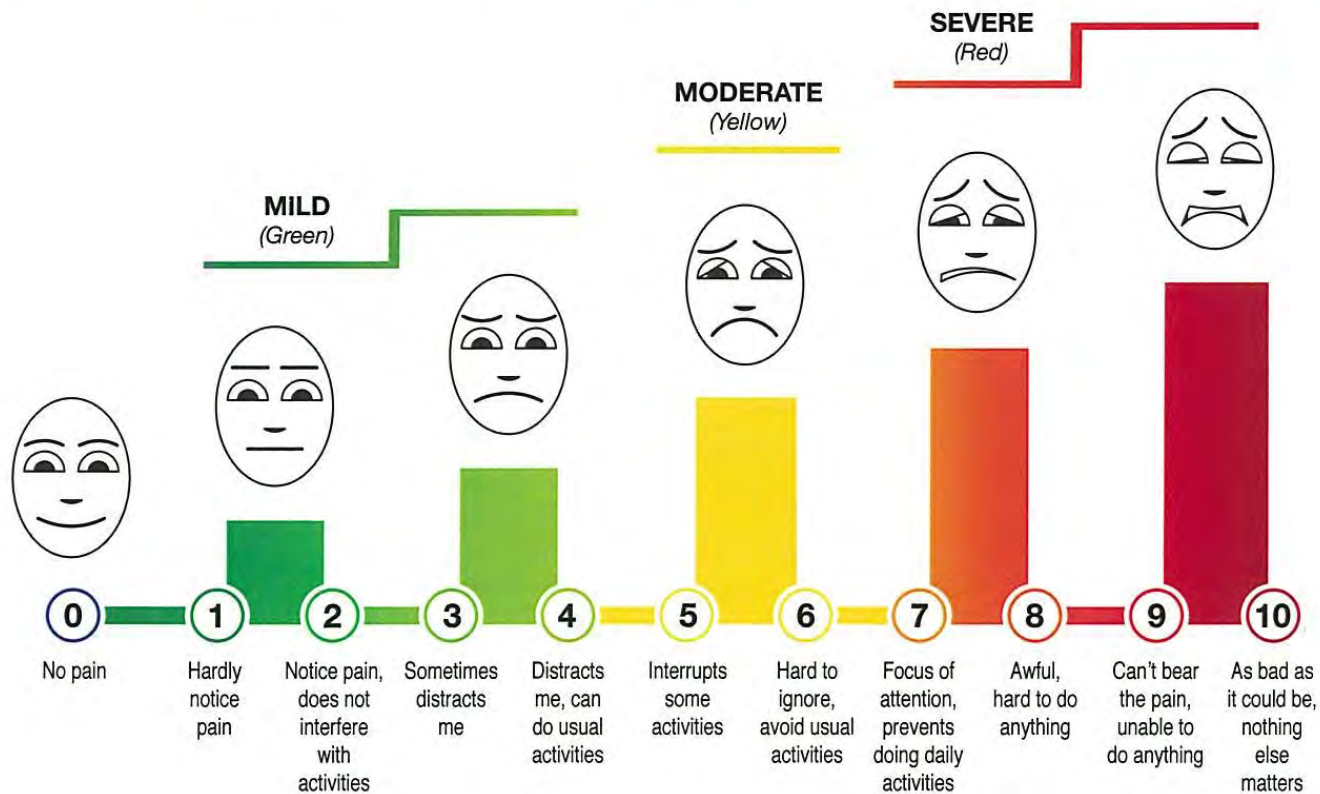
0	1	2	3	4	5	6	7	8	9	10
Unable to perform activity						Able to perform activity at the same level as before injury or problem				

(Date and Score)

Activity	Initial					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

Total score = sum of the activity scores/number of activities
 Minimum detectable change (90%CI) for average score = 2 points
 Minimum detectable change (90%CI) for single activity score = 3 points

Defense and Veterans Pain Rating Scale



DoD/VA PAIN SUPPLEMENTAL QUESTIONS

For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your usual **ACTIVITY**:



2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:



3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:



4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:



*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. *Ann Acad Med Singapore* 23(2): 129-138, 1994.



AAC

For a color copy text: **PAIN**

714 209-7516

Please Read: This questionnaire is designed to enable you to understand how much your low back has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but Please **just circle the one choice which closely describes your problem right now.**

SECTION 1--Pain Intensity
 A. The pain comes and goes and is very mild.
 B. The pain is mild and does not vary much.
 C. The pain comes and goes and is moderate.
 D. The pain is moderate and does not vary much.
 E. The pain is severe but comes and goes.
 F. The pain is severe and does not vary much.

SECTION 2--Personal Care
 A. I would not have to change my way of washing or dressing in order to avoid pain.
 B. I do not normally change my way of washing or dressing even though it causes some pain.
 C. Washing and dressing increase the pain, but I manage not to change my way of doing it.
 D. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
 E. Because of the pain, I am unable to do any washing and dressing without help.
 F. Because of the pain, I am unable to do any washing or dressing and essentially remain in bed.

SECTION 3--Lifting
 A. I can lift heavy weights without extra pain.
 B. I can lift heavy weights, but it causes extra pain.
 C. Pain prevents me from lifting heavy weights off the floor.
 D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
 E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
 F. I can only lift very light weights, at the most.

SECTION 4 --Walking
 A. Pain does not prevent me from walking any distance.
 B. Pain prevents me from walking more than one mile.
 C. Pain prevents me from walking more than 1/4 mile.
 D. Pain prevents me from walking more than 100 yards.
 E. I can only walk while using a cane or on crutches.
 F. I am in bed most of the time and have to crawl to the toilet.

SECTION 5--Sitting
 A. I can sit in any chair as long as I like without pain.
 B. I can only sit in my favorite chair as long as I like.
 C. Pain prevents me from sitting more than one hour.
 D. Pain prevents me from sitting more than 1/2 hour.
 E. Pain prevents me from sitting more than ten minutes.
 F. Pain prevents me from sitting at all.

SECTION 6 -- Standing
 A. I can stand as long as I want without pain
 B. I have some pain while standing, but it does not increase with time.
 C. I cannot stand for longer than one hour without increasing pain.
 D. I cannot stand for longer than ½ hour without increasing pain.
 E. I can't stand for more than 10 minutes without increasing pain.
 F. Pain prevents me from standing at all.

SECTION 7--Sleeping
 A. I get no pain in bed.
 B. I get pain in bed, but it does not prevent me from sleeping.
 C. Because of pain, my normal night's sleep is reduced by less than one-quarter.
 D. Because of pain, my normal night's sleep is reduced by less than one-half.
 E. Because of pain, my normal night's sleep is reduced by less than three-quarters.
 F. Pain prevents me from sleeping at all.

SECTION 8--Social Life
 A. My social life is normal and gives me no pain.
 B. My social life is normal, but increases the degree of my pain.
 C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
 D. Pain has restricted my social life and I do not go out very often.
 E. Pain has restricted my social life to my home.
 F. I have no social life due to pain.

SECTION 9--Traveling
 A. I get no pain while traveling.
 B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
 C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
 D. I get extra pain while traveling which compels me to seek alternative forms of travel.
 E. Pain prevents all forms of travel except that done lying down.
 F. Pain prevents all forms of travel.

SECTION 10--Changing Degree of Pain
 A. My pain is rapidly getting better.
 B. My pain fluctuates, but overall is definitely getting better.
 C. My pain seems to be getting better, but improvement is slow at present.
 D. My pain is neither getting better nor worse.
 E. My pain is gradually worsening.
 F. My pain is rapidly worsening.

Please Read: This questionnaire is designed to enable us to understand how your neck pain has affected your ability to manage everyday activities. Please answer each question by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just circle the one choice which closely describes your problem right now.

SECTION 1--Pain Intensity
 A. I have no pain at the moment
 B. The pain is mild at the moment.
 C. The pain comes and goes and is moderate.
 D. The pain is moderate and does not vary much.
 E. The pain is severe but comes and goes.
 F. The pain is severe and does not vary much.

SECTION 2--Personal Care (Washing, Dressing etc.)
 A. I can look after myself without causing extra pain.
 B. I can look after myself normally but it causes extra pain.
 C. It is painful to look after myself and I am slow and careful.
 D. I need some help, but manage most of my personal care.
 E. I need help every day in most aspects of self-care.
 F. I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3--Lifting
 A. I can lift heavy weights without extra pain.
 B. I can lift heavy weights, but it causes extra pain.
 C. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table.
 D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
 E. I can lift very light weights.
 F. I cannot lift or carry anything at all.

SECTION 4 --Reading
 A. I can read as much as I want to with no pain in my neck.
 B. I can read as much as I want with slight pain in my neck.
 C. I can read as much as I want with moderate pain in my neck.
 D. I cannot read as much as I want because of moderate pain in my neck.
 E. I cannot read as much as I want because of severe pain in my neck.
 F. I cannot read at all.

SECTION 5--Headache
 A. I have no headaches at all.
 B. I have slight headaches which come infrequently.
 C. I have moderate headaches which come in-frequently.
 D. I have moderate headaches which come frequently.
 E. I have severe headaches which come frequently.
 F. I have headaches almost all the time.

SECTION 6 -- Concentration
 A. I can concentrate fully when I want to with no difficulty.
 B. I can concentrate fully when I want to with slight difficulty.
 C. I have a fair degree of difficulty in concentrating when I want to.
 D. I have a lot of difficulty in concentrating when I want to.
 E. I have a great deal of difficulty in concentrating when I want to.
 F. I cannot concentrate at all.

SECTION 7--Work
 A. I can do as much work as I want to.
 B. I can only do my usual work, but no more.
 C. I can do most of my usual work, but no more.
 D. I cannot do my usual work.
 E. I can hardly do any work at all.
 F. I cannot do any work at all.

SECTION 8--Driving
 A. I can drive my car without neck pain.
 B. I can drive my car as long as I want with slight pain in my neck.
 C. I can drive my car as long as I want with moderate pain in my neck.
 D. I cannot drive my car as long as I want because of moderate pain in my neck.
 E. I can hardly drive my car at all because of severe pain in my neck.
 F. I cannot drive my car at all.

SECTION 9--Sleeping
 A. I have no trouble sleeping
 B. My sleep is slightly disturbed (less than 1 hour sleepless).
 C. My sleep is mildly disturbed (1-2 hours sleepless).
 D. My sleep is moderately disturbed (2-3 hours sleepless).
 E. My sleep is greatly disturbed (3-5 hours sleepless).
 F. My sleep is completely disturbed (5-7 hours sleepless).

SECTION 10--Recreation
 A. I am able engage in all recreational activities with no pain in my neck at all.
 B. I am able engage in all recreational activities with some pain in my neck.
 C. I am able engage in most, but not all recreational activities because of pain in my neck.
 D. I am able engage in a few of my usual recreational activities because of pain in my neck.
 E. I can hardly do any recreational activities because of pain in my neck.
 F. I cannot do any recreational activities all all.

SIGNATURE: _____ DATE: _____

DISABILITY INDEX SCORE: % _____

Billing & Payment

- 1500 Claim form (red/pink form)
- Electronic billing (clearinghouse)
- Superbill (cash)
- Standard time for reimbursement is an average of 30 days from the date the claim was received.
- Timely filing



Save and Print Options

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare) <input type="checkbox"/>		MEDICAID (Medicaid) <input type="checkbox"/>		TRICARE (TRICARE) <input type="checkbox"/>		CHAMPVA (Member ID#) <input type="checkbox"/>		GROUP HEALTH PLAN (Member ID#) <input checked="" type="checkbox"/>		FECA (FOLIO) (ID#) <input type="checkbox"/>		OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 55555555A	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Joe opwo				3. PATIENT'S BIRTH DATE 03 13 1960 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)				5. INSURED'S I.D. NUMBER			
5. PATIENT'S ADDRESS (No., Street) 1234 Maine				6. PATIENT RELATIONSHIP TO INSURED (Set <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>)				7. INSURED'S ADDRESS (No., Street)				8. INSURED'S NAME (Last Name, First Name, Middle Initial)			
CITY Any City STATE				8. RESERVED FOR NUCC USE				CITY STATE				8. RESERVED FOR NUCC USE			
ZIP CODE 00000 TELEPHONE (Include Area Code) (555) 555-1212				9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				a. INSURED'S DATE OF BIRTH MM DD YY M SEX F				b. OTHER INSURED'S POLICY OR GROUP NUMBER			
d. RESERVED FOR NUCC USE				d. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State)				d. OTHER CLAIM ID (Designated by NUCC)				d. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				c. INSURANCE PLAN NAME OR PROGRAM NAME				c. RESERVED FOR NUCC USE			
c. INSURANCE PLAN NAME OR PROGRAM NAME				10c. CLAIM CODE(S) (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a, and 9d.				e. INSURANCE PLAN NAME OR PROGRAM NAME			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)															
Signature on file								Signature on file							
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) FROM MM DD YY TO MM DD YY QUAL															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE FROM MM DD YY TO MM DD YY															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service the below (IAB) ICD INC # 0)															
22. REQUISITION CODE ORIGINAL REF. NO.															
23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE (Specify Unusual Circumstances) C. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) D. MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. DAYS OF LIMITS H. UNIT I. D. QUAL J. RENDERING PROVIDER ID. #															
1 02 02 24 02 02 24 11 99203 25 A 100.00 1 NPI															
2 02 02 24 02 02 24 11 97810 A 60.00 1 NPI															
3 02 02 24 02 02 24 11 97811 A 90.00 2 NPI															
4 02 02 24 02 02 24 11 97140 A 60.00 1 NPI															
5															
6															
25. FEDERAL TAX I.D. NUMBER 123456789 SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>															
26. PATIENT'S ACCOUNT NO.															
27. ACCEPT ASSIGNMENT? (If yes, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>															
28. TOTAL CHARGE \$ 310.00 29. AMOUNT PAID															
30. Pmt for NUCC Use															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) John Smith Lac 54321 Spine Ave Any City															
32. SERVICE FACILITY LOCATION INFORMATION John Smith Lac 54321 Spine Ave Any City															
33. BILLING PROVIDER INFO & PH # (555) 111-2222															
25. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) John Smith Lac 54321 Spine Ave Any City															
32. SERVICE FACILITY LOCATION INFORMATION John Smith Lac 54321 Spine Ave Any City															
33. BILLING PROVIDER INFO & PH # (555) 111-2222															
25. FEDERAL TAX I.D. NUMBER 123456789 SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>															
26. PATIENT'S ACCOUNT NO.															
27. ACCEPT ASSIGNMENT? (If yes, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>															
28. TOTAL CHARGE \$ 109.00 29. AMOUNT PAID															
30. Pmt for NUCC Use															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) John Smith Lac 54321 Spine Ave Any City															
32. SERVICE FACILITY LOCATION INFORMATION John Smith Lac 54321 Spine Ave Any City															
33. BILLING PROVIDER INFO & PH # (555) 111-2222															

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APPROVED OMB-0938-1197 FORM 1500 (02-12)

Calculations Off Calculate Now



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Acupuncture Subsequent Visit
2 sets & no examination of E&M

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare) <input type="checkbox"/>		MEDICAID (Medicaid) <input type="checkbox"/>		TRICARE (TRICARE) <input type="checkbox"/>		CHAMPVA (Member ID#) <input type="checkbox"/>		GROUP HEALTH PLAN (Member ID#) <input checked="" type="checkbox"/>		FECA (FOLIO) (ID#) <input type="checkbox"/>		OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 55555555A	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Beasley, Joe				3. PATIENT'S BIRTH DATE 03 13 1960 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)				5. INSURED'S I.D. NUMBER			
5. PATIENT'S ADDRESS (No., Street) 1234 Maine				6. PATIENT RELATIONSHIP TO INSURED (Set <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>)				7. INSURED'S ADDRESS (No., Street)				8. INSURED'S NAME (Last Name, First Name, Middle Initial)			
CITY Any City STATE				8. RESERVED FOR NUCC USE				CITY STATE				8. RESERVED FOR NUCC USE			
ZIP CODE 00000 TELEPHONE (Include Area Code) (555) 555-1212				9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				a. INSURED'S DATE OF BIRTH MM DD YY M SEX F				b. OTHER INSURED'S POLICY OR GROUP NUMBER			
d. RESERVED FOR NUCC USE				d. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State)				d. OTHER CLAIM ID (Designated by NUCC)				d. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				c. INSURANCE PLAN NAME OR PROGRAM NAME				c. RESERVED FOR NUCC USE			
c. INSURANCE PLAN NAME OR PROGRAM NAME				10c. CLAIM CODE(S) (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a, and 9d.				e. INSURANCE PLAN NAME OR PROGRAM NAME			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)															
Signature on file								Signature on file							
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) FROM MM DD YY TO MM DD YY QUAL															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE FROM MM DD YY TO MM DD YY															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service the below (IAB) ICD INC # 0)															
22. REQUISITION CODE ORIGINAL REF. NO.															
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24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE (Specify Unusual Circumstances) C. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) D. MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. DAYS OF LIMITS H. UNIT I. D. QUAL J. RENDERING PROVIDER ID. #															
1 02 06 24 02 06 24 11 97810 A 60.00 1 NPI															
2 02 06 24 02 06 24 11 97811 A 45.00 1 NPI															
3															
4															
5															
6															
25. FEDERAL TAX I.D. NUMBER 123456789 SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>															
26. PATIENT'S ACCOUNT NO.															
27. ACCEPT ASSIGNMENT? (If yes, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>															
28. TOTAL CHARGE \$ 109.00 29. AMOUNT PAID															
30. Pmt for NUCC Use															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) John Smith Lac 54321 Spine Ave Any City															
32. SERVICE FACILITY LOCATION INFORMATION John Smith Lac 54321 Spine Ave Any City															
33. BILLING PROVIDER INFO & PH # (555) 111-2222															
25. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) John Smith Lac 54321 Spine Ave Any City															
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33. BILLING PROVIDER INFO & PH # (555) 111-2222															

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APPROVED OMB-0938-1197 FORM 1500 (02-12)

170

PRACTITIONER'S STATEMENT

This form has been prepared to assist you in the completion of your insurance claim form and contains all the information that the practitioner is required to provide. Fill out the personal information requested on your insurance company claim form and attach this statement to it. Each patient, not the insurance company, is responsible for payment to this office.

Patient _____ DOB (mm/dd/yyyy) ___/___/___ ID# _____ Today's Date ___/___/___
Address _____
Phone _____ email _____

Table with columns: #, CODE, Description, FEE. Rows include NEW PATIENT (E&M) and ESTABLISHED PATIENT (E&M) with various service codes like 99202, 99203, 99204, 99211, 99212, 99213, 99214, 99215.

Table with columns: #, CODE, Description, FEE. Rows include ACUPUNCTURE/MASSAGE THERAPY/ MODALITIES & THERAPEUTIC PROCEDURES with codes 97020, 97014, 97026, 97024, 97029, 97130, 97124, 97140, 97029, 97029, 97810, 97811, 97813, 97814.

Table with columns: Description, Amount. Rows include Today's Charges, TAX (%), TOTAL, Payment Received.

DIAGNOSIS (If not indicated below): _____

*Explanation _____

Large diagnostic code table with columns: Description, CODE, NAUSEA, PULMONARY & RESPIRATORY, JOINT PAIN-ARTHRALGIA-ARTHRITIS, SPINE, MUSCLE & TENDON, INJURIES/SPRAIN/STRAIN, CIRCULATORY, GENITOURINARY, DIGESTIVE. Includes codes like 852, 689.29, 689.4, 689.21, F41.8, F34.1, R51.9, G44.86, G44.209, G44.229, G44.319, G44.329, G43.909, G43.009, G43.909, R58.64, M25.501, M25.502, M26.603, K08.9, H92.03, H92.01, H57.13, H57.12, J31.2, J32.1, R07.9, R60.9, R63.0, I10, I95.9, R00.20, R59.2, R69.9, R64.9, R65.1, R65.2, R65.3, R65.4, R65.5, R65.6, R65.7, R65.8, R65.9, R66.0, R66.1, R66.2, R66.3, R66.4, R66.5, R66.6, R66.7, R66.8, R66.9, R67.0, R67.1, R67.2, R67.3, R67.4, R67.5, R67.6, R67.7, R67.8, R67.9, R68.0, R68.1, R68.2, R68.3, R68.4, R68.5, R68.6, R68.7, R68.8, R68.9, R69.0, R69.1, R69.2, R69.3, R69.4, R69.5, R69.6, R69.7, R69.8, R69.9, R70.0, R70.1, R70.2, R70.3, R70.4, R70.5, R70.6, R70.7, R70.8, R70.9, R71.0, R71.1, R71.2, R71.3, R71.4, R71.5, R71.6, R71.7, R71.8, R71.9, R72.0, R72.1, R72.2, R72.3, R72.4, R72.5, R72.6, R72.7, R72.8, R72.9, R73.0, R73.1, R73.2, R73.3, R73.4, R73.5, R73.6, R73.7, R73.8, R73.9, R74.0, R74.1, R74.2, R74.3, R74.4, R74.5, R74.6, R74.7, R74.8, R74.9, R75.0, R75.1, R75.2, R75.3, R75.4, R75.5, R75.6, R75.7, R75.8, R75.9, R76.0, R76.1, R76.2, R76.3, R76.4, R76.5, R76.6, R76.7, R76.8, R76.9, R77.0, R77.1, R77.2, R77.3, R77.4, R77.5, R77.6, R77.7, R77.8, R77.9, R78.0, R78.1, R78.2, R78.3, R78.4, R78.5, R78.6, R78.7, R78.8, R78.9, R79.0, R79.1, R79.2, R79.3, R79.4, R79.5, R79.6, R79.7, R79.8, R79.9, R80.0, R80.1, R80.2, R80.3, R80.4, R80.5, R80.6, R80.7, R80.8, R80.9, R81.0, R81.1, R81.2, R81.3, R81.4, R81.5, R81.6, R81.7, R81.8, R81.9, R82.0, R82.1, R82.2, R82.3, R82.4, R82.5, R82.6, R82.7, R82.8, R82.9, R83.0, R83.1, R83.2, R83.3, R83.4, R83.5, R83.6, R83.7, R83.8, R83.9, R84.0, R84.1, R84.2, R84.3, R84.4, R84.5, R84.6, R84.7, R84.8, R84.9, R85.0, R85.1, R85.2, R85.3, R85.4, R85.5, R85.6, R85.7, R85.8, R85.9, R86.0, R86.1, R86.2, R86.3, R86.4, R86.5, R86.6, R86.7, R86.8, R86.9, R87.0, R87.1, R87.2, R87.3, R87.4, R87.5, R87.6, R87.7, R87.8, R87.9, R88.0, R88.1, R88.2, R88.3, R88.4, R88.5, R88.6, R88.7, R88.8, R88.9, R89.0, R89.1, R89.2, R89.3, R89.4, R89.5, R89.6, R89.7, R89.8, R89.9, R90.0, R90.1, R90.2, R90.3, R90.4, R90.5, R90.6, R90.7, R90.8, R90.9, R91.0, R91.1, R91.2, R91.3, R91.4, R91.5, R91.6, R91.7, R91.8, R91.9, R92.0, R92.1, R92.2, R92.3, R92.4, R92.5, R92.6, R92.7, R92.8, R92.9, R93.0, R93.1, R93.2, R93.3, R93.4, R93.5, R93.6, R93.7, R93.8, R93.9, R94.0, R94.1, R94.2, R94.3, R94.4, R94.5, R94.6, R94.7, R94.8, R94.9, R95.0, R95.1, R95.2, R95.3, R95.4, R95.5, R95.6, R95.7, R95.8, R95.9, R96.0, R96.1, R96.2, R96.3, R96.4, R96.5, R96.6, R96.7, R96.8, R96.9, R97.0, R97.1, R97.2, R97.3, R97.4, R97.5, R97.6, R97.7, R97.8, R97.9, R98.0, R98.1, R98.2, R98.3, R98.4, R98.5, R98.6, R98.7, R98.8, R98.9, R99.0, R99.1, R99.2, R99.3, R99.4, R99.5, R99.6, R99.7, R99.8, R99.9.

Cash Check # Credit Card

NEXT APPOINTMENT: Name _____ NPI #: _____ Practice Name _____ Date (mm/dd/yyyy) ___/___/___ Address _____ Time _____ LIC #: _____ Tax ID # _____

Provider's Signature

Phone:

Acupuncture



What my friend thinks



What my mom thinks



What my westernized doctor
Thinks I'm doing



What I think I'm doing



What you still do



What I really do



NETWORK

<https://www.aacinfonetwork.com>



UNLIMITED ACCESS

Have billing or coding questions? We're available by phone and email to offer you the support you need

EXTENSIVE EXPERTISE

We offer consulting for general health insurance, as well as workers compensation, personal injury, and Medicare.

KEEP UPDATED

Our experts stay on the forefront of industry changes to make sure you remain fully compliant

REVIEW

Was your claim denied? Contact us to review the submission and offer guidance on adjustments for resubmission.



SEMINARS

Deepen your knowledge through our live seminars, one complimentary for the practitioner or a staff member

RESOURCES

Online coding reference bank, annual fee schedule review and file audit

ROI

On average, our clients generate >3x the amount of income through proper filing of claims

MONTHLY STRATEGIES

Our monthly strategies will make sure you are always ahead of the curve when it comes to Billing & Coding.

Compliance equals greater reimbursement. Network members get an expert on their team. Monthly Zoom meetings, unlimited phone calls, emails, and free seminars to ensure you always have the best practice information for you and your staff.