

AAOM Announces National CPT Advisory Collaborative Task Force

Editorial Staff

As a result of inquiries from across the nation, the American Association of Oriental Medicine (AAOM) has announced the formation of a new national task force, the CPT Advisory Collaborative. The purpose of the Collaborative is, in part, to prompt collective and broad-based action to correct an error made by the Centers for Medicare and Medicaid Services (CMS) that is causing significant and unnecessary harm to patients who utilize acupuncture for their health conditions and to the practitioners who serve them.

Background

On Jan. 1, 2005 new codes for acupuncture services were adopted by the AMA and valued by the Resource Based Relative Value Update Committee (RUC). This process involved a great deal of time and effort on the part of the community of acupuncture providers as well as the AMA CPT Panel. This expansion allows for greater variability in coding acupuncture treatment and therefore promotes efficiency, specificity and accuracy. The AAOM was invited by the AMA to participate in this process, along with a coalition comprised of the American Chiropractic Association, the American Association of Medical Acupuncture, and the AOM Alliance.

The error occurred when CMS published incorrect relative value units (RVUs) for the 2005 CPT acupuncture codes. The published RVUs omitted any practice expense value for these codes; therefore, the final RVU does not include the actual cost of office space, overhead and supplies necessary to provide the service of acupuncture (see table below).

CMS agrees that this was an error, yet they see the solution as eliminating any value for these codes and reducing the RVU value for the acupuncture codes to zero, since acupuncture is not a Medicare/Medicaid covered service. Their objection to correcting the error in an effective fashion is based on the vague idea that they do not "generally" publish values for codes which they do not cover. This is not specifically true, as one can see from the table below. The current situation provides compelling reasons for an effective correction, since CMS is seen as the final authority regarding code values and the incorrect value has been adopted by many insurers in their reimbursement of acupuncture services. Needless to say, if one is reimbursed for a service provided but not for the space and supplies to provide that service, it makes the provision of said service problematic.

RVUs for 2005 CPT Acupuncture Codes and Other CPT Codes (available online at www.cms.hhs.gov/providers/pufdownload/rvudown.asp)									
HCPCS	Description	Status code	Not used for Medicare payment	Work RVU	Fully implemented non-facility PERUV	Fully implemented facility PERUV	MP RVU	Fully implemented non-facility total	Fully implemented facility total
11975	Insert contraceptive cap	N	+	1.48	1.42	0.57	0.17	3.07	2.22

11977	Removal/reinsert contraceptive cap	N	+	3.30	2.27	1.26	0.37	5.94	4.93
58300	Insert intrauterine device	N	+	1.01	1.42	0.38	0.12	2.55	1.51
78351	Bone mineral, dual photon	N	+	0.30	1.72	0.12	0.01	2.03	0.43
90871	Electro-convulsive therapy	N	+	2.72	1.07	1.07	0.07	3.86	3.86
90875	Psycho physiological therapy	N	+	1.20	0.90	0.46	0.04	2.14	1.70
92015	Refraction	N	+	0.38	1.49	0.15	0.01	1.88	0.54
92340	Fitting of spectacles	N	+	0.37	0.70	0.14	0.01	1.08	0.52
98943	Chiropractic manipulation	N	+	0.40	0.24	0.16	0.01	0.65	0.57
99381	Previous visit, new, infant	N	+	1.19	1.50	0.45	0.05	2.74	1.69
97810	Acupuncture without stimulation, 15 minutes	N	+	0.60	0.00	0.00	0.03	0.63	0.63
97811	Acupuncture without stimulation, additional 15 minutes	N	+	0.50	0.00	0.00	0.03	0.53	0.53
97813	Acupuncture with stimulation, 15 minutes	N	+	0.65	0.00	0.00	0.03	0.68	0.68
97814	Acupuncture with stimulation, additional 15 minutes	N	+	0.55	0.00	0.00	0.03	0.58	0.58

Beyond this issue, the CPT Advisory Collaborative will be developing a strategic operating plan that will govern AAOM's future communications and participation with the AMA CPT. Hence, the CPT Advisory Collaborative becomes the AAOM's advisory panel in its future negotiations with the AMA CPT. This is important in that the AAOM is often required to make decisions "at the table" or within time constraints that carry an immediate turn-around response to the AMA CPT. Thus having this type of advisory panel in place will prove invaluable for use in long-term/ongoing negotiations/discussions with the AMA CPT. Of equal importance is the value of having this type of input on-hand when "real-time" decision making is required from the AAOM by the AMA CPT. Additionally, the CPT Advisory Collaborative will provide a venue to educate the acupuncture community of the inner workings and limitations in the new coding process.

Leadership and Representation

Gene Bruno, OMD, LAc, past president of the AAOM, has been named Interim Chair of this task force. Each state association is asked to designate one representative to act on behalf of its membership base. In states where there is more than one association, one designee from each association can participate. Within its first month of formation, the CPT Advisory Collaborative task force members will nominate and elect a co-chair.

Roles and Responsibilities

The task force will collaboratively identify action items to be addressed and the roles and responsibilities of its membership in administering its ongoing activities.

Meetings, Public Awareness and Outreach

The CPT Advisory Collaborative will convene its meetings via bimonthly conference calls as well as through a CPT Advisory Collaborative ListServ that includes all task force designees. Public communication will be conducted through: grassroots letter campaigns; news alerts on the AAOM Web site and all other state association Web sites; association newsletters and publications; *Acupuncture Today*; and other press releases.

How to Participate

As identified above, each state association is invited to nominate/assign one person for participation. The nomination/assignment must carry the approval of the association's respective executive committee or board of directors, and be submitted by the association board or executive committee to the AAOM. The date of approval is required when submitting the nominees' name. To participate, please complete and submit the appropriate information.

Note: An AAOM interactive form is available on AAOM's home page at www.aaom.org/cptacall.asp. Associations submitting nominees must use this interactive form in the submission of nominees to the task force; faxed or e-mailed data will not be accepted. Required information includes:

Association Information:

- association name
- contact person
- association mailing address
- city/state/zip
- phone/fax
- e-mail/Web address
- date of board/EC approval of nominee

Collaborative Task Force Nominee Information:

- name and credentials of nominee
- street address
- mailing address (if different)
- city/state/zip
- phone/fax
- e-mail address
- five-line biography

For more information, contact the AAOM at cptcollaborative@aaom.org.

MAY 2005