

We Get Letters & E-Mail

Editorial Staff

Worry for the Future of Acupuncture

Dear Editor:

In spite of the recent national coverage of acupuncture on the "Oprah Winfrey Show" and other shows, there are fewer sponsors of the Hinchey bill than from last year. I had been very interested in this bill and organized letter-writing campaigns for the last two years.

However, I have lately been less enthusiastic. The reason is as follows: A regular acupuncture treatment in my clinic is \$69 for a cash-paying patient. With insurance, our usual reimbursement is:

Procedure Code 97810	\$23.04
Procedure Code 97811	\$19.73
Total	\$42.77

An electro-acupuncture treatment is \$79 for a cash-paying patient. With insurance, our usual reimbursement is:

Procedure Code 97813	\$25.25
Procedure Code 97814	\$21.94
Total	\$47.19

Not only do you get a ridiculously lower payment (one insurance company only wants to pay \$23.04 for one session of acupuncture and \$25.25 for one of electro-acupuncture), but you also have to justify each 15-minute increment with documentation and reinsertion of needles. In addition, payment comes weeks afterwards, and there is a lot of hassle, paperwork and delay. Sometimes, we even don't get paid.

In short, there is absolutely no incentive to have a Medicare bill for acupuncture at this time. We are shooting ourselves in the foot! Unless there is drastic improvement with reimbursement rates and a revamping of the definition of the new acupuncture codes, our profession is in jeopardy. This issue should be the number one concern for all licensed acupuncturists, state acupuncture societies and the AAAOM because it is going to adversely impact our practice, if not on our survival as licensed acupuncturists.

The lower reimbursement rates and the lengthened treatment time will have a trickle-down effect on cash-paying patients. They will not be willing to pay more than what the commercial insurance company would reimburse, thus driving down the fees and nature of our practice. Even though I appreciate the effort of those who devised these new acupuncture procedure codes, I just don't know if they have anticipated or understand the full negative impact to the field of acupuncture.

It boils down to a number game with the insurance company. We used to take pride in the least number of needles and the effective use of time to achieve a desirable medical outcome. We take pride in inserting all the needles in one sitting. The reinsertion of needles at new location after initial treatment is inconsistent with our general accepted standard of practice. It will unnecessarily lengthen treatment time for the patients, who do not appreciate it.

Practitioners do not like needle reinsertion either, as it increases the amount of time spent for each patient. Some insurance companies require documentation of time spent with each patient, needle reinsertion, number and gauge of needles, and even needle length. Many practitioners will then be forced to keep two different sets of procedures codes - one for cash paying patients and one for the insurance company. Many practitioners still used the old procedure codes like 97780, 97781 with modifiers to charge cash-paying patients a fixed fee for one session of treatment regardless of time spent, number of needles used or needle reinsertion.

In our clinic, the charge for one session of treatment differs depends on the complexity of the disorder. Charge for musculoskeletal pain is generally less than internal diseases or infertility. The latter two categories definitely require a Chinese medical evaluation and/or the incorporation of herbs, nutritional supplements, dietary counseling, lifestyle changes, and treatment with moxa, cupping or other modalities besides electrical stimulation.

Now, we are expected to treat a patient with no Chinese medical evaluation, essentially no medical interview nor physical examination. With the new codes, licensed acupuncturists are only allowed essentially 15 minutes (including the pre-service, the intra-treatment and the post treatment) to treat a patient, new or established, unless there is reinsertion of needles.¹

To add further insult to our practice, one of the insurance companies would pay us only \$32.29 for the combined procedures codes 97813 and 97814. Their lawyers argued that since New York State assigned no conversion rate for licensed acupuncturists, and since the qualifications of chiropractors and acupuncturists are similar, it should assign a fee at the lower chiropractic conversion rate.² Even if we were paid at the licensed acupuncturist rate, that means no new points are selected after the initial 15 minutes to qualify for code 97811 or 97814. Then the total compensation is a mere \$23.04 or \$25.25, respectively, in my region.

Unless we are effective in improving the take-home income of the average licensed acupuncturist, such as by lobbying for a much higher insurance reimbursement rate, revamping the new procedure codes to eliminate the reinsertion requirement, and preserving the integrity of our ancient healing skill from exploitation by under-trained health providers, the very survival of our profession could be in jeopardy. I still support the Hinchey bill for Medicare coverage of acupuncture treatment, but I am less enthusiastic since the new procedure codes took effect in Jan. 1, 2005.

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References

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2. State of New York Insurance Dept. Oct. 6, 2004. No Fault Fee Schedule Billings for Licensed Acupuncturists. Available at www.ins.state.ny.us/ogco2004/rgO41003.htm.

MAY 2008

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