ACUPUNCTURE Today

BILLING / CODING

Code Changes for 2020

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Question: x *I am aware that diagnosis codes for 2020 updated Oct. 1, 2019, but what about CPT codes? And do you have any information about codes that may affect acupuncture providers?*

You are indeed correct that ICD-10 coding does make its updates on Oct. 1 for the following year. This means the codes actually update on that date and any date of service on or after Oct. 1 must use the new or updated code to be valid. CPT codes or procedure codes actually do not update or become effective until Jan. 1.

For instance, in 2018 there was an update to the myalgia code M79.1; it was revised to include new codes M79.10 to M79.18 for differentiating varied regions of myalgia. I still have offices contacting me as to why their code was not accepted.

This year is no different, as codes are updating, but there is no significant change to the "common codes" used by acupuncture providers. There were no updates or changes to commonly used pain or neuromusculoskeletal codes; however, there are codes that may be of merit for some.

ICD-10 Code Changes

There is an update for *cyclical vomiting related to a migraine*. The revised codes are as follows: G43A0 Cyclical vomiting, in migraine, not intractable; and G43A1 Cyclical vomiting, in migraine, intractable. Nausea and vomiting are commonly covered diagnoses for acupuncture claims, as well as headaches, migraines and beyond. These are clearly not commonly used, but certainly are possible.

Vertigo has been updated to a simpler code. The code for vertigo now is H81.4 and indicates vertigo of central origin. The prior code set indicated separate codes for the right ear, left ear, bilateral ears or unspecified ear. So, interestingly, the code became more generic and simplified.

CPT Changes: Two Dry Needling Codes Added

Moving to Current Procedural Terminology (CPT) coding, there are some updates of which you need to be aware. First and likely of significant interest to the acupuncture profession, there are new codes in the "surgery" section of the *CPT Manual* for "*dry needling*." Specifically, there are two new codes for "needle insertion(s) without injection(s)." Note the codes are not "dry needling" in terminology, but "needle insertion without injection."

The new codes are 20561 1-2 muscles and 20562 2-3 muscles.* These follow similar coding nomenclature for trigger-point injections, but involve no injectable substance. The relative value units for 20561 and 20562 are 0.32 and 0.48, respectively, while acupuncture 97810 is 1.03; 97811 0.78; 97813 1.13; and 97814 0.91. This means the new "dry needling" codes have a value of about one-third that of acupuncture. Note the requirements further identified for use:

- If there is needle retention or e-stim used, only the acupuncture codes are appropriate.
- Every code in the code set can be used by any practitioner with that code's procedure in scope. If a profession does not have a procedure in scope, it cannot use a code because of scope issues. Licensed acupuncturists all (by definition) may use the new codes. There is no expansion of practice act language needed to protect scope.
- If a profession does not have invasive needling in scope, then it cannot use this code.
- This is a non-time-based code usable by practitioners with often cursory training. Its valuation is the next step in the process, but it should not be as highly valued as the acupuncture codes.

The AMA has also added new guidelines for coding of "dry needling" to not code 97140 and the

acupuncture codes 97810-97814. You are to use the new codes for "dry needling or trigger-point acupuncture."

Of course, these new codes do not necessarily indicate reimbursement, as most carriers to date have indicated that dry needling is considered experimental and not payable. (Note the code for laser S8948 has been around for more than a decade and is not payable, indicating the same reasoning. Stay tuned.)

There are also updates to *online or virtual evaluation and management codes*, with new coding for such encounters. The new codes and their associated guidelines include exclusions as to when these codes can and cannot be used. The most prominent is that if there is an Evaluation and Management (E/M) visit within seven days *before* or *after* an online evaluation, you *cannot* report these codes separately because the service is considered part of the E/M service. The prior guide indicated within seven days prior or next available appointment, but now indicates seven days on both ends.

Reporting them separately would be considered "double-dipping," which might easily be done unintentionally. The new codes are 99421 Online digital evaluation and management service, for an established patient for up to seven days cumulative time during the seven days, 5-10 minutes; 99422 for 11-20 minutes; and 99423 for 21 or more minutes.

These codes are for use when E/M services are performed in an online platform and the type that would be done face-to-face, through a HIPAA compliant secure platform. These are for patient-initiated communications and may be used by clinicians who may independently bill an E/M service. They may not be used for work done by clinical staff or for clinicians who do not have E/M services in their scope of practice. Report these services once during a seven-day period for the cumulative time.

For non-physician health care providers, the respective new codes for an online visit are 98970, 98971 and 98972, and utilize the same parameters related to the office visit and time.This new codes are spurred by digital health tools that are growing in popularity, such as patient portals. These tools enable patients and physicians to connect asynchronously and outside of face-to-face settings, making it easier for patients with transportation and scheduling barriers to get questions answered and receive care.

**The CPT codes for dry needling were updated after the print edition went to press from 205X1 and 205X2 to 20561 and 20562, respectively.*

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