

Billing for Cupping and Moxibustion

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Q: I am confused about billing for cupping and moxibustion. Are there specific codes for either of the services or a way that they can be billed to insurance carriers?

A: Cupping and moxibustion are common services provided by acupuncture professionals to aid in the treatment of disease and promote healing. Cupping therapy commonly utilizes glass or plastic cups to create localized vacuum pressure. This vacuum is created by using heat inside the cups or suction to create the vacuum. The vacuum inside the cups increases blood flow to the area and aids in healing. Cupping therapy is commonly performed on the patient's back because there are five meridians on the back. When these meridians are opened, the internal energy is able to flow through the whole body. Cupping therapy is also used to release toxins due to the deep nature of the suction to penetrate deep into your tissues, causing them to release these toxins, as well as increase lymphatic drainage.

Moxibustion is a therapy that utilizes heat of burning moxa, directly or indirectly, to heat/stimulate acupuncture points. Moxa is a mugwort herb that is burned, with the general purpose of stimulating and strengthening the blood and the life energy, or *qi*, of the body. An interesting study published by the *Journal of the American Medical Association* in 1998 showed a [75 percent success rate](#) in changing the fetus from breech to normal presentation by using moxibustion.¹ Common uses also are for inflammation, tendinitis and abdominal cramps.

The CPT (Current Procedural Terminology) Manual does not have any specific codes for either cupping or moxibustion, which does make billing for the services more challenging. However the CPT manual does have two unlisted services codes that can be utilized: 97039, Unlisted modality (specify type and time if there was constant attendance); and 97139, Unlisted therapeutic procedure (specify). Use of either code will require that you send with the claim the specific information about the service you are providing. This can be done by adding information in the pink section of block 24 of the 1500 form above the line of billing with the unlisted code, or you should include additional information to clearly clarify the service. 97039 would be best used for the cupping and moxibustion when you need only to supervise and monitor the progress once it is set up. 97139 would be the best choice when the service requires direct presence and contact by you. This would likely be the case for moving cups or direct moxa where the moxa is hand-held and continuous.

Not all carriers will pay for any and all unlisted services. Therefore, I recommend as part of the insurance verification that you inquire about reimbursement for unlisted codes and specifically cupping and moxibustion. Even if the insurance does not pay, I recommend it be billed, as the explanation of the benefits from the insurance company will show patient responsibility and the patient will understand their personal liability. In addition the patient will see fully how their carrier pays acupuncture claims and may opt later to choose a plan that offers better acupuncture benefits.

If the denial is based on medical necessity, your response should include any and all clinical and published information. The response should also include a description of the condition of the patient, how much they are suffering, and what the impact of this pain is on their life. Lay terms and basic information that anyone could understand should be how it is addressed so that anyone reading or reviewing may understand.

Finally, as a disclaimer, I must include that each individual practitioner must be aware what specific services (including cupping and moxibustion) are legal per their state regulations and considered part of their state-specific scope of practice. While most states do, I cannot guarantee your specific state does.

Reference

1. Cardini F, Weixin H. Moxibustion for correction of breech presentation: a randomized controlled trial. *JAMA* 1998 Nov 11;280(18):1580-4.

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