

Billing and Time Matters

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Recently an acupuncturist asked me how many units of acupuncture may could be billed when inserting a set of five needles and those needles are retained for 30 minutes?

This question is one that is common and though the authors of the codes assumed it was clear it apparently is not. Acupuncture (needling) has 4 distinct CPT (Current Procedural Terminology) codes to document that acupuncture was performed. There are two for manual acupuncture (no electrical stimulation) and two for acupuncture with electrical stimulation. They are the following:

- 97810 - Acupuncture, one or more needles: without electrical stimulation, initial 15 minutes of personal one-on-one contact with 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 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).

When reading these codes often the focus seems to fall on the 15 minutes, but in fact the 15 minutes is not the main driver of how the codes are billed. Note in 97811 and 97814, it indicates additional 15 minutes of personal one-one-one contact with patient, with reinsertion of needle(s). This reinsertion, based on clean needle technique, would not indicate removing and reinserting the same needle, but an additional insertion of a new needle(s).

Due to confusion and multiple interpretations when the codes first were introduced in 2005 the AMA CPT Assistant made further clarification in the June 2005/Volume 15, Issue 6, "re-insertion of the needle(s) is required for the use of add-on codes 97811 and 97814. This means of course that simply having a patient retain a single set of needles for more than 15 minutes would not constitute the ability to bill an add on code such as 97811 or 97814.

The 15-minute increment of time is defined as personal one-on-one contact with the patient. This means that the acupuncturist is in the room with the patient, actively performing a medically necessary activity that is a component of acupuncture or electro acupuncture. The time that the needles are retained is specifically excluded for the purpose of determining time and consequently from reimbursement. Furthermore, personal one-on-one contact with the patient is limited to selecting, locating, marking and cleaning the points, washing hands, inserting and manipulating the needles, removing and properly disposing the needles. However the total time needed for the visit may include:

1. review of the chart
2. greeting patient
3. obtaining a brief account of the results of the previous treatment and any significant changes that have occurred since the last visit
4. selecting points for the day's treatment
5. post-service charting and instructions to the patient.

Therefore the direct answer to the question is they may bill only one unit of acupuncture, 97810 or 97811, when one set of needles are inserted and retained for 30 minutes. Once a patient is on needles there is no absolute need to be face-to-face with the patient as they rest with the needles. Because there is no additional work requirement for simply retaining the needles, there is no added coding billing for that time. Even if you return to monitor the patient's response and potentially stimulate those needles, unless there is an additional insertion no additional code for acupuncture may be billed.

There may be some additional confusion by the use of 15 minutes in the acupuncture codes as this is the same time used for physical medicine and rehabilitation services (commonly referred to as physical therapy codes). These codes range from 97001-97755. Note acupuncture is 97810, 97811, 97813 and 97814 and therefore not included in this code set. In fact CPT specifically notes acupuncture in its own distinct section of CPT.

Physical medicine procedure codes do indeed use a protocol of billing that is completely reliant on time the services are performed. They require at least eight minutes of face-to-face time to qualify for one unit. In fact, it is specifically requires billing in units to meet at least 8-22 minutes for one unit, 23-37 minutes for 2 units, 38-52 minutes for 3 units and 53-67 for units, and so on. This rule is specific to physical medicine services and is not used for acupuncture, where for acupuncture emphasis is on insertion and reinsertion not retention time.

Physical medicine services that are supervised modalities (97010-97028) are services not requiring one-on-one attendance during the period of therapy. For billing purposes there is no time value and these services are to be billed for one unit regardless of the time the service is applied or the number of regions. For instance if you applied infra-red heat, CPT code 97026, it would billed once regardless of it was applied for 30 minutes and to two body regions. Not unless an additional supervised modality was performed could an additional service be billed.

And though not directly the same, the concept for acupuncture fits more as a modality in the sense of billing, not until an additional set is done can an additional set be billed. Even sitting with the patient for 30 minutes would not constitute use of an add on code unless an additional insertion of one or more needles were done.

NOVEMBER 2012