

Eli's Rehab Report

Prepare for Time-Based Acupuncture Codes

More physician involvement could signal policy change

Your physical medicine and rehab (PM&R) practice could possibly see more consistent reimbursement for acupuncture in 2005, with the advent of four new acupuncture codes based on face-to-face contact.

Payers will no longer recognize deleted codes 97780 (Acupuncture, one or more needles; without electrical stimulation) and 97781 (... with electrical stimulation).

Instead, you should start using:

1. **CPT 97810** - Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
2. +97811 - ... 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)
3. 97813 - Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
4. +97814 - ... 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).

These four new codes (97810, 97811, 97813, 97814) specify more stringent physician involvement and could signal a change in policy toward acupuncture, although many providers are skeptical and are therefore taking a "wait and see" approach.

Heads-up: Because the physician must now have "personal one-on-one contact with the patient," your physician's documentation **must** include the time factor and the face-to-face component.