

Eli's Rehab Report

READER QUESTIONS: Investigate Covered Acupuncture Dx by Payer

Question: We're receiving rejections for using PMR codes in 2005 claims for acupuncture for Blue Cross Blue Shield, 1199, United Health Care, and other carriers. Which ICD-9 codes should we use? When did the new acupuncture codes start in 2005?

North Carolina Subscriber

Answer: For 2005, CPT introduced four new codes for acupuncture (and deleted previous codes 97780, Acupuncture, one or more needles; without electrical stimulation; and 97781, ... with electrical stimulation):

1. 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).

The codes became effective for use Jan. 1, 2005, per HIPAA. They were not effective for any dates of service in 2004. If a provider performed acupuncture in 2004, you would need to report the old CPT codes 97780 and 97781 for these dates of service.

Covered diagnoses will vary by payer and, even potentially, by various plans within a payer. For example, an HMO product may not allow coverage for alternative treatments, while a PPO product from the same insurance company may.

Unlike Medicare, which publishes local coverage determinations that include allowable diagnoses for covered procedures, many commercial carriers do not have their coverage determinations easily accessible. Some commercial payers have Web sites specifically for providers that are participating, and they may have access there, while other nonparticipating providers or consultants would not have access to this area.

The best recommendation is to talk with your payer provider representative to see if the payer has a published policy on coverage for acupuncture. Also, it may be helpful to find out what the denial reason was (such as, medical necessity, frequency, noncovered service, inappropriate provider, etc.).

Note: For more acupuncture information from Aetna, see www.aetna.com/cpb/data/CPBA0135.html. To learn about insurance companies that cover acupuncture, see www.acupuncture.com/News/Insuranc.htm.