

Acupuncture-­‐ initial 15”/ CPT unit Acupuncture-­‐ subsequent 15”/ CPT unit Acupuncture-­‐ initial 15”/CPT unit Acupuncture-­‐ subsequent 15”/CPT unit

Acupuncture-­‐ 2nd CPT unit

Manual therapy-­‐ 1st CPT unit

Manual therapy-­‐2nd CPT unit

Acupuncture-­‐ 1st CPT unit

Phone calls & consults -­‐??”

Phone calls & consults -­‐??”

Team conference-­‐??”

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Medical records administration fee

Medical records copying fee

Separate code-­‐ additional 30”

Separate code-­‐ additional 1hr

-­‐21

Modifier*-­ prolonged/continuous*

Re-­‐eval-­‐ 5”

Re-­‐eval-­‐ 10”

Re-­‐eval-­‐ 15”

Initial exam-­‐ 10”

Initial exam-­‐ 20”

Initial exam-­‐ 30”

Same for manual therapy, except that the CPT unit is in larger unit of time.

15-­‐23”

8-­‐22”

23-­‐30”

When an insurance companyrequests medical records it is allowable & expected to charge for the request. E.g. $24/hr for administration [only 1 unit]. 10*cents* per page for copies [multiple units].

**CPT UNITS for PROCEDURES & MODALITIES-­ 24D**

**Procedures are therapies [e.g. acupuncture] while modalities are physical objects used on patient [e.g. e-­‐stim]. Modalities are supervised meaning you can leave the room. Or they are constantly monitored, meaning you stay with the patient. Both are billed in units of time.**

**8-­‐15” Acupuncture CPT unit is actually in increments of 8 minutes. After 8 minuets of treatment it is considered a full 15”. After 16 minutes it isconsidered a full 30” treatment and so on…USUALLY will only be**

**paid for 2 acupuncture codes.**

**99371**

**99373**

**99361**

**99362**

**S9981**

**S9982**

**MICELLANEOUS/MANAGEMENT SERVICE**

**Rarely reimbursed**

**99355**

**99354**

**Primarily used by & re-­‐reimbursed by workman’s comp and need excellent documentation**

**Most commonly used by acupuncturists**

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**Never used. This is for acute care and emergency visitsand primary care providers**

**TIME MODIFIERS/CODES**

**Used if one needs to extend the time taken for initial exam or re-­‐eval**

**Modifier to Add to initial exam or Re-­‐eval code. It is rarely reimbursed. It is*better to just go to a higher codee.g. from* *99202 to 99203 or use a separate code below***

***99211***

***99212***

***99213***

***99214***

***99215***

***Most commonly used by acupuncturists***

***Add this modifier if you initial E&M and treat patient the same visit***

***RE-­EVALUATION 24D***

***Can bill upon every subsequent patient contact***

***INITIAL E&M 24D***

***Good for 3 years, after which time you can bill again for an initial E&M.***

***In other words, one can only bill this once in 3 years, even if the patient has not been treated regularly.***

***99201***

***99202***

***99203***

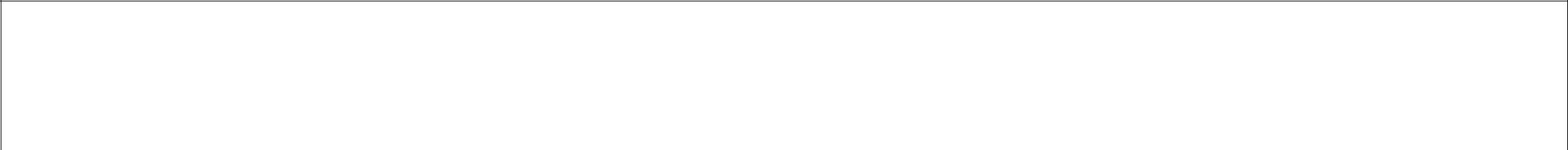
***-­‐59***

***Super-­Bill***

***Information from Acu-­‐Insurance.com http://acu-­‐insurance.com/***

**CPT CODES for PROCEDURES & MODALITIES 24D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | 97810/ $15 | w/o | e-­‐stim |
|  |  | 97811/ $15 | w/o | e-­‐stim *and reinsertion of needles*. [Must use 97810 & 97811 together] |
|  |  | 97813/ $15 | w/ | e-­‐stim |
|  |  | 97814/ $15 | w/ | e-­‐stim *and reinsertion of needles.* [Must use 97813 & 97814 together] |

**E**-­‐**stim**: start ing*without*e-­‐stim then continue billing as such. Start*with*e-­‐stim, continue billing as such.*So if you are going to use e-­stim… use it first!*In other words:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | If the fist 15” of your treatment *did not* involve e-­‐stim [97810] but the second 15” of treatment *did*, you bill as if you did notuse e-­‐stim at all. | | |
|  | You bill 97810 & 97811. |  |  |
| *2.* | If the first 15” of your treatment involved e-­‐stim [87813] but the second 15” of your treatment did not, you billas if you continuously used e-­‐stim. | | |
|  | You bill 97813 & 87814. |  |  |
|  |  |  |  |
|  | Warm needle | -­‐59 | Add this modifier to the above codes whenever there is*simultaneous* overlap with acupuncture & this modality |
|  | Manual: *Cupping, tuina* | 97140 | This is the code that covers*tuina*. It pays more than the code for *massage* |
|  | Manual: *Bilateral or separate form* | 97140-­‐*50* | Add *-­50 modifier* to 1 or 2 CPT units for manual therapy that has a significant bilateral component. |
|  | *acupuncture* |  | Add *-­50 modifier* to manual therapy if insurer requires clear differentiation between manual therapy given separately |
|  |  |  | from acupuncture in order to be paid for both. Some insurers will not pay if differentiation is not made. |
|  | Massage | 97124 | *Do not use this code for tuina etc*. because it does not reflect the scope of treatment rendered. |
|  | Moxa $5 | 97026 | Just moxa |
|  | Hot/cold packs $5 | 97010 |  |
|  | e-­‐stim | 97014 | Different than acupuncture w/ e-­‐stim. E.g. unattended TENS. |
|  | Heat lamp $10 | 97026 | Infrared |
|  | Physiotherapy | 97110 | ROM, exercises, gait training etc. |
|  | Kinesio-­‐taping |  |  |
|  | ROM | 97111 |  |
|  | Unlisted procedures | 97139 |  |
|  | Unlisted modalities | 97039 |  |
|  | Urinalysis *Manual* | 81002 | Lab tests |
|  | Pregnancy test *Urine* | 81025 |  |
|  | Blood Sugar test *manual* |  |  |
|  | Biometrics/physical performance | 97750 | This would be using a physical tool to quantifysprain, ADL, ROM etc. improvement or limitations. |
|  | tests, screens |  | [*Outcome Assessment & Measurement Tools* to document functional improvement, activities of daily living, pain etc. |
|  |  |  | Use them to document improvement, verify & justify thischarge!. Find some at http://acu-insurance.com/clinical- |
|  |  |  | aspects/outcome |
|  | Needles & supplies | A4215 | This is a HCPCS code used by the Medicare/Medicaid system, which reimburses for needles & supplies. |
|  |  |  | Other insurers *may* pay… not likely. |
|  | **Smoking & Alcohol cessation** | 99406 | 3-­‐ 10 minutes' duration are reimbursed by Medicare CPT [implemented in January 2008].See |
|  | **counseling (5-­A’s);** |  | https://online.epocrates.com/noFrame/showPage.do?method=diseases&MonographId=411&ActiveSectionId=41 |
|  | 1] Ask about a smoking status. | 99407 | >10 minutes |
|  | 2) Advise to quit. |  |  |
|  | 3) Assess readiness to quit. |  |  |
|  | 4) Assist in quit attempts. |  |  |
|  | 5) Arrange follow-­‐up on attempts |  |  |
|  | (e.g. NADA). |  |  |



|  |  |  |  |
| --- | --- | --- | --- |
|  | **ICD-­9-­ CM DIAGNOSIS CODES & QUALIFIERS** | | |
|  |  | Office Ally |  |
|  |  |  |  |
| **ACCIDENT** |  | **HEADACHES** |  |
| Collision with motor vehicle. Passenger | E812.1 | TMJ | 848.1 |
| Collision with Motor Vehicle. DRIVER | E812.0 | Headaches. tension | 307.81 |
| **NECK** |  | headache | 784.0 |
| Neck Pain. Cervicalgia | 723.1 |  |  |
| Cervical spine sprain/strain | 847.0 |  |  |
| **BACK** |  |  |  |
| Back Pain. Unspecified | 724.5 |  |  |
| Back Pain. Lumbar | 724.2 |  |  |
| Thoracic sprain/strain | 847.1 |  |  |
| Lumbar sprain/strain | 847.2 |  |  |
| Lumbosacral sprain/strain | 846.0 |  |  |
| Sciatica | 724.3 |  |  |
| Sacral strain/sprain | 847.3 |  |  |
| Coccyx sprain /strain | 847.4 |  |  |
| **BLE** |  |  |  |
| Lumbosacral /Thoracic neuritis / radiculopathy | 724.4 |  |  |
| Pain. Knee | 719.46 |  |  |
| Pain. Hip | 719.45 |  |  |
| Pain. Foot | 719.47 |  |  |
| **BUE** |  |  |  |
| Shoulder/upper arm strain/sprain | 840.9 |  |  |
| Pain. Wrist | 719.43 |  |  |
| Pain. Shoulder | 719.41 |  |  |
| Forearm Injury. Unspecified | 913.8 |  |  |
| Wrist Injury | 959.3 |  |  |
| Brachial neuritis/ radiculitis | 723.4 |  |  |
| Carpal tunnel | 354 |  |  |
| **GENERAL BODY PAIN** |  |  |  |
| Osteoarthritis | 715.9 |  |  |
| fibroyalgia / myositis, unspecified | 729.1 |  |  |