

CPT Coding Guidelines

– CPT Codebook Guidelines

Acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

If no electrical stimulation is used during a 15-minute increment, use 97810, 97811. If electrical stimulation of any needle is used during a 15-minute increment, use 97813, 97814.

Only one code may be reported for each 15-minute increment. Use either 97810 or 97813 for the initial 15-minute increment. Only one initial code is reported per day.

Evaluation and management services may be reported in addition to acupuncture procedures, when performed by physicians or other health care professionals who may report evaluation and management (E/M) services, including new or established patient office or other outpatient services (99202-99215), hospital inpatient or observation care (99221-99223, 99231-99233), office or other outpatient consultations (99242, 99243, 99244, 99245), inpatient or observation consultations (99252, 99253, 99254, 99255), critical care services (99291, 99292), inpatient neonatal intensive care services and pediatric and neonatal critical care services (99466-99480), emergency department services (99281-99285), nursing facility services (99304-99316), and home or residence services (99341-99350), separately using modifier 25 if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and postservice work associated with the acupuncture services. The time of the E/M service is not included in the time of the acupuncture service.

CMS/NCCI Guidelines

" Modifier 25: The CPT Professional defines modifier 25 as a "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service." Modifier 25 may be appended to an evaluation and management (E&M) CPT code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s).

National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits prevent inappropriate payment of services that should not be reported together. Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment, but the Column Two code is denied unless a clinically appropriate NCCI PTP-associated modifier is also reported.

CPT only copyright 2023 American Medical Association. All rights reserved.						
Column 1/Column 2 Edits	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
					0=not allowed 1=allowed 9=not applicable	

97810	99202	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99202	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99203	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99203	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99204	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99204	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99205	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99205	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99211	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99211	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99212	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99212	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99213	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99213	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99214	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99214	20130101	20191231	1	CPT Manual or CMS manual coding instruction
97810	99215	20201001	*	1	CPT Manual or CMS manual coding instruction
97810	99215	20130101	20191231	1	CPT Manual or CMS manual coding instruction

This comes directly FROM CMS and it says that a modifier is ALLOWED (1) when combining 97810 with any of the E/M codes using either CMS or CPT Instructions.

Reimbursement policy retirement: Acupuncture Billed with Evaluation and Management - Professional

Effective January 1, 2023, Anthem Blue Cross' (Anthem) Acupuncture Billed with Evaluation and Management - Professional policy will be retired. The policy aligns with standard correct coding requirements, as outlined in applicable CPT guidelines, which provide that Evaluation and Management services may be reported separately from acupuncture services by using modifier 25 when appropriate. Since the policy does not deviate from this guidance, the policy will be retired.

Anthem will enforce the requirements set forth in applicable CPT® guidelines. As always, Anthem reserves the right to request medical records when needed to validate appropriate billing.