

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-058
Subject: Acupuncture When Billed with Evaluation and Management Services
Effective Date: July 6, 2020 **End Date:**
Issue Date: June 12, 2023 **Revised Date:** June 2023
Date Reviewed: May 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The purpose of this policy is to give direction on acupuncture services billed with Evaluation and Management Services (E/M) billed on the same day, for the same patient, by the same provider.

REIMBURSEMENT 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. The following codes are used to report acupuncture services:

97810	Initial 15 minutes of one-on-one contact 1 or more needles – without electrical stimulation.
97811	Each additional 15 minutes of one-on-one contact with reinsertion of needle(s). List separately in addition to code for primary procedure.
97813	Initial 15 minutes of one-on-one contact 1 or more needles – with electrical stimulation.
97814	Each additional 15 minutes of one-on-one contact with electrical stimulation and reinsertion of needle(s). List separately in addition to code for primary procedure.

Acupuncture includes a pre-treatment assessment. A separate E/M service should not be reported for acupuncture or other time-based physical medicine services; however, E/M services may be reported separately using modifier 25 or FT, if the patient's condition requires a significant, separately identifiable E/M service, which is above and beyond the usual pre-service and post-service work associated with the acupuncture service for the following reasons:

- Initial examination of a new patient or condition, **or**
- Re-examination of a new patient within an episode of care to assess patient progress, current clinical status, and determine the need for any further medically necessary therapeutic level care;
or
- Acute exacerbation of symptoms or a significant change in the patient's condition, **or**
- Distinctly different indications, which are separately identifiable and unrelated to the acupuncture.

Note: The time of the E/M service is not included in the time of the acupuncture service.

DEFINITIONS:

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
FT	Unrelated evaluation and management (E&M) visit during a postoperative period, or on the same day as a procedure or another E&M visit.

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-14: Acupuncture
- E-16: Cranial Electrotherapy and Auricular
- Z-52: Pain Management of Peripheral Nerves by Injection

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-035: Correct Coding Guidelines

POLICY UPDATE HISTORY INFORMATION:

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-058
Subject: Acupuncture When Billed with Evaluation and Management Services
Effective Date: July 6, 2020 **End Date:**
Issue Date: January 10, 2022 **Revised Date:** January 2022
Date Reviewed: December 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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- Initial examination of a new patient or condition, **or**
- Re-examination of a new patient within an episode of care to assess patient progress, current clinical status, and determine the need for any further medically necessary therapeutic level care; **or**
- Acute exacerbation of symptoms or a significant change in the patient's condition, **or**
- Distinctly different indications, which are separately identifiable and unrelated to the acupuncture

Note: The time of the E/M service is not included in the time of the acupuncture service.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-14: Acupuncture
- E-16: Cranial Electrotherapy and Auricular
- Z-52: Pain Management of Peripheral Nerves by Injection

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT

POLICY UPDATE HISTORY INFORMATION:

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-058
Subject: Acupuncture When Billed with Evaluation and Management Services
Effective Date: July 6, 2020 **End Date:**
Issue Date: November 1, 2021 **Revised Date:** July 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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REIMBURSEMENT GUIDELINES:

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service, which is above and beyond the usual pre-service and post service work associated with the acupuncture service for the following reasons:

- Initial examination of a new patient or condition, **or**
- Re-examination of a new patient within an episode of care to assess patient progress, current clinical status, and determine the need for any further medically necessary therapeutic level care; **or**
- Acute exacerbation of symptoms or a significant change in the patient's condition, **or**
- Distinctly different indications, which are separately identifiable and unrelated to the acupuncture

Note: The time of the E/M service is not included in the time of the acupuncture service.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-14: Acupuncture
- E-16: Cranial Electrotherapy and Auricular
- Z-52: Pain Management of Peripheral Nerves by Injection

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU

POLICY UPDATE HISTORY INFORMATION:

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP- 058
Subject: Acupuncture When Billed with Evaluation and Management Services
Effective Date: July 6, 2020 **End Date:**
Issue Date: June 1, 2020 **Revised Date:**
Date Reviewed:
Source: Reimbursement Policy

Applicable Commercial Market PA WV DE
Applicable Medicare Advantage Market PA WV
Applicable Claim Type UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

The purpose of this policy is to give direction on acupuncture services billed with Evaluation and Management Services billed on the same day, for the same patient, by the same provider.

REIMBURSEMENT GUIDELINES:

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Acupuncture includes a pre-treatment assessment. A separate E/M service should not be reported for acupuncture or other time based physical medicine services; however, E/M services may be reported separately using modifier 25 if the patient's condition requires a significant, separately identifiable E/M

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- Initial examination of a new patient or condition, **or**
- Re-examination of a new patient within an episode of care to assess patient progress, current clinical status, and determine the need for any further medically necessary therapeutic level care; **or**
- Acute exacerbation of symptoms or a significant change in the patient's condition, **or**
- Distinctly different indications, which are separately identifiable and unrelated to the acupuncture

Note: The time of the E/M service is not included in the time of the acupuncture service.

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy: Z-14 Acupuncture
- Commercial Medical Policy: E-16 Cranial Electrotherapy and Auricular
- Commercial Medical Policy: Z-52 Pain Management of Peripheral Nerves by Injection

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy: RP-009 Modifiers 25, 59, XE, XP, XS and XU

POLICY UPDATE HISTORY INFORMATION:

07 / 2020	Implementation
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