



NCCAOM Advocacy Engagement with CPT Editorial Panel

As many of you may have seen, the American Medical Association CPT Editorial Panel recently released its decisions from the September 2018 Panel meeting and accepted the addition of two new CPT codes relating to the practice of acupuncture. Based on questions that the NCCAOM has received from Diplomates, it is clear that there is both concern and confusion among the acupuncture community about these new codes and the process by which they were created, and the NCCAOM Advocacy team hopes to address these questions below. The NCCAOM will continue to advocate for the interests of NCCAOM Board-Certified Acupuncturists™ and the larger acupuncture community and will monitor any further developments with the CPT code set and work to keep our Diplomates informed.

Background

The Current Procedural Terminology (CPT) code set is a guidebook of medical procedure codes developed and maintained by the American Medical Association (AMA). The code set describes medical, surgical, and diagnostic services for use in reporting and billing procedures. The CPT Editorial Panel is tasked with ensuring that CPT codes are up to date and reflect the latest medical care provided to patients. The Panel is made up of members including physicians nominated from specialty societies, representatives from insurance carriers, Medicare and Medicaid, the American Hospital Association, and other health care professionals. Meetings of the CPT Panel are convened three times a year to solicit input from practicing physicians, medical device manufacturers, diagnostic test developers, and additional advisors.

The process to change or add to the CPT code set is highly restricted and somewhat opaque. Those who wish to propose new codes or to edit existing codes must complete detailed applications with strict requirements, including reviews of the current code set, development of clinical vignettes, and submission of peer-reviewed literature. Once these applications are received, they are reviewed by members of the CPT Advisory Committee and the Health Care Professionals Advisory Committee and placed on the schedule for discussion at an upcoming meeting of the Panel. The CPT Advisors submit opinions to the Panel based on the application and all submitted clinical literature, and the Panel may approve, reject, table, or modify the requests for new or revised codes. Additionally, outside organizations may request to be named an "Interested Party" to the discussion and submit supporting or oppositional materials to the applications.

At the meeting, those who have submitted applications may present an overview of the request and respond to questions from the Panel. The actual discussion at the Panel meetings are restricted by confidentiality agreements, and the Panel may take into account the opinions of the CPT Advisors but are not required to abide by their recommendations.

After the Panel meeting, a summary of the Panel's decisions on all topics discussed will be posted publicly and there is a short period in which applicants or Interested Parties may submit additional requests for reconsideration of the decision. CPT Panel actions are not considered completely finalized until publication in the CPT code set.

You can learn more about the details of the CPT process [here](#).



September 2018 Panel Discussion

At the September 2018 meeting of the CPT Editorial Panel, two separate applications were discussed relating to the practice of acupuncture. One called for the introduction of new codes to describe “trigger point acupuncture (TPA),” reflecting the insertion of acupuncture needles into specific body regions without needle retention. This application was submitted by the American Society of Acupuncturists. The second application, submitted jointly by the American Chiropractic Association and the American Physical Therapy Association, called for a new code to report “dry needling.” The Editorial Panel recognized that the two applications were related, and so linked them on the schedule for the meeting to be discussed as one topic. As soon as the NCCAOM became aware of these applications, the Advocacy team submitted an application for “Interested Party” status, by which organizations outside of the Editorial Panel and the Advisory Committee can submit comments on proposed new codes.

Upon receiving the Interested Party designation, NCCAOM Advocacy staff developed a set of comments on both applications. These supported the application for TPA codes as describing a procedure (namely, acupuncture needle insertion without retention) that was not adequately reflected by the existing code set, and expressed concerns with the potential for increased confusion around the term “dry needling.” The Advocacy team felt that the procedure described in the dry needling application was simply acupuncture, with a specific aim to exclude acupuncture terms from the description. These comments were received by the Panel and reviewed as part of the deliberation around the two applications.

Panel Decision and Reconsideration Process

The Panel approved a “compromise” position which would unite both applications into one set of new codes. The final determination of the Panel was to approve new codes for needle insertion without retention, which would describe both TPA and dry needling, as it was determined that the procedures as described were materially similar. The Panel decided, as reflected in the [published summary of Panel actions](#), to accept the additions of two new codes, 205X1 and 205X2, to describe this procedure. Barring any further action, these codes will go into effect on January 1, 2020.

However, upon review of the details to be included in the new codes, the NCCAOM determined that there were serious deficiencies in the codes as provided and submitted an additional request for reconsideration. The major concern with the posted decision was that the new codes would not be allowed to be billed in conjunction with the existing acupuncture codes (97810-97814). This would prevent acupuncturists from treating patients with multiple conditions in the same session, if those conditions would be most appropriately treated with both traditional and trigger point acupuncture (with time-based needle retention and without). The NCCAOM believed that this may have been an oversight on the Panel’s part, as it provides a one-sided benefit to non-acupuncture practitioners (e.g., physical therapists and others) who are able to report the new codes in conjunction with existing manual therapy techniques, while acupuncturists would be forced to under-report their procedures or require patients to come in for multiple unnecessary treatment sessions. The Advocacy team believes this deficiency warranted a request for reconsideration, which was submitted to the Panel in November 2018.

The Editorial Panel will review any submitted requests for reconsideration of their actions from the September 2018 meeting at the next Panel meeting, which is scheduled for February 6-9, 2019. The NCCAOM will continue to monitor the progress of these codes and advocate for the best interests of our members as necessary.



Key Takeaways

- The CPT Panel accepted two new codes describing needle insertion without needle retention, effective Jan. 1, 2020.
- The current language would not allow for acupuncturists to report traditional acupuncture (97810-97814) with the new codes (205X1, 205X2).
- The NCCAOM submitted a request to reconsider the Panel decision and remedy this issue.