October 5, 2020

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Verma:

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)® appreciates the opportunity to respond to the Centers for Medicare and Medicaid (CMS) proposed 2021 Physician Fee Schedule (PFS) changes for CPT® Codes 97810, 97811, 97813, and 97814.

The NCCAOM seeks to ensure the public's safety and well-being by establishing and promoting national, evidence-supported competence and credentialing standards for the acupuncture profession. Currently, the NCCAOM certifies 1,200-1,500 acupuncturists each year and represents over 18,000 board-certified acupuncturists in the United States.

Proposed 2021 PFS Valuation Impact

The NCCAOM is concerned with CMS' proposed changes to work relative value units (RVU) for acupuncture CPT® codes 97810, 97811, 97813, and 97814, through crosswalking them to CPT® codes, 20560 & 20561, 'Needle Insertion Without Injection,'(Commonly referred to as Dry Needling). Dry needling methodology, known as trigger-point acupuncture, is separate and significantly distinct from acupuncture treatments coded utilizing 97810, 97811, 97813, and 97814.

The American Medical Association's established separate and distinct acupuncture and dry-needling codes, which further asserts this fact. The proposed 2021 PFS overlooks several critical distinctions outlined below that underestimates and devalues the training, intensity, and skill sets that these acupuncture codes require.

Acupuncture and Dry Needling Intensity and Skill Set Significantly Differ

Although acupuncture and dry needling services may appear to be similar in nature, they are dramatically different and serve very different purposes. Their distinctions are significant and the assumption that they are similar enough to crosswalk them overlooks their intended purposes, intricacies, and required training and expertise.

Dry needling requires an MD/DO prescription directing a practitioner to treat a specific area by locating trigger points and inserting, manipulating, and removing needles from those areas.

CPT codes for acupuncture (97810-14) require practitioners to perform patient evaluation and management. Conversely, the newly adopted dry needling codes have no such requirement, as they are secondary or ancillary services. Acupuncturists must evaluate, diagnose, and treat acupuncture patients every session. These services require significant intra- and post-service work.

Pre-service work for acupuncture includes reviewing patient medical records, and preparing for a patient's acupuncture procedure. Intra-service work includes evaluating, diagnosing, and treating patients (inserting, retaining (includes continuous observation), and removing needles). Post-service work includes evaluating patients after removing needles to determine the treatment's efficacy and to assess the patient immediately post-treatment response.

Acupuncture is a holistic therapy and includes three distinct components at every session: evaluation, diagnosis, and treatment. As independent practitioners, acupuncturists are not limited to treating a specific body area. Their training enables them to understand and use the entire body to treat and care for patients. The current coding-valuation system considers dry needling and acupuncture to be procedure-based rather than evaluative-based services, and the coding aligns with manual/surgical therapies. This designation does not account for acupuncture's higher-level intellectual function necessary for diagnosing, evaluating, and developing patients' treatment plans.

Acupuncture extends far beyond dry-needling's procedural services. Dry needling involves single-point insertions that the practitioner removes shortly after insertion. Acupuncture treatments can include 10 or more needle-point selections and needle retention that may involve the practitioner's ongoing or intermittent observation throughout the course of treatment. This requires a higher level of educational training, and actual work, for the practitioner.

Valuations for acupuncture codes must incorporate the required observation during the needle-retention phase of an acupuncture treatment, which requires room occupancy and the practitioner's focused time. These stress elements last through the procedure. Dry needling does not include needle retention and, thus, does not require the level of time or practitioner supervision as acupuncture procedures. This fact alone merits distinct valuations for the aforementioned acupuncture and dry-needling codes, which would mean significant, increased RVUs for acupuncture codes.

Acupuncturist Training Factored into RVUs

Acupuncturists are trained and licensed to evaluate and diagnose patients. The acupuncture scope of practice enables them to practice independently and to solely evaluate, diagnose, and treat patients.

The NCCAOM certification requires its Diplomates to complete three or four academic years of master's degree education at an Accreditation Commission for Acupuncture and Oriental Medicine or international equivalent. NCCAOM Diplomates must also complete 660 hours of clinical training prior to sitting for national boards. Diplomates must also obtain 60 continuing education hours every four years. Currently, 47 states and the District of Columbia require NCCAOM certification for licensure to provide acupuncture services.

Unlike the acupuncture profession, no independent, standardized and accredited training exists for dry needling. Those who provide dry needling can often do so by taking weekend training courses that require no supervision or clinical training requirements.

As the Rand Corporation noted in its *2018 Practice Expense Methodology and Data Collection Research and Analysis*, appropriately calculating the direct and indirect practitioner expenses should consider the level of the practitioner's training and cognitive effort to perform a task.

This stark difference in standardized training and certification protocol reflects the intrinsic differences between acupuncture and dry-needling procedures. Acupuncture requires more training, knowledge, and specific skill sets for administering more invasive and precise techniques. Their extensive training accounts for patient safety, holistic knowledge, and diagnosis expertise than the training to administer dry needling exclusively for musculoskeletal pain. The RVUs for these codes in question should reflect these differences.

The NCCAOM is pleased that CMS has begun to recognize acupuncture's value and efficacy as a pain-management option, as well as an option for wellness. Ensuring access to safe and quality acupuncture services is the NCCAOM's primary goal. This access is only possible when acupuncture receives accurate valuations to encourage the profession to provide services to Medicare beneficiaries and to encourage entry to the acupuncture profession.

Devaluing acupuncture services impedes upon these efforts and severely restricts access to qualified practitioners. Equating dry needling with acupuncture also inappropriately elevates the former with the latter, creating a scope overlap and a risk to patient safety.

The NCCAOM appreciates the opportunity to provide feedback to the proposed code crosswalk and stands by as a subject-matter expert and resource as CMS continues to assess and consider acupuncture services.

Sincerely,

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Chair, NCCAOM