



Report from the American Medical Association CPT Code Committee meeting September 27-29, 2018

Boston, MA

In September of this year the American Medical Association CPT Code Committee meeting was attended by ASA leadership including David W. Miller, Amy Mager, Eric R. Buckley, and Mori West. The report below describes information needed to understand the CPT process and its outcomes relative to recently developed codes which affect the practice of acupuncture nationally. Involvement in the CPT process demands adherence to strict confidentiality rules, so specifics of what occurred during the meeting itself cannot be reported. Understanding of the general process, however, will be helpful in gaining insight.

1,3. The art of war is governed by five constant factors, to be taken into account in one's deliberations, when seeking to determine the conditions obtaining in the field.

4. These are: (1) The Moral Law; (2) Heaven; (3) Earth; (4) The Commander; (5) Method and discipline.

Therefore, in your deliberations, when seeking to determine the military conditions, let them be made the basis of a comparison, in this wise:-- 13. (1) Which of the two sovereigns is imbued with the Moral law? (2) Which of the two generals has most ability? (3) With whom lie the advantages derived from Heaven and Earth? (4) On which side is discipline most rigorously enforced? (5) Which army is stronger? (6) On which side are officers and men more highly trained? (7) In which army is there the greater constancy both in reward and punishment?

--Sun Tzu, The Art of Warⁱ

Understanding the CPT Process

The CPT process is not transparent, but it is structured with specific rules. The entire process resides under the roof of the American Medical Association (AMA). The AMA owns the CPT codes and makes, exclusively, all final determinations about their creation, organization, and interpretation. All other professions involved in this process are guests, and their rank of input is secondary to that of the leadership of the CPT within AMA. There is no dictating to the CPT Committee how things will be, but rather a discussion seeking to persuade the committee that there is a need and justification for a unique code. If the committee agrees to the need and evidence base, a code is created. If it disagrees, there is no code.

Codes created must point to distinct procedures that can be uniquely identified by those codes. There can be no redundancy of codes, nor vague meaning. Codes may hold open ended potential such as with the Evaluation and Management codes which code general services, yet each of these codes still has uniquely identifiable qualities which map procedures unequivocally to the specific code.

In the creation of a code, multiple steps are taken. First, the code is proposed by a medical society, professional association, or a medical device manufacturer. The application containing the request for a code describes the uniquely identifiable procedure in question which currently has no identifier, and provides a representative vignettes or vignettes in which the code would apply. Supporting literature is provided as well as a rationale as to where the code should be placed in the code set. Secondly, that application is reviewed for basic viability, and is either accepted or rejected (with rationale). If an application is accepted, it is, thirdly, put out to the membership of the CPT committee and all interested parties for comment. It is also assigned to a subcommittee of the CPT committee for deeper analysis and for shepherding through the full application process. An individual or organization may seek access to this process and declare themselves an “interested party”, but must justify the interest and sign significant non-disclosure agreements. Fourthly, debate then ensues about the code, with interested parties supporting or opposing the code with rationale. During this process, questions may then be asked by the committee and language the committee sees more appropriate may be suggested to the applicant. This all occurs prior to the actual CPT Committee in-person meeting.

At the CPT meeting itself, applicant groups are called forward and questioned about details of their application and their rationale. Many codes fail for a number of reasons.

If there are “interested parties” who have substantial opinions on a code or conflicts about its interpretation, they are brought together into a working group, sometimes with direct mediation by the CPT committee member experts themselves. Mediated discussion is kept tight, professional conduct is expected, and emotions are not welcome. The discussion centers around arguments for interpretation and placement of the codes, and then the CPT committee itself makes its determinations and informs the interested parties about how the code will be managed. This is the end of discussion. The AMA strives for clarity, the organizational integrity of the code set in its entirety, and to a lesser degree fair respect to the interests of all affected parties. This is as “Metal” of a process as can be imagined.

III, 2. Hence to fight and conquer in all your battles is not supreme excellence; supreme excellence consists in breaking the enemy's resistance without fighting.

3. Thus the highest form of generalship is to balk the enemy's plans; the next best is to prevent the junction of the enemy's forces; the next in order is to attack the enemy's army in the field; and the worst policy of all is to besiege walled cities.

4. The rule is, not to besiege walled cities if it can possibly be avoided.

Background on the seeking of a code for “dry needling”

The CPT process surrounding the creation of a code for “dry needling” has been in the planning stages for up to nine years by the physical therapy and chiropractic communities. While it was never clear when it would come to the presentation of an actual application, that an application would be forthcoming was never in question. How to address the interests of the Licensed Acupuncturist community in this discussion has been a point of effort for many years as well. It led to the creation of the NCCAOM Academy to represent the profession on the HCPAC advisory committeeⁱⁱ, but this ultimately led to a dead end when the requirements for participant groups was clarified that certification agencies could not represent their professional groups. The requirement that the representative professional group representing the Licensed Acupuncturist community have “50%+1” members of the total licensees was also reaffirmed out of this multiyear effort. This reaffirmation was made despite it being a standard no other participatory group meets, and which is not met by the AMA itself. It has been serious and hemmed in ground.

These discussions have led to persistent efforts to find language to explain to the CPT Committee why The LAc community did not feel that a distinct code for dry needling was appropriate. In such exploration, it did become clear that there was a justifiable case to be made for a code that described acupuncture without needle retention. Acupuncture with needle retention is clearly described by the current acupuncture code set, 97810, 97811, 97813, 97814. In-and-out *ashi* point treatment is not encompassed by these codes. Interestingly, the original codes for acupuncture, 97780 & 81, were not time-based codes. After a number of years of trial with this code, it was determined that acupuncture would both be better described by and better reflective of what was being done clinically by transforming to the current time-based codes.ⁱⁱⁱ While originally 15 codes were proposed to describe the work done by acupuncturists, only four were ultimately approved by the AMA.

After much discussion, and under the experienced direction of Eric R. Buckley, the ASA determined that it was time to apply for a lacking, non-time-based, “Trigger Point Acupuncture” code. As it turned out, this coincided with the submission by the physical therapists and chiropractors of a code for “Dry Needling”. The AMA Committee accepted both applications, and clearly recognized the interconnectedness of the two proposals. It then facilitated discussion on this, and determined its conclusions about how such a code should be identified, and where it should be placed in the code set. It cannot be underscored enough that if we had not coincidentally submitted the application for our code, we would not have had nearly the participatory opportunity that we did end up having. Had that not occurred, our input might have been limited to written testimony, and the concept of “Trigger Point Acupuncture” and the placement of this code in the code set might have occurred quite differently. As it did occur, we sat at the table as full participants.

Sun Tzu said: Whoever is first in the field and awaits the coming of the enemy, will be fresh for the fight; whoever is second in the field and has to hasten to battle will arrive exhausted.

[We arrived simultaneously.]

4. *Ground the possession of which imports great advantage to either side, is contentious ground.*

On facile ground, halt not.

On contentious ground, attack not.

[We fought un-haltingly for our ground, but we behaved diplomatically.]

Outcomes

After much deliberation, the AMA Committee concluded the following:

1. Codes describing the procedure of needling with no needle retention are to be created.
2. The placement for these codes will be under the code set for trigger point injections. (This resides in the medical-surgical section of the code set, and not under either acupuncture nor physical medicine and rehabilitation.)
3. Accepted addition of codes 205X1, 205X2 to describe needle insertion(s) without injection(s). Codes will become active January 1, 2020 Copyright 2018, American Medical Association, All rights Reserved CPT Is a registered trademark of the American Medical Association Updated October 30, 2018

<https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/september-2018-summary-panel-actions.pdf>

With these codes, representative vignettes were agreed upon. These vignettes make it absolutely clear that the intent of these codes is to describe a procedure with no needle retention and no auxiliary electric stimulation. These will become available upon the publication of the full code set, presumably just prior to 2020.

Points to take home

- There is no “dry needling code”. There is now a code for “needle insertion(s) without injection(s)”. This procedure is deemed identical to both Trigger Point Acupuncture and Dry Needling. The two are equated.

- If there is needle retention or e-stim used, only the acupuncture codes are appropriate.
- Every code in the code set can be used by any practitioner with that code's procedure in scope. If a profession does not have a procedure in scope, it cannot use a code because of scope issues. Licensed Acupuncturists all by definition may use the new codes. There is no expansion of practice act language needed to protect scope.
- If a profession does not have invasive needling in scope, it cannot use this code.
- This is a non-time-based code usable by practitioners with often cursory training. Its valuation is the next step in the process, but it should not be as highly valued as the acupuncture codes.

Conclusions

The greatest risk to the Acupuncture community comes not from this code. The greatest risk comes from fragmentation that prevents us from acting as a meaningfully coordinated body. It comes from suspicions, unprofessional behavior, and a lack of integrity which we cannot promulgate while holding true to the tenets of Chinese medicine.

III, 16. When the army is restless and distrustful, trouble is sure to come from the other feudal princes. This is simply bringing anarchy into the army, and flinging victory away.

With the signing of U.S. HR 6 into law on October 24, 2018, we have unprecedented opportunity to represent ourselves and be included in a progress which will occur with or without us. To be included, we will need to act at a level we have not previously achieved as a profession. If we achieve this, it will secure significant advancement for our profession, if we cannot, we fling victory away. Join your state associations, maintain professional conduct in all public writings and communications, understand yourself to be part of a unified profession, and work towards what is of the greatest good to the American public. This code will not destroy this profession. It clarifies the fundamental sameness of Trigger Point Acupuncture and Dry Needling, and underscores that if there is needle retention, then acupuncture is being practiced.

We will continue to monitor the CPT process and work to assure that the integrity of the intent behind the new code is maintained.

ⁱ <http://classics.mit.edu/Tzu/artwar.html>

ⁱⁱ <https://www.ama-assn.org/practice-management/cpt-code-process>

ⁱⁱⁱ <http://www.aaom.info/cptcodes.pdf>