



September 25, 2019

Seema Verma, MPH  
Administrator, Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
CMS-1715-P Room 445-G  
Hubert Humphrey Building  
200 Independence Ave, SW  
Washington, DC 20201

Submitted electronically

RE: Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

The following is requested commentary on Codes 205X1 and 205X2, including our position on designating them as “sometime therapy”.

First, for background, per CPT, 205X1 and 205X2 are codes to be used to designate needle insertion without injection (or retention), and are cross-referenced to “Dry Needling” as well as acupuncture “Trigger Point Therapy”. (Please review the codes’ parentheticals.) Our association worked with members of HCPAC to combine the codes physical therapists wanted for Dry Needling with the codes acupuncturists required for Trigger Point Therapy, and these codes were a result of our collaboration. We understand that for HCPAC’s recommendations 115 PTs and Chiropractors were surveyed regarding the use of these codes. We can only assume that HCPAC did not survey acupuncturists because at that time acupuncturists were not included in the HCPAC committee. However, it was clear from the start that the treatment described, “Trigger Point Therapy”, is presently in the scope of all of the nation’s acupuncturists, and that these new codes would be used by acupuncturists as well. We feel that had acupuncturists been included in the survey, the results would have been more closely aligned with the CMS determination. We feel the CPT crosswalks, as stated by CMS, more align with the use of these codes.

Using 36600 [arterial puncture, withdrawal of blood for diagnosis] more closely fits the work and training associated with 205X1 than 97140. It was made clear at the creation of the codes and in the accompanying vignettes used to describe these procedures that these codes inherently imply no needle

retention. Needling without injection but with needle retention is to be designated using the acupuncture codes 97810 and related.

Furthermore, we also feel that the crosswalk codes chosen by CMS for code 205X2 result in a more accurate work RVU than the code 97810 (first 15 min of acupuncture, 1 or more needles, no electrostimulation) as chosen by HCPAC. Our rationale for this being that these codes were clearly created so acupuncturists could code a less extensive procedure (trigger point acupuncture), rather than a complete acupuncture treatment.

Furthermore, we feel that designating these codes as “always therapy” is appropriate. HCPAC’s committee response states that the following:

*“Pre-service and post-service times were reduced to 3 minutes from the survey median times to account for overlap in work if other treatment(s) are performed on the same date. Typically, one additional treatment will occur, for example, 205X1 plus 97140.”*

They go on to state the same with code 205X2:

*“Typically, one additional treatment will occur, for example, 205X2 plus 97140.”*

It is our position that acupuncturists would also use additional modalities and procedures in their scope along with these codes, and that these would not typically be billed independently. Therefore, we agree with CMS that these codes would best be described as “always therapy”.

Thank you for your work and consideration on this effort.

Sincerely,

The Board of the American Society of Acupuncturists  
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Your Comment Tracking Number: **1k3-9cf5-yzyz**