



**Payment Policies for Healthcare Services
Provided to Injured Workers and Crime Victims**

Chapter 19: Naturopathic Physicians and Acupuncture Services

Effective July 1, 2019



Link: Look for possible **updates and corrections** to these payment policies at:

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/



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Definitions

- ▶ **Comprehensive office visit:** A general multisystem examination or a complete examination of a single system and treatment thereof.

L&I based this definition on the CPT® definition for comprehensive office visit. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

- ▶ **Established patient:** One who has received professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

L&I uses the CPT® definition for established patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

- ▶ **Extended office visit:** i.e. expanded problem focused or detailed: includes either a limited examination of the affected body area and other symptomatic or related systems and treatment thereof OR an extended examination of the affected body areas and treatment thereof.

- ▶ **L&I based this definition on CPT® definitions for expanded problem focused or detailed office visit. Refer to a CPT® book for complete code descriptions, definitions, and guidelines. New patient:** One who hasn't received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

L&I uses the CPT® definitions for new patients. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.

- ▶ **Routine examination or office visit:** i.e. problem focused: includes a limited examination of the affected body area or organ system and treatment thereof.

L&I based this definition on the CPT® definitions for problem focused office visits. Refer to a CPT® book for complete code descriptions, definitions, and guidelines.



Payment policy: Naturopathic office visits

▶ Who must perform these services to qualify for payment

Naturopathic physicians must perform these services to qualify for payment.

▶ Services that can be billed

For **initial office visits**, these local billing codes can be billed:

- **2130A** (**Routine** examination, history, and/or treatment – routine procedure – and submission of a report),
- **2131A** (**Extended** office visit including treatment – report required), *and*
- **2132A** (**Comprehensive** office visit including treatment – report required in addition to the report of accident).



Note: To determine whether or not a visit is an initial office visit, see the definition of **new patient** in “Definitions” at the beginning of this chapter.

For **follow up office visits**, these local billing codes can be billed:

- **2133A** (**Routine** office visit including evaluation and/or treatment) *and*
- **2134A** (**Extended** office visit including treatment – report required).



Note: To determine whether or not a visit is a follow up office visit, see the definition of **established patient** in Definitions at the beginning of this chapter.

▶ Services that aren't covered

The insurer won't pay naturopathic physicians for services that aren't specifically allowed, including consultations.



Link: For additional information, see: [WAC 296-23-205](#) and [WAC 296-23-215](#).

Treatment of chronic migraine or chronic tension-type headache with manipulation/manual therapy is not a covered benefit.



Link: The policy for Chronic Migraine or Chronic Tension-type Headache is available at:

<http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/CovMedDev/SpecCovDec/ChronicMigraineTension.asp>

▶ Requirements for billing

When billing for services, naturopathic physicians should use:

- The local codes listed in this payment policy (under Services that can be billed) to bill for office visit services,
- CPT® codes **99367** and **99441-99444** to bill case management services, *and*
- The appropriate HCPCS codes to bill for miscellaneous materials and supplies.



Link: For details about **payment criteria and documentation requirements** for case management services, see the payment policies for Case management services in Chapter 10: [Evaluation and Management](#).



Payment policy: Acupuncture Services

The department allows acupuncture only in allowed claims with an accepted diagnosis of a low back condition. Acupuncture requires a referral from the attending physician (AP).

▶ Who must perform these services to qualify for payment

Only East Asian Medicine Practitioners and other providers who are licensed by the Department of Health to perform acupuncture may perform these services to qualify for payment.

▶ Services that can be billed

Treatment must be billed with local code 1582M.

- **1582M** Acupuncture treatment with one or more needles, with or without electrical stimulation

This code is billable a maximum of 10 times during the life of a claim.

No other acupuncture codes will be reimbursed.

A provider performing acupuncture and billing the department for this service must perform an initial evaluation and submit a report that includes a treatment plan. This evaluation must be billed using the appropriate level evaluation and management (E/M) code. In addition to the initial visit, the acupuncture provider may schedule an E/M visit for a progress report as well as for a final visit.



Link: For details about **payment criteria and documentation requirements** for E/M services, see the payment policies in [Chapter 10: Evaluation and Management](#).



Note: To determine whether or not a visit is an initial office visit, see the definition of **new patient** in “Definitions” at the beginning of this chapter.



Note: To determine whether or not a visit is a follow up office visit, see the definition of **established patient** in “Definitions” at the beginning of this chapter.

At the baseline visit, middle or fifth visit, and on the final visit a 2-item GCPS (Graded Chronic Pain Scale) and a Oswestry Disability Index(ODI) form must be sent to the insurer.

On the final visit, the reason for discharge of the patient must be documented.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for naturopathic physicians	Washington Administrative Code (WAC) 296-23-205: http://apps.leg.wa.gov/wac/default.aspx?cite=296-23-205 WAC 296-23-215: http://apps.leg.wa.gov/wac/default.aspx?cite=296-23-215
Becoming an L&I provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare services	L&I's website: http://www.lni.wa.gov/apps/FeeSchedules/
Payment Policies for Evaluation and Management	Chapter 10: Evaluation and Management

▶ **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**.