To the Senators of the Finance Committee,

On behalf of the 900 patients that I treat as a Maryland Licensed Acupuncturist, I am writing to you IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their <u>recent petition</u> seeking support for the efforts, that without adding "dry needling" to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a "4-day course with over 25 hours of hands on training that include physical therapists and chiropractors," who also do not learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services.

Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. Although there does not seem to be enough official data to show adverse incident reports, there are PLENTY of informal reports of adverse incidents seen on social media and public forums (see some screenshots below). The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn't know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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r/DryNeedling u/ItsNonOfYourBusiness • 1y	Failed dry needling - help?	Sent my GF to get dry needled and she had a terrible experience
My first experience with dry needing	Ive did a dry needling treatment for my tight neck. The	a temple experience
I was at physical therapy this morning and they thought it would be helpful. She sticks the needles into my butt/hip muscles and starts the process. Im feeling little twitches. Not too bad feels ok. Then all of	needles were put into my shoulders, Today I woke up with a crazy pain on the tight side. Im kinda getting an electrical cramps on the tight area. What should I do?	I've been needled all over and loved it every single time. The guy I've been seeing recently is a pro and I've barely felt it each time. Even in more sensitive spots like my shoulders and lats.
a sudden BAM!! The controller fell off of the table and ripped the needles to the side and out. Holy smoke that sucked. The nurse was all "OMG I've never seen that happen! You want us to put them back in, or are you done?" I was done. My next appt is Tuesday. I think im going to give it another shot but make sure she doesnt leave that box on the edge of the table. Everyone I've told laughs their asses off. It only hurt for a few seconds and was kinda funny. Lol have a good day.	Unlikely_Procedure60 7mo I'd let the therapist know and ask them for advice but frankly they probably won't take much responsibility for the exacerbation of your symptoms. Long-term complications are rare but you might be dealing with this for a few weeks. It really do not have much by way of advice but I had complications from dry needling too and I'm still waiting for the pain to improve now. I'm doing less but still trying to do some stretches and	My gf got needled today at a follow up consultation (same practice as me, different physio), and she got the base of her neck done. She had an awful experience. Just about every needle was a sharp intense pain, she came up more stiff in her neck than when she went in. I'm going to drop some panadol off for her now but she had a really really awful time and she never wants to do it again. Is this just how it affects some people? Or is this a bad
	exercises to improve the condition without pushing too hard.	practitioner? 介 1 - ひ - 1 - ペ Share 一 仟
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Wow, such empty	Much appreciated. Needed to hear that from someone who's going through something similar. Much love. $\vdots  \bigcirc  \textcircled{0} \ 1 \ \textcircled{0}$	I'm not sure but I think it's a bad practitioner. He could be doing too much and going over her limits. Cause it was painful for me too but she might not be able to handle it and the practitioner should adapt to their clients.
	[deleted] 5mo [deleted] : ∽ ☆ 1	But it's no pain no gain tbh. I had my stomach and groin done which felt like killed me, but it feels good a couple days after when the muscles get to settle down again. I could barely move the first day though
Add a comment	Add a comment	Add a comment

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and

throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, that acupuncture works, we also understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft.

However, they are dismissive of the extensive training licensed acupuncturists receive. They are also denouncing the cultural root of dry needling (also known as acupuncture) which is a form of structural racism! By saying that the practice of dry needling is NOT based on Chinese medical theory, it is saying that the providers who want to practice dry needling are willing to take shortcuts from an ancient form of medicine, making it their own, and getting paid more for it. The fee schedules for dry needling versus acupuncture services demonstrate the inequality of the reimbursements. Dry needling reimbursement is higher for multiple muscular treatments performed in less than 30 minutes than acupuncture treatments performed for at least 30 minutes.

## Trading jabs: CMS changes coverage status for dry needling, acupuncture

## by Julia Kyles, CPC on Feb 14, 2020

If the news that Medicare will cover acupuncture for chronic low back pain piqued your interest, review the guidelines for dry needling and acupuncture codes. CMS flipped the coverage status for codes 20560-20561 and 97810-97814 from non-covered to active effective Jan. 21, according to CMS 100-04, Change Request 11661, published Feb. 14.

We sent a few questions to Medicare about the coverage update, including when CMS will publish coding guidance for the service, what practices should do with any claims for services before the change request's April 6 implementation date and whether <u>P-Stim and other electroauricular acupuncture systems</u> will be covered, so stay tuned. In the meantime, take in the full descriptors and national non-facility reimbursement rates for the codes:

- **20560** Needle insertion(s) without injection(s); 1 or 2 muscle(s) \$25.74.
- **20561** Needle insertion(s) without injection(s); 3 or more muscles \$38.32.
- 97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient \$37.03.
- 97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) \$28.47.
- 97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient \$41.15.
- 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) \$33.91.

CMS has not created a medically unlikely edit (MUE) for the dry needling codes, but the MUE for the acupuncture codes is currently set at 0. Watch the the April MUE update for a change.

Here are a few more coding points from the 2020 CPT manual:

- Count face-to-face time for the acupuncture codes. The clock starts when the clinician applies the needles, stops if she leaves the room, and starts again when she returns.
- You may report acupuncture with and without electrical stimulation for the same patient on the same day, but you can only report one primary code. For example, if the doctor performs 15 minutes of acupuncture with electrical stimulation followed by 15 minutes of acupuncture without, you would report one unit of 97813 and one unit of add-on code 97811.
- Dry needling is bundled into the acupuncture codes. Because medical coding is never simple, you may see dry needling referred to as trigger point acupuncture. Make sure you know what the doctor or other clinician did to avoid errors.

If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please, members of the <u>Senate Finance Committee</u>, **PUT YOUR CONSTITUENTS' SAFETY FIRST! Vote NO** on <u>SB232</u>, TUESDAY FEBRUARY 7<sup>TH</sup>. Tell the stakeholders to WORK TOGETHER and REFER to one another to ensure patient best practices for safety and have no negative impact on any of the practitioner groups or the patients they provide medical services for.

With great opposition and sincerity,

Dr. Cindy Tran, D.Ac., LAc., Secretary, Maryland Acupuncture Society Maryland Legislative District 21 <u>cindy@aihgwellness.com</u>