GOJI GUIDE

Acupuncture CPT codes quick reference

The codes that usually go on an acupuncture superbill, and the rules that decide units.

NEEDLING

Code	What it is	Use when
97810	Acupuncture, no e-stim, first 15 min	First unit of a manual visit
97811	Add-on, no e-stim, each added 15 min	Only with a new needle set
97813	Acupuncture with e-stim, first 15 min	First unit when current is used
97814	Add-on, e-stim, each added 15 min	Only with a new needle set

FACE-TO-FACE MINUTES TO UNITS

1 unit	2 units	3 units	4 units
8–22 min	23–37 min	38–52 min	53–67 min

A unit is earned at the midpoint: 8 minutes earns the first, 23 the second. 7 minutes bills nothing. Only the first unit is billable without a new needle set; extra units use the add-on code.

CONSULTATION (E/M)

Decision-making	New patient	Established
Straightforward	**99202**	**99212**
Low	**99203**	**99213**
Moderate	**99204**	**99214**

HERBS, MASSAGE AND MORE

Code	What it is	Use when
A9150	Herbal formulas dispensed	Rarely covered. Tell the patient it is likely out of pocket
97124	Massage, per 15 min	Payers often bundle it with acupuncture. Check yours
97140	Manual therapy, per 15 min	Can be bundled by payer edits. Check before adding
97026 / 97016	Infrared / cupping	Coverage is patchy. Check the payer first

BEFORE YOU SUBMIT

- Count face-to-face time, not needle time. Under 8 minutes bills nothing.
- A new needle set usually means supine to prone (or back) with fresh needles. Note both positions and the time on each.
- A consultation on a needling day usually needs modifier 25 (99203-25), and not every visit supports one.
- Bill only what you did and documented. Match each line to a diagnosis code the plan accepts.

Full guide with explanations and sources

A cheat sheet, not billing advice. Payers differ, so confirm codes, modifiers and units with each plan and your billing or compliance advisor.