

PROVIDER REIMBURSEMENT GUIDANCE

Acupuncture Payment Policy

Original Date Approved

10/26/2017

Effective Date

03/01/2022

Revision Date

07/01/2026

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (FIDE-SNP)

☒ One Care (FIDE-SNP)

1. Purpose and Scope

This payment policy describes reimbursement, billing, and documentation expectations for acupuncture services provided to Commonwealth Care Alliance (CCA) members enrolled in Massachusetts Senior Care Options (SCO) and One Care. Coverage and payment are determined by the member's benefit on the date of service, applicable MassHealth and Medicare rules, and the provider contract.

Regulatory alignment (effective 01/01/2026): If this policy conflicts with governing requirements, MassHealth and Medicare regulations, national coverage determinations, and the member's benefit/control documents supersede this policy.

2. Definitions

The following definitions apply for purposes of this payment policy.

- **Acupuncture:** The insertion or manipulation of needles at recognized points on the body for therapeutic purposes.
- **Chronic low back pain (cLBP):** Low back pain that has lasted 12 weeks or longer; is nonspecific (no identifiable systemic cause); and is not associated with surgery or pregnancy (for Medicare coverage purposes).
- **Face-to-face time (personal one-on-one contact):** Direct in-person contact time between the practitioner (or auxiliary personnel when permitted) and the member that supports the time-based code selection.
- **Initial acupuncture code:** The first 15-minute acupuncture service reported for a date of service (DOS) (e.g., CPT 97810 or 97813).
- **Add-on code:** A procedure code reported in addition to a primary procedure code and not billed alone (e.g., CPT 97811 or 97814 for additional time with re-insertion of needles).
- **Prior authorization (PA):** A utilization management process used to determine medical necessity of services before delivery, when required by the member benefit and program rules.
- **Medical necessity:** Services that are reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member and supported by documentation.

- **National Coverage Determination (NCD):** CMS sets Medicare coverage rules that define whether a specific service is covered nationwide and outline the conditions for coverage, such as NCD 30.3.3 which relates to acupuncture for chronic low back pain.
- **Incident to:** This Medicare billing concept allows services provided by support staff to be billed under the supervising practitioner's NPI, if all necessary conditions are satisfied.
- **Direct supervision:** A level of supervision that requires the supervising practitioner to be immediately available to furnish assistance and direction throughout the performance of the service, as defined by Medicare rules.

3. Coverage and Medical Necessity

Coverage Category	Coverage Rule
Medicare-covered acupuncture	Covered only for chronic low back pain (cLBP) as outlined in NCD 30.3.3. Visit limits apply (see Section 4).
MassHealth-covered acupuncture (Medicaid benefit)	Coverage is based on the member's benefit and MassHealth rules. Indications may include pain-related and other conditions addressed in MassHealth guidance (<i>examples historically included migraine, nausea of pregnancy, osteoarthritis pain, post-operative/chemotherapy-induced nausea and vomiting, post-operative dental pain, fibromyalgia, myofascial pain syndrome, and certain SUD/detox contexts</i>). Coverage may vary by benefit and is subject to utilization management.
Not medically necessary / not reimbursable	Services are not medically necessary when documentation does not demonstrate clinical benefit. For Medicare cLBP, treatment must be discontinued if the patient is not improving or is regressing. For all programs, services outside covered benefits/indications or outside provider scope/licensure are not reimbursable.

4. Provider Qualifications and Furnishing Requirements

Payer/Program	Who May Furnish/Bill and Key Requirements
MassHealth (SCO/One Care Medicaid benefit)	Reimbursement is limited to contracted practitioners who are appropriately licensed and practicing within scope, including practitioners licensed in acupuncture under 243 CMR 5.00 when applicable. MassHealth regulations and manuals govern eligibility and billing.
Medicare (cLBP only)	Must meet NCD 30.3.3 furnishing requirements. When auxiliary personnel furnish acupuncture, supervision must meet Medicare "incident to" requirements (42 CFR 410.26/410.27). Where "direct supervision" applies, real-time audio/video may be permitted by regulation; audio-only is not sufficient.
Medicare cLBP visit limits	Up to twelve (12) visits in 90 days; up to 8 additional visits if the patient demonstrates improvement; maximum twenty (20) visits per 12-month period. Discontinue if the patient is not improving or is regressing.

	Medicare does not cover acupuncture (including dry needling) for conditions other than cLBP.
--	--

5. Utilization Management and Prior Authorization (SCO/One Care)

Utilization Topic	Requirement
Typical course of care	Treatment should be part of a comprehensive care plan. Frequency typically starts at 1–2 sessions per week and tapers based on response. Maintenance sessions permitted only when supported by documentation and benefit rules.
PA threshold (MassHealth pain treatment)	Up to twenty (20) sessions per member per year for treatment of pain do not require PA. Sessions beyond twenty (20) require PA and documentation supporting medical necessity (for example, a change in condition/treatment/diagnosis).
PA request expectations	Request the minimum number of sessions needed and include objective reassessment measures showing response/progress and updated plan of care.
Medicare vs Medicaid coordination (One Care)	For cLBP, Medicare coverage applies first when NCD 30.3.3 criteria are met and visit limits are not met; additional services may be considered under the MassHealth benefit per benefit/PA rules. For non-cLBP, Medicare does not provide coverage. MassHealth benefit rules apply.

6. Billing, Coding, and Claims Editing

Acupuncture is reported in 15-minute increments of personal (face-to-face) contact with the patient (not by needle-retention time). Only one initial acupuncture code may be billed per date of service (DOS) (97810 or 97813); add-on codes (97811, 97814) require documented re-insertion and additional time.

6.1 Claims Editing

Claims Editing Topic	Rule
Medicare visit/session counting	One session per date of service when an initial acupuncture code (97810 or 97813) is billed, with or without add-on codes 97811/97814.
Dry needling (Medicare)	If billed, one dry needling session is counted per date of service when either 20560 or 20561 is billed (not both). Medicare does not allow billing acupuncture and dry needling on the same date of service.
Supplies and modalities	Needle/supply codes are included and not separately reimbursable. Electrical stimulation modality codes should not be billed when electrical stimulation is already included in 97813/97814; distinct separately identifiable services require clear documentation and appropriate modifiers.

6.2 Same-Day E/M and Bundling

E/M services may be billed in addition to acupuncture only when the E/M service is significant and separately identifiable from the usual pre- and post-service work associated with acupuncture (e.g., evaluation of a new problem). Same-day billing is also subject to program rules, provider scope/licensure, and contract terms.

7. Documentation Requirements

Document	Minimum expectation
Eligibility and indication	Diagnosis/indication supporting coverage; for Medicare, documentation supporting cLBP criteria when applicable.
Time and units	Face-to-face minutes supporting units billed; documentation of re-insertion for add-on codes.
Plan of care and response	Treatment plan with goals; periodic reassessment demonstrating response/progress; rationale for ongoing services and/or maintenance when requested.
PA submissions (when required)	Objective reassessment measures, updated plan of care, and minimum number of requested sessions needed to meet goals.
Provider qualifications	Evidence of appropriate licensure/scope and supervision requirements when applicable.

8. Disclaimer

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to a refund of all payments related to non-compliance. CCA reserves the right to amend this payment policy at its discretion, to be binding on Provider. ICD, CPT/HCPCS codes are updated as applicable and such updates shall be deemed automatically incorporated into this Policy; providers must adhere to the most recent ICD, CPT/HCPCS coding guidelines, as applicable.

9. References (Live URLs)

- MassHealth 130 CMR index: <https://www.mass.gov/law-library/130-cmr>
- 130 CMR 433.440 – Acupuncture (MassHealth Physician Services): <https://www.law.cornell.edu/regulations/massachusetts/130-CMR-433-440>
- MassHealth Acupuncture Services Manual: <https://www.mass.gov/lists/acupuncture-services-manual-for-masshealth-providers>
- Acupuncture Services Regulations (130 CMR 447.000) PDF: <https://www.mass.gov/doc/acupuncture-services-regulations/download>
- 243 CMR 5.00 – The Practice of Acupuncture: <https://www.mass.gov/regulations/243-CMR-500-the-practice-of-acupuncture>
- CMS NCD 30.3.3 – Acupuncture for Chronic Low Back Pain: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=373>
- MLN Matters MM11755: <https://www.cms.gov/files/document/mm11755-national-coverage-determination-ncd-3033-acupuncture-chronic-low-back-pain-clbp.pdf>
- MLN Matters MM13288: <https://www.cms.gov/files/document/mm13288-national-coverage-determination-3033-acupuncture-chronic-low-back-pain.pdf>
- eCFR 42 CFR 410.26 – Incident to / supervision: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.26>

10. Policy Timeline

1. Drafted – October 2017.
2. Implemented – January 2018.
3. Revised – Format/Authorization/Evaluation – August 2019.
4. Revised – February/March 2022 (previous effective dates).
5. Revised – May 2026 (updates for MassHealth session limits/PA language and Medicare frequency edit guidance applicable in 2026; effective 01/01/2026).