



## PROVIDER REIMBURSEMENT GUIDANCE

### Acupuncture Services

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date
10/26/2017	03/01/2022	03/01/2022	02/01/2022

**Scope:** Commonwealth Care Alliance (CCA) Product Lines

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| <input checked="" type="checkbox"/> Senior Care Options (MA)           | <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* |
| <input checked="" type="checkbox"/> One Care (MA)                      | <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*     |
| <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* | <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*  |
| <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*     |  |

### PAYMENT POLICY SUMMARY:

Acupuncture involves the insertion or manipulation of extremely thin needles in the skin at traditional points on the body to relieve pain and anxiety and for other therapeutic purposes. Acupuncture therapy must be part of a comprehensive care plan which may include behavioral health care, physical therapy, and/or a pain clinic evaluation.

**SCO/One Care:** Medically necessary Acupuncture services will be reimbursed in accordance with the member's plan benefits and provider's contract.

**Medicare Advantage Plans:** Services will be reimbursed for the treatment of Chronic Low Back Pain (cLBP).

### DECISION GUIDELINES:

#### Clinical Eligibility:

Needle acupuncture may be medically necessary for any of the following indications:

- Chronic low back pain
- Migraine headache
- Nausea of pregnancy
- Pain from osteoarthritis of the knee or hip (primary or secondary)
- Post-operative and chemotherapy-induced nausea and vomiting
- Post-operative dental pain
- Fibromyalgia
- Myofascial pain syndrome
- Addiction, including chemical and tobacco addiction
- Other diagnoses generally will not benefit from this treatment.

CCA considers needle acupuncture to be experimental and investigational for all other indications outside of those listed above. CCA considers needle acupuncture not medically necessary if there has been no documented clinical benefit after four weeks of treatment

## **REIMBURSEMENT REQUIREMENTS:**

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### **SCO/One Care:**

- For all other conditions visits generally begin with 1 or 2 sessions weekly and then tapers to less often and finally may continue as once monthly treatments for maintenance therapy.
- The initial 36 visits do not require prior authorization per the CCA Provider Manual.
- Additional visits exceeding 36 per calendar year require prior authorization. The care team/requesting provider must reassess the member for response and progress before requesting additional visits in increments of 8 visits or less per prior authorization, which will be reviewed for medical necessity as detailed in the MNG.

Additionally, for Massachusetts SCO and One Care, MassHealth allows acupuncture for substance abuse recovery up to 6 times weekly for 2 weeks and then up to 3 times weekly thereafter with no specified limit to the total number of visits.

### **Medicare Advantage Plans:**

- Benefits not to exceed 20 visits per year.
- 12 initial visits are permitted within 90 days for the treatment of chronic low back pain (CLBD) without a prior authorization.
- Up to 8 additional visits exceeding the 12 initial visits will be covered for those patients demonstrating an improvement and prior authorization is required. The care team/requesting provider must reassess the member for response and progress before requesting additional visits in increments of 8 visits or less per prior authorization, which will be reviewed for medical necessity as detailed in the MNG.
- All types of acupuncture including dry needling for any condition other than cLBD are non-covered by Medicare.

Physicians (as defined in 1861(r)(1)) of the Act may furnish acupuncture in accordance with applicable state requirements. Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5)) of the Act, and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM)
- A current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the United States or District of Columbia.

Auxiliary personnel furnishing acupuncture must also be under the appropriate level of supervision of a physician, PA, or NP/CNS required by regulations at 42 CFR §§ 410.26 and 410.27.

**Massachusetts:**

Provider reimbursement is limited to acupuncture services performed by contracted physicians or other practitioners who are licensed in acupuncture by the Massachusetts Board of Registration in Medicine under 243 CMR: 5.00 (The Practice of Acupuncture) and authorized to perform these services in compliance with the Commonwealth of Massachusetts laws.

**Service Limitations:**

Acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement. Only one initial code is reported per day (97810 or 97813).

Evaluation and Management services may be periodically reported by a Physician or Advanced Practitioner separately with modifier 25 appended if the patient's condition requires a significant, separately identifiable E/M service beyond the usual pre-service and post-service work associated with the acupuncture services. The time of the E&M service is not included in the time for the acupuncture service. Providers whose only licensure is as an Acupuncturist may not bill certain E/M services.

The cost of needles (A4212 and A4215) is included in the Acupuncture service and will be denied if submitted in addition to the Acupuncture service. The CMS National Physician Fee Schedule (NPFSS) indicates these supplies are part of the Practice Expense (PE) and should not be reported separately.

Per the CPT code description and the CMS NCCI Procedure to Procedure Coding Edits (PTP), electrical stimulation services (97014, 97032 and G0283) should not be reported separately in addition to specific Acupuncture services that include electrical stimulation (97813, and 97814). A modifier may be appropriate when an electrical stimulation service is performed distinctly and separately from the Acupuncture service and the documentation supports the service was not related to the Acupuncture.

**BILLING AND CODING GUIDELINES:**

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Applicable coding is listed below, subject to codes being active on the date of service. The American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes at different intervals. The list of applicable codes may not be all inclusive.



**Coding:**

Code	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (97810 cannot be reported in conjunction with 97813)
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) ( <i>List separately in addition to code for primary procedure</i> ) (97811 can be reported in conjunction with 97810 or 97813)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (97813 cannot be reported in conjunction with 97810)
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) ( <i>List separately in addition to code for primary procedure</i> ) (97814 can be reported in conjunction with 97810 or 97813)

**PRIOR AUTHORIZATION/REFERRAL REQUIREMENTS:**

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Prior Authorization is required.

**DISCLAIMER:**

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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 expect your office/facility to refund all payments related to non-compliance.



## REFERENCES:

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[Mass Health 101 CMR 433 443.410](#)

[CMS The Practice of Acupuncture](#)

[CCA Website](#)

[Acupuncture Society of Massachusetts](#)

[Pub 100-04 Medicare Claims Processing Transmittal10337](#)

[Massachusetts Board of Registration in Medicine](#)

[National Certification Commission for Acupuncture and Oriental Medicine](#)

### **Payment Policies:**

[Massachusetts / Rhode Island](#)

### **Provider Manuals:**

[Massachusetts / Rhode Island](#)

### **Prior Authorization Forms:**

[Massachusetts / Rhode Island](#)

## POLICY TIMELINE DETAILS

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1. October 2017 Drafted
2. Implemented 1/1/2018
3. Revised Format, Authorization, Evaluation 8/16/2019
4. Revised November 2021 for MAPD