

## Acupuncture

Reimbursement Policy ID: RPC.0018.7700

Recent review date: 11/2023

Next review date: 11/2024

*AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.*

## Policy Overview

This policy describes reimbursement of claims for acupuncture services.

## Exceptions

N/A

## Reimbursement Guidelines

Acupuncture is defined by the Ohio Administrative Code (OAC) as a form of health care performed by the insertion and removal of specialized needles, with or without the use of supplemental techniques, to specific areas of the human body. Acupuncture services are covered only for the following conditions: acute post-operative pain; cervical pain; low back pain; migraine; osteoarthritis of the hip; osteoarthritis of the knee; nausea or vomiting related to pregnancy or chemotherapy.

Reimbursement for covered acupuncture services may be made to eligible providers. Providers must submit clean claims, consistent with Ohio Department of Medicaid (ODM) and industry-recognized billing guidelines, using appropriate codes and modifiers. Up to 30 visits per benefit year are allowed without prior authorization. Services must be medically necessary. Please refer to OAC rule 5160-8-51 for the complete list of provider types and coverage limitations.

The ranges of procedure codes for acupuncture services are Current Procedural Terminology (CPT) 97810-97814 and 20560-20561 (trigger point):

Code	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
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)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
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)
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscle(s)

No separate payment is made for the following:

- Any services that are incidental to the acupuncture visit. Evaluation and Management (E/M) visit codes (CPT 99202-99499) should not be reported for acupuncture services.
- Additional acupuncture visits after a course of treatment for a symptom that has not shown any evidence of clinical improvement or has worsened. Moreover, no payment is made for acupuncture visits to treat conditions that are not covered under OAC rule 5160-8-51.

Clinical documentation must support the condition being treated and the services that were rendered.

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, and to the ICD-10-CM manual for guidelines and descriptions of diagnoses and other conditions. Refer to ODM billing resources for fee schedules and billing guidelines.

## Definitions

### Acupuncture

The technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms.

## Edit Sources

- I. *Current Procedural Terminology* (CPT®) and associated publications and services.
- II. The Centers for Medicare and Medicaid Services (CMS) *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification* (ICD-10-CM): <https://www.cms.gov/Medicare/Coding/ICD10>
- III. Ohio Administrative Code 5160-8-51 *Acupuncture Services*: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-8-51>
- IV. Ohio Department of Medicaid (ODM) fee schedules and other billing resources for providers: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

## Attachments

N/A

## Associated Policies

N/A

## Policy History

11/14/2023	Reimbursement Policy Committee Approval
11/09/2023	Annual Policy Review Updated Template Formatting Revised definition
08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
11/15/2022	Reimbursement Policy Committee Approval