



Acupuncture

Payment Policy ID: RPC.0018.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Ohio claim payment policies and the 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 regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®), the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.

Policy Overview

This policy describes payment of claims for acupuncture services by providers contracted with AmeriHealth Caritas Ohio.

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.

Exceptions

Non-physician providers performing acupuncture services in a hospital setting must make payment arrangements with the hospital.

Payment for acupuncture services rendered at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) is made in accordance with OAC 5160-28.

Coding

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

Acupuncture is 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.

Applicable Claim Types

Line of Business	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

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

Policy History

11/15/2022	AmeriHealth Caritas Implementation
11/15/2022	Reimbursement Policy Committee Approval