AmeriHealth Caritas Ohio

Acupuncture

Reimbursement Policy ID: RPC.0018.7700

Recent review date: 08/2026

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. The health plan 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 Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include 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 health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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 at specific areas of the human body, with or without the use of supplemental techniques. 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, and 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):

CPT 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 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. International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (ICD-10).

III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI)
VI. Ohio Administrative Code 5160-8-51 Acupuncture Services: https://codes.ohio.gov/ohio-administrative-code/rule-5160-8-51.
VII. 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

RPC.0007.7700 Add on Codes
RPC.0024.7700 Medically Unlikely Edit (MUE)

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
08/2026	Annual review • No major changes
12/2025	Reimbursement Policy Committee Approval
10/2025	Annual Review • Updated Associated Policies
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
12/2024	Annual review • No major changes
04/2024	Revised preamble
11/2023	Reimbursement Policy Committee Approval
11/2023	Annual Policy Review • Updated Template Formatting • Revised definitions
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section
11/2022	Reimbursement Policy Committee Approval