

ACUPUNCTURE SERVICES

Policy

AllWays Health Partners reimburses participating providers licensed in the state of Massachusetts to provide acupuncture services, for the provision of medically necessary acupuncture services for pain relief or anesthesia.

The policy applies to MassHealth and certain Commercial plan members.

Reimbursement

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to the [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

AllWays Health Partners' reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type.

AllWays Health Partners Reimburses

- Acupuncture services limited to the code set referenced below for MassHealth and certain Commercial plan members

AllWays Health Partners Does *Not* Reimburse

- Evaluation and Management codes in addition to Acupuncture services
 - Physicians, Nurse Practitioners and Physician Assistants may bill for either an Evaluation and Management code or the Acupuncture code but may not bill for both on the same date of service. The limitation does not apply to a significant, separately identifiable evaluation and management service.
 - A licensed acupuncturist may bill only for an Acupuncture code
- Adjunct Therapy

Procedure Codes

Note: This list of codes may not be all-inclusive

Code	Descriptor	Comments
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	<ul style="list-style-type: none"> • Report with a count of one
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)	<ul style="list-style-type: none"> • Report one unit for each additional 15-minute interval of treatment
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	<ul style="list-style-type: none"> • Report with a count of one
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)	<ul style="list-style-type: none"> • Report one unit for each additional 15-minute interval of treatment

Provider Payment Guidelines and Documentation

- All claims must be submitted within 90 days of the date of service
- All claims must be submitted using the outlined CPT codes in the table referenced above for acupuncture treatment
- Services must be submitted on a HCFA-1500 claim form

References

[MassHealth Transmittal Letter PHY-140 – December 2013](#)

Publication History

Topic: Acupuncture Services	Owner: Network Management
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<i>January 1, 2014</i>	<i>Original documentation</i>
<i>February 22, 2017</i>	<i>Document restructure updated “does not reimburse” and removed definitions</i>
<i>November 18, 2017</i>	<i>Added reference to “certain Commercial plans”; added E/M guidance, effective January 1, 2018</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers’ contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.