Medical Policy
Acupuncture

Document Number: 023

<table>
<thead>
<tr>
<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits 21 and beyond</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>No notification or authorization required</td>
<td>X*</td>
<td>X (visit 1-20)</td>
</tr>
</tbody>
</table>

*MassHealth Family Assistance does not have an acupuncture benefit.

**Commercial plans and Qualified Health Plans**

Acupuncture is a form of complementary medicine that may be covered on specific commercial plans without prior authorization. Please refer to individual plan materials for details surrounding coverage limits.

When acupuncture is covered, coverage applies to the use of acupuncture as a method of pain management, an alternative to anesthesia or as a detox treatment.

**Mass Health**

These guidelines apply to Mass Health members starting at visit # 21. The treating specialist must request prior authorization for acupuncture beyond the first 20 visits.

**Coverage Guidelines**

AllWays Health Partners covers acupuncture in accordance with MassHealth coverage requirements when AllWays Health Partners determines that acupuncture is medically necessary for the treatment of pain and as an alternative to anesthesia. Acupuncture may be provided by in-network physicians, doctors of osteopathy, independent nurse practitioners licensed in acupuncture, independent nurse midwives licensed in acupuncture, and acupuncturists licensed by the Massachusetts Board of Registration. AllWays Health Partners does not prior authorize acupuncture as an alternative to anesthesia.

**Acupuncture for Pain**

AllWays Health Partners may cover medically necessary acupuncture for pain beyond 20 visits when: 1) there is medical record documentation supporting a medically necessary need, and 2) all of the following are met:

1. The member’s benefit package includes coverage of acupuncture services.
2. All pertinent diagnoses are documented including: the condition causing pain, history, exam, and response to medical and acupuncture treatments to date.
3. There is a clearly identifiable need for further treatment due to a significant change in condition and/or new diagnosis of a painful condition that necessitates a different plan of care on visit 21 compared to visit 20.
4. The treating provider has established defined and measurable goals.
5. The provider has clearly defined the number of treatments needed to reach the goals.
6. The member is expected to significantly benefit from the treatment within a defined period of time.
7. There is demonstrated communication about the plan of care between the acupuncturist and the primary care physician.

Exclusions (MassHealth and Commercial)
1. Acupuncture for the treatment of any condition other than noted above.
2. Acupuncture for any reason other than listed above.
3. Acupuncture for pain related to:
   a. Fibromyalgia
   b. Acute lower back pain
   c. Rheumatoid arthritis
   d. Osteoarthritis other than in the knee
   e. Irritable bowel syndrome
   f. Any other pain conditions for which there is limited literature to support its beneficial use and therefore considered experimental and investigational
4. Acupuncture for maintenance treatment
5. Services that are not acupuncture as meeting the definition described below.

Definitions
**Acupuncture**: The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both.

Related Policies
- [Acupuncture Services Provider Payment Guidelines](#)

CPT/HCPC Codes

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>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)</td>
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1 Goals: The treating provider must include all relevant outcomes to be measured. For continued services for goals not met, submitted documentation should include progress made toward the goal, any barriers that have or will impact the member’s ability to meet the goal, the plan to address those barriers, and the anticipated number of visits that are needed to meet the goals.

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**Effective**


June 2019: Annual update. No changes.


May 2018: Annual update.

April 2018: Added codes.

January 2018: Annual update. Added language indicating certain select commercial plans limit coverage for acupuncture services to a total of 20 office visits per benefit period. Added sentence “These guidelines apply to Mass Health members starting at visit # 21.” Added exclusion # 5.

December 2016: Annual update

December 2015: Annual update.

December 2014: Effective date.

**References**

Ahn, A. Acupuncture. Up To Date.com 2020, Accessed 2020


MassHealth Contract §2.6D


The Practice of Acupuncture 243 CMR 5.00 The Board of Registration in Medicine
