



Acupuncture

Reimbursement Policy ID: RPC.0018.72AC

Recent review date: 02/2025

Next review date: 12/2025

AmeriHealth Caritas Pennsylvania Community HealthChoices 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 Pennsylvania Community HealthChoices 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.

Policy Overview

This policy describes reimbursement of claims for acupuncture services.

Exceptions

N/A

Reimbursement Guidelines

Acupuncture is 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 Pennsylvania and industry-recognized billing guidelines, using appropriate codes and modifiers.

The range of procedure codes for acupuncture services are Current Procedural Terminology (CPT) 97810-97814.

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)

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.

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. Healthcare Common Procedure Coding System (HCPCS).
- III. Centers for Medicare and Medicaid Services (CMS).
- IV. The National Correct Coding Initiative (NCCI)

Attachments

N/A

Associated Policies

N/A

Policy History

02/2025	Reimbursement Policy Committee Approval
12/2024	Annual review. <ul style="list-style-type: none">• No major changes.
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval

08/2023	Removal of policy implemented by AmeriHealth Caritas Pennsylvania Community HealthChoices from Policy History section
01/2023	Template revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section
11/2022	Reimbursement Policy Committee Approval