BOSTON MEDICAL CENTER HEALTHNet PLAN

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WELL SENSE HEALTH PLAN

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Reimbursement Policy

Acupuncture Services

Policy Number: 4.4
Version Number: 4
Version Effective Date: 04/01/2021

Product Applicability

☐ **All Plan[+] Products**

Well Sense Health Plan
☐ Well Sense Health Plan

Boston Medical Center HealthNet Plan
☒ MassHealth MCO
☒ MassHealth ACO
☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

BMC HealthNet Plan reimburses contracted participating providers for the provision of medically necessary acupuncture services for the treatment of pain, for use as an anesthetic or for use for detoxification.

Acupuncture services are not reimbursed for members of the MassHealth Family Assistance Plan. Please refer to the member's benefit documents for coverage information.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Definitions

Acupuncture Treatment - 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.

Provider Reimbursement

Reimbursement is limited to acupuncture services performed by contracted physicians or other practitioners who are licensed in acupuncture by the Massachusetts Board of Registration in Medicine under 243 CMR 5.00 (The Practice of Acupuncture) and authorized to perform these services in compliance with the Commonwealth of Massachusetts laws and any limitations set forth in this policy.

Service Limitations

Acupuncture Services Performed On the Same Date of Service as an Office Visit

The provider may bill for either an office visit or the acupuncture code, but may not bill for both an office visit and the acupuncture code for the same member on the same date when the office visit and the acupuncture services are performed in the same location. This limitation does not apply to a significant, separately identifiable office visit provided by the same provider on the same day of the acupuncture service.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Acupuncture treatment services must be submitted using the outlined CPT codes in the table below.

Code	Description	Comments
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Number of units submitted must be one(1)
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)	Submit one(1) unit per each additional fifteen(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	Number of units submitted must be one(1)

Code	Description	Comments
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)	Submit one(1) unit per each additional fifteen(15) minute interval of treatment

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
04/08/2014	05/01/2014	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
03/10/2015	Annual review, new template, removed Commonwealth Choice, Commonwealth Care	04/01/2015	Payment Policy Committee
08/20/2019	Annual Review	10/01/2019	Payment Policy Committee
03/16/2021	Annual Review, alphabetized other applicable policy section.	04/01/2021	Payment Policy Committee

Other Applicable Policies

- Community Health Centers and Federally Qualified Health Centers, 4.107
- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Outpatient Hospital, 4.17
- Physician and Non Physician Practitioner Services, 4.608

References

- 101 CMR 317.00: Medicine
- 101 CMR 304.000: Rates for Community Health Center Services
- 130 CMR 410.000: Outpatient Hospital Services
- 130 CMR 433.000: Physician Services
- 243 CMR 5.00: The Practice of Acupuncture

- Community Health Center Manual Subchapter 6: CHC-112
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth, Appendix C
- Physician Manual Subchapter 6: PHY-156

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.