Reimbursement Policy

**Acupuncture Services**

Policy Number: 4.4  
Version Number: 2  
Version Effective Date: 04/01/2015

<table>
<thead>
<tr>
<th>Product Applicability</th>
<th>□ All Plan* Products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Sense Health Plan</strong></td>
<td>□ New Hampshire Medicaid</td>
</tr>
<tr>
<td></td>
<td>□ NH Health Protection Program</td>
</tr>
<tr>
<td><strong>Boston Medical Center HealthNet Plan</strong></td>
<td>✔ MassHealth</td>
</tr>
<tr>
<td></td>
<td>□ Qualified Health Plans/ConnectorCare/Employer Choice Direct</td>
</tr>
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</table>

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 pain relief, anesthesia or as an aid to persons who are withdrawing from dependence on substances or in recovery from addictions.

*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.

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Definitions

Acupuncture Treatment: The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles, skin, or both, for pain relief, anesthesia, or as an aid to persons who are withdrawing from dependence on substances or in recovery from addictions.

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<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>
<td>Bill with count of (1)</td>
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<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>
<td>Bill units per each additional (15) minute interval of treatment</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
<td>Bill with count of (1)</td>
</tr>
</tbody>
</table>

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**Policy History**

<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date</th>
<th>Policy Owner</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>04/08/2014</td>
<td>05/01/2014</td>
<td></td>
<td>Payment Policy Committee</td>
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**Policy Revisions History**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date</th>
<th>Approved by</th>
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<tr>
<td>03/10/2015</td>
<td>Annual review, new template, removed Commonwealth Choice, Commonwealth Care</td>
<td>04/01/2015</td>
<td>Payment Policy Committee</td>
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</table>

**Next Review Date**

2016

**Other Applicable Policies**

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Physician and Non Physician Practitioner Services, 4.608

**References**

- Division of Health Care Finance and Policy Regulation 101 CMR 17.00; Medicine
- MassHealth Physician Regulation Subchapter 4
- The Practice of Acupuncture 243 CMR 5.00
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth, Appendix C

**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

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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.

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