ACUPUNCTURE SERVICES

Policy
Neighborhood Health Plan reimburses participating providers for the provision of medically necessary acupuncture services for pain relief or anesthesia.

The policy applies only to MassHealth plan members. Acupuncture services are not reimbursable for Commercial members.

Reimbursement
Providers are reimbursed according to 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 Neighborhood Health Plan Payment Policy and by the provider’s agreement with NHP. 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.

NHP 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 Coding Provider Payment Guidelines for more information.

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

Neighborhood Health Plan’s reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type.

Neighborhood Health Plan Reimburses
- Acupuncture services limited to the code set referenced below for MassHealth plan members
Neighborhood Health Plan Does Not Reimburse
- Evaluation and Management codes in addition to Acupuncture services
  - The provider 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.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</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>• Report with a count of one</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>
<td>• Report one unit for 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>• Report with a count of one</td>
</tr>
<tr>
<td>97814</td>
<td>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)</td>
<td>• Report one unit for each additional 15 minute interval of treatment</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Topic: Acupuncture Services</th>
<th>Owner: Reimbursement Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2014</td>
<td>Original documentation</td>
</tr>
<tr>
<td>February 22, 2017</td>
<td>Document restructure, updated “does not reimburse”, and removed definitions</td>
</tr>
</tbody>
</table>

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. Neighborhood Health Plan utilizes clinical coding criteria and claim editing logic in addition to auditing across dates of service to identify the unbundling of pre and post-operative care.