Acupuncture Services

Policy

Mass General Brigham Health Plan reimburses participating providers licensed in the state of Massachusetts to provide acupuncture services, for the provision of medically necessary acupuncture services for pain relief or anesthesia.

The policy applies to MassHealth, certain Commercial plan members, and Medicare Advantage.

Reimbursement

Providers are reimbursed in accordance with 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 Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. 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.

Mass General Brigham Health Plan 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 the General Coding and Billing guidelines for more information.

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

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

Mass General Brigham Health Plan Reimburses

- Acupuncture services are limited to the code set referenced in the MassHealth Acupuncture Services Manual, and the grid below for certain Commercial plan and Medicare Advantage members.

Mass General Brigham Health Plan Does *Not* Reimburse

- Evaluation and Management codes in addition to Acupuncture services
    - Physicians, Nurse Practitioners and Physician Assistants 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.
    - A licensed acupuncturist may bill only for an Acupuncture code
- Adjunct Therapy

Procedure Codes

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

Code	Descriptor	Comments
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	• Report with a count of one
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)	• Report one unit for each additional 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	• Report with a count of one
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)	• Report one unit for each additional 15-minute interval of treatment

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

Medical and Payment Policy Home Page

Medical Policies
Provider Payment Guidelines

References

MassHealth Acupuncture Services Manual
MassHealth Physician Manual
MassHealth Transmittal Letter PHY-140 (2013-12)
Medicare National Coverage Determinations Manual, Chapter 1, Part 1 Coverage Determinations, 30.3

Publication History

Topic: Acupuncture Services	**Owner: Network Management**

January 1, 2014	*Original documentation*
February 22, 2017	*Document restructure updated "does not reimburse" and removed definitions*
November 18, 2017	*Added reference to "certain Commercial plans"; added E/M guidance, effective January 1, 2018*
January 1, 2019	*Document restructure; codes, code descriptor and references updated*
January 1, 2023	*Document rebrand; updated references*
January 1, 2024	*Annual review, no policy change*
January 1, 2025	*Annual review, no policy change*
June 26, 2026	*Added links for Medical and Payment Policies*

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. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Health Partners Insurance Company.