

## Acupuncture Policy, Professional

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy defines the maximum time unit of service (UOS) for Acupuncture services for face-to-face contact with the patient, addresses supplies that are included in the Acupuncture services and describes the submission of evaluation and management services in conjunction with Acupuncture services.

All services described in this policy may be subject to additional UnitedHealthcare reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, the Supply Policy and the CCI Editing Policy.

**Reimbursement Guidelines**

This policy enforces the code description for Acupuncture services which are to be reported based on 15 minute time increments of personal face-to-face contact with the patient and not the duration of the needle(s) placement. In addition, CPT® code guidelines state only one initial CPT code, 97810 or 97813, should be reported per day.

In accordance with the code descriptions and/or the Centers for Medicare and Medicaid Services (CMS) guidelines and CMS Medicaid National Correct Coding Initiative (NCCI) established Medically Unlikely Edits (MUE) values, the maximum units of Acupuncture services allowed per date of service are as follows:

- 97810            1
- 97811            3
- 97813            1
- 97814            2
- S8930            3

The cost of needles (A4212 and A4215) is included in the Acupuncture service and will be denied if submitted in addition to the Acupuncture service. The CMS National Physician Fee Schedule (NPFS) indicates these supplies are part of the Practice Expense (PE) and should not be reported separately.

Consistent with the CPT code description and the CMS NCCI Procedure to Procedure Coding Edits (PTP), electrical stimulation services (97014, 97032 and G0283) should not be reported separately in addition to specific Acupuncture services that include electrical stimulation (97813, 97814 and S8930). A modifier may be appropriate when an electrical stimulation service is performed distinctly and separate from the Acupuncture service and the documentation supports the service was not related to the Acupuncture.

Per CPT guidelines an evaluation and management (E/M) service may only be reported in addition to Acupuncture services if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual pre-service and post-service work associated with the Acupuncture service. When a separate E/M service is reported, the time spent for the E/M service is not to be included in the time UOS for the Acupuncture service.

**Definitions**

|                    |   |
|--------------------|---|
| <b>Acupuncture</b> | Technique for treating certain painful conditions and for producing regional anesthesia by passing long thin needles through the skin to specific points. |
|--------------------|---|

**Questions and Answers**

|          |   |
|----------|---|
| <b>1</b> | <p><b>Q:</b> When selecting the appropriate code based on the services performed, is it appropriate to use the duration of time the patient is in the exam room even if the provider is not present after the needle insertion to determine the units of service?</p> |
|----------|---|

|          |  |
|----------|--|
|          | <p><b>A:</b> Acupuncture code selection is based on the service provided in 15 minute increments. The time calculation is determined using face-to-face patient contact only. It would not be appropriate to count time spent away from the patient as part of the code selection and units submitted.</p> <p>Example of billable time: After needle insertion, the practitioner spent time assisting a nauseous patient who had vomited.</p>  |
| <b>2</b> | <p><b>Q:</b> Will UnitedHealthcare allow reimbursement for electrical stimulation when performed on a separate body part from where Acupuncture services are performed.</p> <p><b>A:</b> Yes, UnitedHealthcare will allow separate reimbursement if modifiers are appropriately used based on the services performed and the modifier description criteria are met.</p>  |
| <b>3</b> | <p><b>Q:</b> May both CPT codes 97810 and 97813 be reported when an Acupuncture treatment was initially started without electrical stimulation and then a new needle was inserted so the treatment could be completed with electrical stimulation?</p> <p><b>A:</b> No, only one initial code may be reported per day. In this scenario, CPT code 97810 may be used for the initial 15 minutes without electrical stimulation and CPT code 97814 with electrical stimulation may be reported for the additional face-to-face time.</p> |
| <b>4</b> | <p><b>Q:</b> What services would be included in the initial Acupuncture service that would not be separately billable using an E/M code.</p> <p><b>A:</b> The initial Acupuncture service codes include E/M components such as the assessment provided prior to and after the needle insertion, treatment discussion and recommendations, preparation, documentation and home instruction.</p>   |

| Codes         |  |
|---------------|--|
| <b>97014</b>  | Application of a modality to 1 or more areas; electrical stimulation (unattended)  |
| <b>97032</b>  | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes   |
| <b>97810</b>  | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient   |
| <b>+97811</b> | 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 the needle(s) (List separately in addition to code for primary procedure) |
| <b>97813</b>  | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient  |
| <b>+97814</b> | 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)        |
| <b>A4212</b>  | Noncoring needle or stylet with or without catheter  |
| <b>A4215</b>  | Needle, sterile, any size, each  |
| <b>G0283</b>  | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care   |
| <b>S8930</b>  | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient  |

| Resources   |
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| American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services |
| Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets  |



Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Acupuncture Reimbursement Codes

#### History

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|------------------------------|---|
| <b>7/11/2019</b>             | Annual Policy Change (Policy Version Change)                    |
| <b>7/11/2018 – 7/10/2019</b> | Policy Approval Date and Version Change                         |
| <b>12/1/2017</b>             | Policy implemented by UnitedHealthcare Employer & Individual    |
| <b>7/12/2017</b>             | Policy approved by the Reimbursement Policy Oversight Committee |