

ACUPUNCTURE POLICY

Policy Number: ADMINISTRATIVE 262.2 T0

Effective Date: November 1, 2018

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Related Policies

Refer to the [Overview](#) section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

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.

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 Oxford reimbursement policies including, but not limited to, the *Maximum Frequency Per Day* and the *Supply 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:

| CPT/HCPCS Code | Medically Unlikely Edits (MUE) values |
|----------------|---------------------------------------|
| 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 (NPFSS) 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

Acupuncture: Technique for treating certain painful conditions and for producing regional anesthesia by passing long thin needles through the skin to specific points.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

| CPT Code | Description |
|----------|--|
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| 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 the needle(s) (List separately in addition to code for primary procedure) |
| 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| 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) |

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| HCPCS Code | Description |
|------------|--|
| A4212 | Noncoring needle or stylet with or without catheter |
| A4215 | Needle, sterile, any size, each |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care |
| S8930 | Electrical stimulation of auricular Acupuncture points; each 15 minutes of personal one-on-one contact with patient |

QUESTIONS AND ANSWERS

| | | |
|---|----|--|
| 1 | Q: | 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? |
| | A: | 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. Example of billable time: After needle insertion, the practitioner spent time assisting a nauseous patient who had vomited. |
| 2 | Q: | Will Oxford allow reimbursement for electrical stimulation when performed on a separate body part from where Acupuncture services are performed? |
| | A: | Yes, Oxford will allow separate reimbursement if modifiers are appropriately used based on the services performed and the modifier description criteria are met. |
| 3 | Q: | 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? |
| | A: | 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. |
| 4 | Q: | What services would be included in the initial Acupuncture service that would not be separately billable using an E/M code? |
| | A: | 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. |

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2018R6006B]

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

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services.

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS 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, National Correct Coding Initiative (NCCI) publications.

POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------------|--|
| 11/01/2018 | <ul style="list-style-type: none"> Reformatted references to related Reimbursement Policies Revised reimbursement guidelines; added language to indicate: <ul style="list-style-type: none"> HCPCS Codes A4212 and A4215 apply to the cost of needles used in the Acupuncture service CPT codes 97014 and 97032 and HCPCS code G0283 apply to electrical stimulation services that should not be reported separately in addition to |

| Date | Action/Description |
|------|---|
| | <p>specific Acupuncture services that include electrical stimulation</p> <ul style="list-style-type: none">• Revised list of applicable CPT codes; added 97014 and 97032• Revised list of applicable HCPCS codes; added A4212, A4215, and G0283• Archived previous policy version ADMINISTRATIVE 262.1 TO |