



Acupuncture

Reimbursement Policy ID: RPC.0018.0900

Recent review date: 01/2025

Next review date: 12/2025

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

AmeriHealth Caritas New Hampshire may provide limited coverage of specific acupuncture services for members with chronic pain who are enrolled in the Living Beyond Pain program.

Exceptions

N/A

Reimbursement Guidelines

Providers treating members with chronic pain should contact AmeriHealth Caritas New Hampshire to determine whether enrollment in Living Beyond Pain is appropriate. Enrolled members may qualify for specific limited acupuncture services.

Reimbursement for covered acupuncture services may be made to eligible providers. Providers must submit clean claims, consistent with AmeriHealth Caritas New Hampshire and industry-recognized billing guidelines, using appropriate codes and modifiers. Services must be medically necessary.

The ranges of procedure codes for acupuncture services are Current Procedural Terminology (CPT) 97810-97814:

CPT code	Description
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 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)

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, and to the ICD-10-CM manual for guidelines and descriptions of diagnoses and other conditions. Refer to AmeriHealth Caritas New Hampshire billing resources for fee schedules and billing guidelines.

Definitions

Acupuncture

Acupuncture is the technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. Centers for Medicare and Medicaid Services (CMS).
- IV. The National Correct Coding Initiative (NCCI)
- V. AmeriHealth Caritas New Hampshire Medicaid Fee Schedule(s).
- VI. <https://www.amerihhealthcaritasnh.com/assets/pdf/provider/provider-manual.pdf>

Attachments

N/A

Associated Policies

N/A

Policy History

01/2025	Reimbursement Policy Committee Approval
12/2024	Annual review <ul style="list-style-type: none">• No major changes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section