CareSource

REIMBURSEMENT POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Acupuncture Services-OH MCD-PY-0152	05/01/2024-04/30/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.
CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Acupuncture Services

B. Background
Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Acupuncture is an ancient Chinese method of treatment based on the theory that stimulation of specific key points on or near the skin by the insertion of needles or by other methods improves vital energy flow. The term "acupuncture" describes a variety of methods and styles to stimulate specific anatomic points in the body. Acupuncture is used to relieve pain, induce surgical anesthesia, or for therapeutic purposes. It is considered an alternative treatment and an adjunct to standard treatment.

C. Definitions
- **Acupuncturist** - An individual who holds, at a minimum, a valid certificate to practice as an acupuncturist or as an oriental medicine practitioner.
- **Chiropractor** - An individual who holds a certificate to practice acupuncture issued by a state chiropractic board.
- **Other Individual Medicaid Provider** - A physician assistant or an advanced registered nurse practitioner who has a valid certificate as an acupuncturist.
- **Physician** - An individual who has completed medical training in acupuncture with a current and active designation or an equivalent designation from the National Certification Commission for Acupuncture and Oriental Medicine.

D. Policy
I. CareSource reimburses for acupuncture services according to the criteria found in Ohio Administrative Code (OAC) 5160-8-51 for the following conditions:
   A. migraines
   B. low back pain
   C. cervical (neck) pain
   D. osteoarthritis hip
   E. osteoarthritis of knee
   F. acute post-operative pain

G. acute nausea and vomiting (pregnancy and chemotherapy-related, not inpatient)

II. CareSource does not require prior authorization for acupuncture services for the first 30 visits per calendar year for participating providers. Although CareSource does not require a prior authorization for the first 30 visits for acupuncture services, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

III. Participating providers must be one of the following:
   A. A physician who has completed medical training in acupuncture with a current and active designation, or an equivalent designation from the National Certification Commission for Acupuncture and Oriental Medicine.
   B. A chiropractor with a valid certificate to practice acupuncture.
   C. Other individual Medicaid provider, including an advanced practice registered nurse or a physician assistant, with a valid certificate as an acupuncturist.

IV. Limitations:
   A. No separate reimbursement will be made for both an evaluation and management service and an acupuncture service performed by the same provider to the same individual on the same day.
   B. No separate reimbursement will be made for services that are an incidental part of a visit, such as but not limited to, providing instruction on breathing techniques, diet, or exercise.
   C. No reimbursement will be made for an additional treatment after an initial treatment period if any of the following occur:
      1. symptoms show no evidence of clinical improvement after an initial treatment period
      2. symptoms worsen over a course of treatment.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.

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 patient
97814	Acupuncture, 1 or more needles with electrical stimulation, each addition 15 minutes of personal one on one contact with the patient, with re-insertion of needle(s) (List separately in addition for primary procedure)

F. Related Policies/Rules
N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	10/31/2013	New Policy
Date Revised	10/31/2013 06/06/2016 04/30/2020 05/25/2022 05/24/2023 01/17/2024	New Allowed Services Removed III. D. Shoulder Pain Updated references. No changes. Approved at committee. Updated references. No changes. Approved at Committee
Date Effective	05/01/2024	
Date Archived	04/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References
1. Acupuncture Services, OHIO ADMIN. CODE 5160-8-51 (2021).
2. License to Practice, OHIO REV. CODE § 4762.02 (2023).
3. Non-Institutional Fee Schedule, Appendix DD, OHIO ADMIN. CODE 5160-1-60 (2024).

Approved by ODM on 1/25/2024

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.