

Acupuncture Guide

09/21/2023

Purpose

This guide applies to all providers, non-physician providers and subcontractors who submit acupuncture claims, including but not limited to: evaluation and management services, needling, manipulation, traction, etc. The purpose of this guide is to provide direction to acupuncturists serving the CareOregon community.

CareOregon strives to follow current coding guidelines in conjunction with CMS policy and Oregon state legislature. As such, we would like to provide guidance to acupuncturists serving our community to better the adjudication process and transparency of claims submitted.

Medicare coverage for acupuncture visits is limited and specific to diagnosis' billed. CareOregon covers acupuncture services subject to the patient's plan and limitations.

Guidelines

Coding:

	Initial Unit	Additional Units
Without Electrical Stimulation	97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (Not reported with 97813)	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) (Reported with 97810 or 97813)
With Electrical Stimulation	97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient" (Not reported with 97810)	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) (Reported with 97810 or 97813)

The acupuncture codes 97810-97814 all indicate 15 minutes face-to-face with the patient with needle insertion. Simply, this means that the needle(s) must be inserted, but also requires 15 minutes face-to-face time with the patient.

Acupuncture treatment CPT codes 97810, 97813, 97811, and 97814 all include E/M done as part of the overall daily treatment.

Add-on codes (97811, 97814) require the insertion of a new set of needles in order to bill the extra 15 minute units.

Initial care and Follow up:

After establishing care with the patient, evaluation and management services should be limited to once every 30 calendar days.

If a re-exam is done less than 30 days after the initial exam, there should be documented evidence supporting that the patient:

- has a flare-up or exacerbation;
- has a new injury or significant added complaints;
- has a positive response to care, which dictates a change in the care plan to a more active-based care or, at minimum, some significant change in the treatment plan; or
- is ready for release

Covered Services and Plan Limitations

Evaluation and management codes are not reimbursable if/when acupuncture is not a covered benefit to the patient's plan.

Services Provided in a Group Setting

In accordance with Current Procedural Terminology, CareOregon will not reimburse CPT codes 97810-97814 if billed a group setting. These codes require direct one on one patient care with the provider.

Medicare Unlikely Edits

Centers for Medicare and Medicaid Services (CMS) guidelines and National Correct Coding Initiative (NCCI) established Medically Unlikely Edits (MUE) values, the maximum units of acupuncture services allowed per date of service. CareOregon has implemented the following maximums to billing units:

CPT Codes	MUE Value
97810	1
97811	2
97813	1
97814	2
20560	1
20561	1
S8930	3

Other Applicable Acupuncture Services

CareOregon covers treatments which are ranked on the covered Prioritized List line for a patient's reported medical condition. Please reference Prioritized List of Health Services (link below).

Definitions

Acupuncture: Acupuncture involves the insertion of very thin needles through your skin at strategic points on your body. A key component of traditional Chinese medicine, acupuncture is most commonly used to treat pain.

E/M: Evaluation and Management

CMS: Center of Medicare and Medicaid Services

MUE: Medically Unlikely Edit

References

[CPT® \(Current Procedural Terminology\) | AMA \(ama-assn.org\)](#)
[NCD - Acupuncture for Chronic Lower Back Pain \(cLBP\) \(30.3.3\) \(cms.gov\)](#)
[February 1, 2023 Prioritized List of Health Services \(oregon.gov\)](#)
[Oregon Secretary of State Administrative Rules](#)

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.

