

Acupuncture Payment Policy

Policy

Commercial: Not a covered benefit.

MassHealth ACO: The Plan reimburses acupuncture services provided by contracted physicians and other eligible providers for the treatment of pain. Plan members enrolled through MassHealth are allowed 20 acupuncture sessions per year without prior authorization. If the member's condition, treatment, or diagnosis changes, the member may be able to receive more sessions of medically-necessary acupuncture treatment with prior authorization.

Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE: The Plan will cover up to 12 visits during a 90-day period for members with chronic low back pain as defined by Medicare National Coverage Determination (NCD 30.3.3) Acupuncture for Chronic Low Back Pain. An additional 8 visits will be covered, with prior authorization, for plan members who demonstrate improvement. No more than 20 visits are covered annually.

NaviCare: The Plan will cover 20 acupuncture sessions per year without prior authorization for any diagnosis including electrical stimulation, infrared and ultrasound services. For additional visits to be covered, prior authorization is required.

Acupuncture for substance abuse is not limited and is covered through Beacon Health Options.

Reimbursement

Acupuncture is reimbursed for specific products as outlined and subject to benefit limitations.

For NaviCare, the benefit is administered through American Specialty Health Networks (ASHN). If services are related to substance abuse they are administered through Beacon Health Options.

For Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE, the benefit is administered by Fallon Health. Additional information is listed below under Billing/Coding Guidelines.

Referral/Notification/Prior Authorization Requirements

Prior authorization is required after 20 visits for MassHealth ACO and NaviCare members.

Prior authorization is required for visits 13-20 for Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE members.

Billing/Coding Guidelines

For **Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE**, physicians (as defined in 1861(r)(1)), physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)) and auxiliary personnel may furnish acupuncture in accordance with applicable state requirements. Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist required under CMS regulations 42 CFR §§ 410.26 and 410.27.

For **Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE**, providers must attach the KX modifier to claims for visits 13-20. (Visits 1-12 do not require the KX modifier.) By applying the KX modifier to the claim, you, the provider are confirming that the additional visits are medically necessary as justified by appropriate documentation in the medical record.

For **NaviCare** and **MassHealth ACO** plans, only qualified providers as defined in 130 CMR 433.440 and 243 CMR 5.00 are permitted to furnish and bill for acupuncture services.

For **MassHealth ACO** eligible contracted providers may bill an acupuncture code or Evaluation and Management code (CPT 99202-99205 or 99212-99215) per date of service. If a provider bills both an Evaluation and Management code and acupuncture code (97810, 97811, 97813, 97814) on the same date of service, the Evaluation and Management code will pay and acupuncture code will deny. Only one date of service should be billed per claim.

For **MassHealth ACO** members receiving services under any of the acupuncture codes on the same date of service as an office visit at a **Community Health Center (CHC)**, the CHC may bill for either an office visit or the acupuncture code, but may not bill for both an office visit and the acupuncture code for the same member on the same date when the office visit and the acupuncture services are performed in the same location. This limitation does not apply to a significant, separately identifiable office visit provided by the same CHC on the same day of the acupuncture service.

Acupuncture Codes

Code	Description	Fallon Medicare Plus	NaviCare	Masshealth ACO*
20560	Needle insertion(s) without injection(s), 1-2 muscles	Yes	Yes	No
20561	Needle insertion(s) without injection(s), 3 or more muscles	Yes	Yes	No
97010	Application of a modality to one or more areas; hot or cold packs	No	Yes	Yes
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	No	Yes	Yes
97026	Application of a modality to one or more areas; infrared	No	Yes	Yes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	No	Yes	Yes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	No	Yes	Yes
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Yes	Yes	Yes
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).	Yes	Yes	Yes
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Yes	Yes	Yes
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).	Yes	Yes	Yes

* Services covered for pain management only

Place of service

This policy applies to services rendered in an outpatient setting.

Policy history

Origination date:	03/01/2018
Payment Policy Update:	03/01/2022
Connection date & details:	January 2018 – Introduced as a new policy July 2018 – Clarified billing guidelines. July 2019 – Annual review, no updates. October 2020 – Added coverage for Fallon Medicare Plus, clarified coding requirements for all products. January 2021 - Clarified Reimbursement and Prior Authorization requirements for acupuncture services for Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE. January 2022- Clarified payment guidelines for MassHealth ACO.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.