

Acupuncture Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Premier
- ☒ CareAdvantage Prime
- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to physicians and practitioners licensed to practice acupuncture services for members of the CarePartners of Connecticut plans selected above.

In addition to the specific information contained in this policy, providers must adhere to the policy information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary acupuncture services for the treatment of chronic low back pain, in accordance with the member's benefits.

Members are covered for up to 12 visits in 90 days; an additional eight sessions will be covered for members demonstrating an improvement, up to a total of 20 visits within 365 days. In accordance with Centers for Medicare and Medicaid (CMS), treatment must be discontinued if the member's condition is either not improving or is regressing.

Note: All types of acupuncture (including dry needling) for any condition other than chronic low back pain are noncovered.

Definition

Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or "needling," or other "non-needling" techniques focused on these points.

Chronic low back pain is defined by the Centers for Medicare and Medicaid (CMS) as:

- Lasting 12 weeks or longer;
- Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
- Not associated with surgery; and
- Not associated with pregnancy

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Physicians may furnish acupuncture in accordance with applicable state requirements.

Physician assistants, nurse practitioners/clinical nurse specialists, and auxiliary personnel may provide acupuncture when all applicable state requirements are met, in addition to the following:

- A masters or doctoral-level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- Current, full, active, and unrestricted license to practice acupuncture in the state of Connecticut.

Note: Auxiliary personnel must provide services under the supervision of a physician, PA, or NP/clinical nurse specialist.

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network acupuncture services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Submit claims for any visits beyond the initial 12 within 90 days with the KX modifier to indicate medical necessity.

Acupuncture Services for Chronic Lower Back Pain

CPT Code	Description
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes
97811	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes (list separately in addition to code for primary procedure)
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes
97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes (list separately in addition to code for primary procedure)
20560	Needle insertion(s) without injection(s), 1-2 muscles
20561	Needle insertion(s) without injection(s), 3 or more muscles

Revenue Codes

Code	Description
0940	General therapeutic services

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Acupuncture for Chronic Lower Back Pain

Effective for dates of service on or after October 1, 2021, CarePartners of Connecticut will limit any combination of 20560-20561 (Needle insertion) or 97810-97814 (Acupuncture) when billed more than 20 times within a 12-month period (11 full months have elapsed) by any provider.

Additional Resources

- CMS National Coverage Determination (NCD30.3.3): [Acupuncture for Chronic Low Back Pain](#)
- [Chiropractic Services Payment Policy](#)
- [Evaluation and Management Professional Payment Policy](#)
- [Physical, Occupational and Speech Therapy Professional Payment Policy](#)

Document History

- July 2021: Added claim edit for acupuncture for chronic lower back pain, effective for dates of service on or after October 1, 2021
- December 2020: Policy created for CarePartners of Connecticut members, effective for dates of service on or after January 1, 2021

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.