Acupuncture Services Payment Policy

Policy Statement

Acupuncture is the technique of inserting thin needles through the skin at specific points in the body to control pain and other symptoms.
Acupuncture will be covered when performed by a provider who has successfully completed a course that has been approved by the American Board of Medical Acupuncture (ABMA) and meets the Rhode Island Department of Health's requirements for licensure as a doctor of acupuncture set forth in the Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants.

Scope

This policy applies to:

☐**Medicaid** *excluding Extended Family Planning (EFP)*
☒**Commercial**
☒**Dual CONNECT (Coordination only D-SNP)**
☒**INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage, and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Acupuncture, Chiropractic and In Lieu Of Services Clinical Medical Policy

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Coverage Limitations

Treatment is based on medical review and is limited to 12 visits per plan year.

Coverage Exclusions

- Adjunctive therapy including but not limited to herbs, oriental massage, moxibustion, cupping
- Acupuncture as an anesthetic during a surgical procedure
- Acupuncture in lieu of anesthesia
- Use of precious metal needles (e.g., gold, silver needles)
- Acupuncture assistants will not be separately reimbursed

- Acupuncture is limited to office settings and is not covered when performed in the home, nursing, residential, domiciliary, or custodial facilities
- Any other service not specifically listed as covered
- Medicaid and INTEGRITY for Duals; refer to In Lieu Of Payment Policy for acupuncture services.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

For Dual CONNECT (Coordination only D-SNP plan), providers must submit claims to Neighborhood and any remaining copays/coinsurance amounts and Medicaid covered benefits to EOHHS for reimbursement.

Coding

The inclusion of a code in this policy does not guarantee coverage or reimbursement.

Table 1: Below are the approved codes for licensed Acupuncturists:

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

CPT Code	Description
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)

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT in accordance with CMS Medicare guidelines. Neighborhood processes INTEGRITY for Duals in accordance with CMS Medicare and Rhode Island Executive Office of Health and Human Services (RI EOHHS) guidelines. Refer to CMS Medicare guidance and RI EOHHS Provider Manuals & Guidelines for rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
01/01/2026	Annual Review Date. Updated policy template to include new lines of business. Updated Member Responsibility, Coverage Exclusions, and Disclaimer language.
06/20/2025	Annual Review Date. Updated Coverage Exclusions to include Medicaid and INTEGRITY language.
12/11/2024	Added exclusion language
07/01/2024	Annual Review Date. No content changes.
03/29/2023	Annual Review Date. No content changes.
02/01/2022	Policy Effective
11/30/2021	Policy Review
11/09/2021	Policy Created