

Acupuncture

Policy

Harvard Pilgrim reimburses acupuncture services to contracted providers when the service is a covered benefit. Acupuncture benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [*Referral, Notification and Authorization*](#) for more information.

Open Access HMO and POS

For [*Open Access HMO and Open Access POS*](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Reimbursement of acupuncture services is determined by the member's benefit package.

Harvard Pilgrim reimburses only CPT codes 97810–97814 for acupuncture, and only contracted providers with a primary or secondary specialty of acupuncture are eligible for reimbursement of these services.

Harvard Pilgrim reimburses a maximum of three acupuncture service codes or a total of three units in any combination of any listed service or procedure per visit.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

Codes other than those listed below are not eligible for reimbursement for acupuncture services.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). The member is responsible for payment beyond the benefit limit.

Provider Billing Guidelines and Documentation

Coding²

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
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)

Other Information

Claims for acupuncture are accepted in the CMS 1500 format or electronic 837P.

Related Policies

Payment Policies

- Non-covered Services
- Maximum Units Per Day
- Evaluation & Management
- CPT & HCPCS Level II Modifiers

PUBLICATION HISTORY

12/31/08	original documentation
05/15/09	added secondary specialty language
04/15/10	annual review; no changes
04/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; no changes
04/15/13	annual review; no changes
04/15/14	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
03/15/15	annual review; no changes
04/15/16	annual review; updated electronic billing guidelines
04/15/17	annual review; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
05/01/18	annual review; no changes
04/01/19	annual review; no changes
04/01/20	annual review; removed version 5010 from Provider Billing Guidelines and Documentation section; administrative updates
04/01/21	annual review; administrative update to remove comment box in coding grid
04/01/22	annual review; added Evaluation & Management and CPT & HCPCS Level II Modifiers under related policies; administrative edits
03/31/23	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

² The table may not include all provider claim codes related to Acupuncture