

Applies to:**Commercial Products**

- ☐ Harvard Pilgrim Health Care Commercial products
- ☒ Tufts Health Plan Commercial products

Public Plans Products

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
- ☒ Tufts Health One Care – A dual-eligible product

Senior Products

- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- ☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting physicians and also practitioners licensed to practice acupuncture in the state which they practice.

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

Policy

Tufts Health Plan covers medically necessary acupuncture services, in accordance with the member's benefits.

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 [Provider Services](#).

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

Commercial and Tufts Health Public Plans Products

No referrals or prior authorizations are needed for acupuncture services by in-network providers.

Tufts Medicare Preferred HMO

Referrals are required for acupuncture services.

Tufts Health Plan SCO**Acupuncture for Pain Management**

Members are covered for 20 visits per plan year without prior authorization. Refer to the [Tufts Health Plan SCO Prior Authorization List](#) for more information.

Acupuncture as an Anesthetic

Acupuncture anesthetic services rendered as part of an inpatient stay are subject to inpatient notification requirements.

Acupuncture Detoxification

Prior authorization is not required for acupuncture detoxification services.

Billing Instructions

Unless otherwise stated, Tufts Health Plan 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.

Report any significant, separately identifiable evaluation and management (E&M) services with modifier 25 if the member's condition requires service above and beyond pre- or post-service work associated with acupuncture services.

Senior Products

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

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 addl 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) <i>List separately in addition to code for primary procedure</i>
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 addl 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) <i>List separately in addition to code for primary procedure</i>

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Additional Resources

- [Modifier Payment Policy](#)
- [Evaluation and Management Professional Payment Policy](#)
- CMS National Coverage Determination (NCD30.3.3): [Acupuncture for Chronic Low Back Pain](#)
- Medical Necessity Guidelines: [Acupuncture Detoxification Level of Care](#) (Tufts Health Public Plans)
- [130 CMR 433.000](#): Physician Services
- [130 CMR 418.000](#): Substance Abuse Treatment Services

Publication History

- March 2023: Annual policy review; administrative updates; added Acupuncture Detoxification Level of Care Medical Necessity Guidelines to Additional Resources
- March 2022: Annual policy review; administrative updates
- July 2021: Added claim edit for acupuncture for chronic lower back pain, effective for dates of service on or after October 1, 2021 (applicable to Tufts Medicare Preferred HMO only)
- December 2020: Added information for Tufts Medicare Preferred HMO members, effective for dates of service on or after January 1, 2021
- October 2020: Removed visit limit for acupuncture medical services for Tufts Health Direct, effective for dates of service on or after January 1, 2021
- January 2019: Reviewed by Committee; added Tufts Health Public Plans and Commercial content
- June 2018: Template updates
- April 2018: Document created

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.