

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Acupuncture

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	05/04/2006	Policy Last Updated:	3/20/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Acupuncture is a traditional form of Chinese medical treatment that has been practiced for over 3,000 years. It involves the practice of piercing the skin with needles at specific body sites to induce anesthesia, to relieve pain, to alleviate withdrawal symptoms of substance abusers, or to treat various non-painful disorders. In acupuncture, the placement of the needles into the skin is dictated by the location of meridians. These meridians are thought to mark patterns of energy flow throughout the human body.

Acupuncture has four components:

- the acupuncture needle(s);
- the target location defined by Chinese medicine;
- the depth of insertion;
- the stimulation of the inserted needle.

§ 27-20-42 Acupuncture services. – (a) Every group health insurance contract, plan, or group policy delivered, issued for delivery or renewed in this state which provides medical coverage, and every group policy which provides for treatment of persons for the prevention, cure or correction of any illness or physical or mental condition shall provide, as an optional rider, coverage for the services of a doctor of acupuncture as a provider of acupuncture services.

(b) For the purposes of this section:

- (1) "Doctor of acupuncture" means a practitioner licensed under chapter 37.2 of title 5.
- (2) "Coverage for the services of a doctor of acupuncture as a provider of acupuncture services" means coverage for acupuncture as defined in § 5-37.2-2(1).

(c) It remains within the sole discretion of the non-profit medical service corporation as to which doctor of acupuncture it contracts with. Reimbursement is provided according to the respective principles and policies of the non-profit medical service corporation; provided, that no non-profit medical service corporation may be required to pay for duplicative services actually rendered by a doctor of acupuncture and any other health care provider. Nothing contained in this section precludes non-profit medical service corporations from conducting managed care, medical necessity or utilization review.

Medical Criteria:

Not applicable. This is a claims payment policy.

Policy:

Acupuncture and an initial evaluation is covered when rendered by a licensed doctor of acupuncture (D. Ac.) or physician (State of Rhode Island licensed MD or DO)* only. Acupuncture assistants are not recognized for separate reimbursement and are therefore considered inclusive of the acupuncture reimbursement.

An initial evaluation for a new patient (99201-99205) is allowed for new patients. According to CPT, a new patient is one who has not received any professional services from the physician within the past three years.

When services are not covered:

- acupuncture with electrical stimulation;
- adjunctive therapies, such as but not limited to moxibustion, herbs, oriental massage, etc.;
- acupuncture when used as an anesthetic during a surgical procedure;
- precious metal needles (e.g., gold, silver, etc.);
- acupuncture in lieu of anesthesia;
- any other service not specifically listed as a covered service.

*Acupuncture services may be rendered by a physician (MD or DO) when the following Rhode Island Department of Health criteria has been met:

2.2 Any physician licensed in Rhode Island under the provisions of Chapter 5-37 who seeks to practice medical acupuncture as a therapy shall comply with the following:

2.2.1 Meet the requirements for licensure as a doctor of acupuncture set forth in the *Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants* promulgated by the Department of Health; **or**

2.2.2 Successfully complete a course offered to physicians that meets the requirements set forth in these regulations and includes no less than the following:

a) a minimum of three hundred (300) hours of formal instruction;

b) a supervised clinical practicum incorporated into the formal instruction required in subsection 2.2.2(a) (above).

Coding:

The following CPT codes are covered under the **acupuncture rider only:**

97810

97811

The following CPT codes are a contract exclusion (non-covered):

97813

97814

NOTE: Evaluation and Management codes are only used for separately identifiable procedures. Payment for both on the same day date of service requires modifier 25 to be appended, thus marking the service as separately identifiable.

99201

99202

99203

99204

99205

Coverage:

Acupuncture is a covered benefit for those groups who have purchased the acupuncture rider. Please refer to the appropriate Member Certificate, Subscriber Agreement, or Benefit Booklet for applicable acupuncture benefits/coverage.

Also Known As:

Not applicable

Related Topics:

Not applicable

Published:

Policy Update, March 2000

Policy Update, July 2006

Provider Update, May 2008

Provider Update, June 2010

Provider Update, June 2011

Provider Update, June 2012

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