



Acupuncture

Reimbursement Policy ID: RPC.0018.7100

Recent review date: 02/2025

Next review date: 12/2025

AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

Acupuncture is not a covered service by AmeriHealth Caritas Delaware according to Delaware Health and Social Services.

Exceptions

N/A

Reimbursement Guidelines

Non-covered codes include but are not limited to:

- 97810 - Acupuncture, 1 or more needles; without electric stimulation, initial 15 minutes of personal one-on-one contact with the patient

- +97811 - Acupuncture, 1 or more needles; without electric stimulation, each additional 15 minutes of personal one-on-one contact with the patient after the initial 15 minutes, with re-insertion of needles.
- 97813 – Acupuncture, 1 or more needles; with electric stimulation, initial 15-minute personal one-on-one contact with the patient.
- +97814 – Acupuncture, 1 or more needles; with electric stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles.

Definitions

Acupuncture

The technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1306&language=en-US&PortalId=0&TabId=94

Attachments

N/A

Associated Policies

N/A

Policy History

02/2025	Reimbursement Policy Committee Approval
12/2024	Annual review <ul style="list-style-type: none"> • No major changes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section