



EFFECTIVE DATE: 05|04|2006
POLICY LAST UPDATED: 04|07|2015

OVERVIEW

Acupuncture services are not available as a standard benefit, but are available as a rider as mandated by RIGL 27-20-42 (full text below). This policy is written to reflect the coverage as it applies to groups that purchase the acupuncture rider.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial

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

The following 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).

BlueCHiP for Medicare

Not applicable

COVERAGE

Acupuncture is a covered benefit for those groups who have purchased the acupuncture rider. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable acupuncture benefits/coverage.

Rhode Island mandated benefits do not apply to Plan 65, FEHBP, and Medicare Advantage plans. Self-funded groups may or may not choose to follow state mandate(s).

BACKGROUND

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.

CODING

Commercial

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 date of service requires modifier 25 to be appended, thus marking the service as separately identifiable.

99201

99202

99203
99204
99205

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, June 2015
Provider Update, April 2014
Provider Update, June 2012
Provider Update, June 2011
Provider Update, June 2010
Provider Update, May 2008
Policy Update, July 2006

REFERENCES:

RIGL Mandate 27-20-42, <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-42.HTM>

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

