Acupuncture

Reimbursement Policy ID: RPC.0018.01CH

Recent review date: 08/2026

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. The health plan 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.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

Acupuncture is not a covered service by the health plan.

Exceptions

N/A

Reimbursement Guidelines

Acupuncture is defined by Pennsylvania as a form of health care performed by the insertion and removal of specialized needles at specific areas of the human body, with or without the use of supplemental techniques.

Non-covered codes include but are not limited to:

CPT Codes	CPT Code Description
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**.**

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, and to the ICD-10-CM manual for guidelines and descriptions of diagnoses and other conditions.

Definitions

Acupuncture
Acupuncture is 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. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI)
VI. Corresponding health plans Clinical Policies.
VII. Applicable health plans provider manual.
VIII. Commonwealth of Pennsylvania Children’s Health Insurance Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

RPC.0007.01CH Add on Codes
RPC.0024.01CH Medically Unlikely Edit(MUE)

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
08/2026	Annual Review

	• No major updates
12/2025	Reimbursement Policy Committee Approval
10/2025	Annual Review • Updated Associated Policies
06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval