

**Policy is terminated because Medicaid does not cover these codes.**

**Table of Contents**

1.0 Description of the Procedure, Product, or Service..... 1

2.0 Eligible Recipients ..... 1

    2.1 General Provisions ..... 1

3.0 When the Procedure, Product, or Service Is Covered..... 1

    3.1 General Criteria..... 1

    3.2 Specific Criteria ..... 1

4.0 When the Procedure, Product, or Service Is Not Covered..... 1

    4.1 General Criteria..... 1

    4.2 Specific Criteria ..... 2

5.0 Requirements for and Limitations on Coverage ..... 2

    5.1 Prior Approval ..... 2

6.0 Providers Eligible to Bill for the Procedure, Product, or Service ..... 2

    6.1 Licensing requirement ..... 2

7.0 Additional Requirements ..... 2

    7.1 Compliance ..... 2

8.0 Policy Implementation/Revision Information..... 3

Attachment A: Claims-Related Information ..... 4

    A. Claim Type ..... 4

    B. Diagnosis Codes ..... 4

    C. Procedure Code(s)..... 4

    D. Modifiers..... 4

    E. Billing Units..... 4

    F. Place of Service ..... 4

    G. Co-payments ..... 4

    H. Reimbursement ..... 4

## **1.0 Description of the Procedure, Product, or Service**

Acupuncture is a technique used for a wide variety of indications including treatment of nausea, treatment of certain painful conditions and for producing regional anesthesia. It involves inserting needles through the skin to specific points.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

To be eligible, NCHC recipients must be enrolled on the date of service.

## **3.0 When the Procedure, Product, or Service Is Covered**

### **3.1 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### **3.2 Specific Criteria**

Acupuncture is covered when both of the following criteria are met:

- a. It is performed by a doctor of medicine who is licensed in the United States, in the state where he practices medicine; **AND**
- b. It is performed for the treatment of nausea associated with surgery or chemotherapy.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

## 4.2 Specific Criteria

- a. Acupuncture is not covered when performed by other than a licensed doctor of medicine who is licensed in the state where the procedure is performed. Chiropractor or ineligible provider is not covered.
- b. Acupuncture for any indication other than those listed in **Subsection 3.2** is not covered.
  1. Acupuncture for nausea associated with pregnancy is not covered because there are no benefits under NCHC for pregnancy-related care.
  2. Acupuncture for any other indication, including, acupuncture for the treatment of pain or for smoking cessation, is considered investigational and not medically necessary.

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

### 6.1 Licensing requirement

The provider must be a doctor of medicine who is licensed in the state where the procedure is performed.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

### Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
February 29, 2012	Throughout	Policy Termination

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

The diagnosis codes to be used for Acupuncture are:

ICD-9-CM Codes
564.3
787.01
787.02
787.03

### C. Procedure Code(s)

CPT Codes
97810
+97811
97813
+97814

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Inpatient Hospital, Outpatient Hospital and Office

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.