Keystone First
VIP Choice.

Acupuncture

Reimbursement Policy ID: RPC.0018.PA01

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

This policy describes reimbursement of claims for acupuncture services.

Exceptions

N/A

Reimbursement Guidelines

Acupuncture is defined by the health plan as a form of health care performed by the insertion and removal of specialized needles at specific of the human body, with or without the use of supplemental techniques.
Acupuncture services are covered only for the following condition: chronic low back pain.
Reimbursement for covered acupuncture services may be made to eligible providers. Providers must submit clean claims, consistent with the health plan and industry-recognized billing guidelines, using appropriate

codes and modifiers. Up to [12] visits in 90 days are covered if the chronic back pain lasts 12 weeks or longer, not associated with surgery, not associated with pregnancy or nonspecific, in that it has no identifiable systemic cause. An additional 8 sessions will be covered for those patients demonstrating an improvement and no more than 20 acupuncture treatments may be covered annually. Treatment must be discontinued if the patient is not improving or is regressing. Authorization may be required, and services must be medically necessary.

The ranges of procedure codes for acupuncture services are Current Procedural Terminology (CPT) 97810-97814 and 20560-20561 (trigger point):

CPT code	Description
97810	Acupuncture, 1 or more needles; **without** electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; **with** electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscle(s)

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 Clinical Policies.
VII. Applicable provider manual.

Attachments

N/A

Associated Policies

RPC.0007.PA01 Add on Codes

Policy History

08/2026	Reimbursement Policy Committee Approval
08/2026	Annual review • Removed the next review date • Replaced the plan name with “the health plan”
12/2025	Reimbursement Policy Committee Approval
10/2025	Annual Review • Updated Associated Policies
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
12/2024	Annual review • No major changes
04/2024	Revised preamble
01/2024	Reimbursement Policy Committee Approval