

# Acupuncture Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to physicians and practitioners licensed to practice acupuncture services for members of the CarePartners of Connecticut plans selected above.

**Note:** Audit and disclaimer information is located at the end of this document.

## Policy

CarePartners of Connecticut covers medically necessary acupuncture services for the treatment of chronic low back pain, in accordance with the member's benefits.

**Note:** All types of acupuncture (including dry needling) for any condition other than chronic low back pain are noncovered.

## Definition

Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or "needling," or other "non-needling" techniques focused on these points.

Chronic low back pain is defined by the Centers for Medicare and Medicaid (CMS) as:

- Lasting 12 weeks or longer;
- Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
- Not associated with surgery; and
- Not associated with pregnancy

## General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

CarePartners of Connecticut limits any combination of 20560-20561 (Needle insertion) or 97810-97814 (Acupuncture) when billed more than 20 times within a 12-month period (11 full months have elapsed) by any provider.

Physicians may furnish acupuncture in accordance with applicable state requirements.

Physician assistants, nurse practitioners/clinical nurse specialists, and auxiliary personnel may provide acupuncture when all applicable state requirements are met, in addition to the following:

- A masters or doctoral-level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- Current, full, active, and unrestricted license to practice acupuncture in the state of Connecticut.

**Note:** Auxiliary personnel must provide services under the supervision of a physician, PA, or NP/clinical nurse specialist.

## Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network acupuncture services. Referrals are required for out-of-network services rendered for HMO members.

## Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Submit claims for any visits beyond the initial 12 within 90 days with the KX modifier to indicate medical necessity.

### Acupuncture Services for Chronic Lower Back Pain

CPT Code	Description
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes
97811	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes (list separately in addition to code for primary procedure)
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes
97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes (list separately in addition to code for primary procedure)
20560	Needle insertion(s) without injection(s), 1-2 muscles
20561	Needle insertion(s) without injection(s), 3 or more muscles

A maximum of three acupuncture service codes or a total of three units in any combination per visit.

## Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

## Additional Resources

- CMS National Coverage Determination (NCD30.3.3): [Acupuncture for Chronic Low Back Pain](#)
- [Evaluation and Management Professional Payment Policy](#)
- [Maximum Units](#)
- [Modifier](#)

## Document History

- May 2026: annual review; no changes
- February 2025: Annual policy review; no changes
- April 2024: Annual policy review; removed claim edit for acupuncture, refer to NDC 30.3.3, removed Chiropractic Services and Physical, Occupational and Speech Therapy Professional Payment Policies from Additional Resources; added Maximum Units and Modifier Payment Policies to Additional Resources
- April 2023: Annual policy review; no changes
- March 2022: Annual policy review; no changes
- July 2021: Added claim edit for acupuncture for chronic lower back pain, effective for dates of service on or after October 1, 2021
- December 2020: Policy created for CarePartners of Connecticut members, effective for dates of service on or after January 1, 2021

## Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.