

# Reimbursement for Acupuncture Services for UnitedHealthcare Community Plan Medicaid Members in Ohio

## Frequently Asked Questions

### Key Points

- UnitedHealthcare Community Plan Medicaid members in Ohio may be eligible for coverage of acupuncture services with electrical stimulation for the treatment of back pain or migraine. Coverage began July 1, 2017.
- Coverage for acupuncture services without electrical stimulation has been in effect since Jan. 1, 2017.
- Prior authorization is required for acupuncture services beyond 30 acupuncture visits per benefit year.

### Overview

Coverage and payment for acupuncture services with electrical stimulation began for July 1, 2017 UnitedHealthcare Community Plan Medicaid members in Ohio. Acupuncture coverage is limited to the treatment of low back pain and migraine and must be medically necessary.

| HCPCS Code | Description   | Effective Date | Current Maximum Payment Amount |
|------------|---|----------------|--------------------------------|
| 97810      | Acupuncture without stimulation – 15 minutes            | Jan. 1, 2017   | \$25.00                        |
| 97811      | Acupuncture without stimulation – additional 15 minutes | Jan. 1, 2017   | \$17.50                        |
| 97813      | Acupuncture with stimulation – 15 minutes               | July 1, 2017   | \$31.15                        |
| 97814      | Acupuncture with stimulation – additional 15 minutes    | July 1, 2017   | \$23.65                        |

### Frequently Asked Questions

#### Q1. Which care provider types can be reimbursed for acupuncture services for these members?

- A1. The following care provider types can be reimbursed for acupuncture treatment:
- Chiropractor – must have a valid certificate to practice acupuncture issued under section 4734.283 of the Revised Code
  - Licensed Acupuncturists
  - Physicians – with completion of medical training in acupuncture with a current and active designation, or an equivalent designation, as a diplomate in acupuncture from the national certification commission for acupuncture and oriental medicine
  - Other individual Medicaid provider (e.g., advanced practice registered nurse, physician assistant) – must have a valid certificate as an acupuncturist

#### Q2. Which members are eligible for coverage of acupuncture services?

- A2. To be eligible, members must have one or more of the following conditions:
- Low back pain
  - Migraine

#### Q3. Where will treatment be covered?

- A3. Acupuncture services will be covered at non-institutional settings including services provided through:
- An acupuncturist
  - A recognized acupuncture provider
  - An ambulatory health care clinic
  - A federally qualified health center (FQHC)
  - A rural health clinic (RHC)
  - A professional medical group

For a covered acupuncture services rendered at an FQHC or RHC, payment will be made in accordance with Chapter 5160-28 of the Administrative Code.

For a covered acupuncture services rendered at any other valid place of service, payment will be the lesser of the care provider's submitted charge or the maximum amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.

**Q4. What are the criteria for reimbursement of acupuncture services?**

A4. Payment may be made only for an acupuncture service that meets the following criteria:

- Services must be medically necessary.
- Services must be performed at the written order of a practitioner.
- Services must be rendered by a practitioner enrolled in the Medicaid program.
- Services must be rendered for treatment only of low back pain or migraine.
- Payment for more than 30 acupuncture visits per benefit year requires prior authorization.
- Separate payments won't be made for both an evaluation and management (E/M) service and an acupuncture service rendered by the same provider to the same individual on the same day.
- Separate payment won't be made for services that are an incidental part of a visit, such as providing instruction on breathing techniques, diet or exercise.
- Payment won't be made for additional treatment in either of the following circumstances:
  - Symptoms show no evidence of clinical improvement after an initial treatment period.
  - Symptoms worsen over a course of treatment.

**Q5. How do I submit claims for acupuncture services?**

A5. There are a number of options for submitting claims:

- Option 1 - Online: UHCProvider.com/claims
  - Sign in with your Optum ID. If you don't have an Optum ID, select "New User."
- Option 2 - Electronic Claims Submission
  - Use any clearinghouse vendor to submit claims electronically. The Payer ID is 87726.
- Option 3 – Hard copy
  - Use the CMS-1500 claim form.
  - Paper claims should be mailed to:  
United Healthcare Community Plan  
PO Box 8207  
Kingston, NY 12402-8207
- Use DSM-5 and ICD-9 coding.

**Q6. How can I view member eligibility, claim status and reference materials?**

A6. For member eligibility, claim status and reference materials, go to UHCprovider.com. Our care provider web portal makes it easy for you to:

- Check eligibility, authorization or notification of benefits requirements.
- Submit professional claims and view claim status.
- Make claim adjustment requests.
- Register for Electronic Payments and Statements (EPS), including Electronic Funds Transfer (EFT).

For secure online transactions, you can sign into Link using your Optum ID. If you don't already have an Optum ID, go to UHCprovider.com and select "New User" on the home page. For additional information, you can call the Help Desk at 866-842-3278.

**Q7. Who can I contact if I have further questions?**

A7. You can contact MyCare Ohio Provider Services at 800-600-9007. Thank you.