

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Acupuncture

January 1, 2008
Updated October 1, 2008

ACUPUNCTURE TREATMENT

Acupuncture is a traditional form of Chinese medical treatment that has been practiced for more than 3,000 years. It is intended to be used as an alternative or complementary approach to the conventional treatment of certain diseases.

Acupuncture is the practice of piercing the skin with needles at specific body sites to induce anesthesia, relieve pain, alleviate withdrawal symptoms or treat nausea and vomiting. In acupuncture, the placement of needles into the skin is dictated by the location of meridians. Meridians are thought to mark patterns of energy flow throughout the human body.

Acupuncture has four components:

- The acupuncture needle
- Target location defined by traditional Chinese medicine
- Depth of insertion
- Stimulation of the inserted needle

The Food and Drug Administration has approved acupuncture needles for marketing. These needles are classified by the FDA as Class II devices and are intended for general use in “the performance of acupuncture”. Acupuncture may be done with or without electrical stimulation. Electro acupuncture, or transcutaneous electrical nerve stimulation acupuncture, is the practice of piercing specific body sites with needles that are then stimulated by an extremely low voltage of electricity.

ORIGINAL MEDICARE

Acupuncture is not a covered service under Original Medicare for any condition. The Centers for Medicare & Medicaid Services issued a national noncoverage determination for acupuncture in May 1980. In April 2004, CMS issued noncoverage decisions for acupuncture for pain relief in fibromyalgia and osteoarthritis. Citing study design flaws, CMS concluded there is no convincing evidence that acupuncture is useful in improving health outcomes.

MEDICARE ADVANTAGE

Coverage for acupuncture is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover acupuncture, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts, and member cost-sharing are determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the CMS deemed-provider¹ concept for group specific benefits. The table below specifies payment conditions for acupuncture:

Conditions For Payment	
Eligible providers	M.D. or D.O.
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable location	Office
Frequency ²	20 visits per calendar year (20 dates of service). Note: 1 date of service equals 1 visit.
CPT codes ³	97810-97811, 97813-97814 <ul style="list-style-type: none">• Procedures are completed in increments.• More than one procedure can occur during a visit.• Multiple procedure codes can be billed on one date of service and count as one visit.
Diagnosis restrictions	053.12, 270.2, 346.00-346.91, 350.1-350.2, 355.8, 714.0, 714.30, 714.31, 715.09, 715.10-715.39, 715.89, 715.90-715.98, 720.0, 721.2-721.3, 721.90, 722.0, 722.10, 722.11, 722.2, 723.1, 723.4, 724.2, 724.3, 724.4, 729.1, 729.2, 732.5, 784.0
Age restrictions	No restrictions

Reimbursement

The maximum payment amount for the acupuncture benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with acupuncture coverage:

¹ 2008 Terms and conditions

² State of Michigan Retirees benefit grid

³ State of Michigan Retirees benefit grid

Member Cost-Sharing Responsibilities			
Group Name and Number	Annual Deductible	Coinsurance	Out-of-Pocket Maximum
		Professional Claim	
	2008	2008	2008
State of Michigan Retirees ⁴ 81820, 81821, 81828	\$200	10%	\$1000

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report the National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

⁴ State of Michigan Retirees benefit grid