Effective 11/1/17, Anthem Blue Cross contracted with an exclusive network, American Specialty Health, for acupuncture benefits. As a result, effective 12/1/17, CHCN will no longer manage the acupuncture network for CHCN Anthem Medi-Cal managed care members. Please use Anthem’s online provider directory to identify available providers in ASH’s network.

https://www.anthem.com/health-insurance/provider-directory/searchcriteria

CHCN will continue to contract with acupuncture providers for CHCN Alameda Alliance for Health members. Please use the online provider search tool to identify providers in CHCN’s network.

https://portal.chcnetwork.org/FindASpecialist

Please see below for detailed information about CHCN’s acupuncture benefit.

Medical Criteria

CHCN follows the Medi-Cal medical necessity criteria for acupuncture benefits; however, CHCN does not follow the Medi-Cal limit of two visits per month. Although CHCN does not limit the number of acupuncture visits a member may receive in a month, more than 24 visits in an elapsed year requires prior authorization.

Acupuncture services are allowed to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.

Procedure Codes

Acupuncture service may include one of the following:
1. One code of 97810 and up to two codes of 97811; or
2. One code of 97813 and up to two codes of 97814; or
3. One code of 99199

Procedure Code Descriptions

97810 Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient

97811 Acupuncture, one 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). Code 97811 is an add-on and must be billed on the same claim with code 97810.

97813 Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient

97814 Acupuncture, one 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). Code 97814 is an add-on and must be billed on the same claim with code 97813.
CHCN ACUPUNCTURE SERVICES

99199 Unlisted special service, procedure or report used for group acupuncture visit

Provider Network

In accordance with Medi-Cal policy, acupuncture services are allowed when provided by a physician, podiatrist or certified acupuncturist

Prior Authorization

Prior authorization is not required if service is provided by contracted provider. Non-contracted providers must submit prior authorization through CHCN.

Billing

Providers may be reimbursed for acupuncture services when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

- G89.0 Central pain syndrome
- G89.21 Chronic pain due to trauma
- G89.22 Chronic post-thoracotomy pain
- G89.28 Other chronic post procedural pain
- G89.29 Other chronic pain
- G89.3 Neoplasm related pain (chronic)
- G89.4 Chronic pain syndrome