KAISER PERMANENTE®

PAYMENT POLICY

Acupuncture

Scope

This policy applies to:

☐ Kaiser Permanente Health Plan of Washington

☒ Kaiser Permanente Health Plan of Washington Options, Inc.

☒ Commercial

☒ Medicare

☐ Medicaid

Policy

Original Effective Date: 10/01/26

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse medically appropriate acupuncture services. Acupuncture is not medically appropriate when performed to maintain general physical condition, or when significant therapeutic improvement is not expected.

Billing/Coding Guidelines

Kaiser Permanente will apply the following guidelines.

CPT Code	CPT Description	Total Units Allowed
98710	Acupuncture, 1 or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1
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)	2
97813	Acupuncture, 1 or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1
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)	2

Policy Definitions

Medical Necessity – Appropriate and clinically necessary services, as determined by KPWA's Medical Director or his/her designee according to generally accepted principles of good medical practice, which are rendered to a member for the diagnosis, care, or treatment of a medical condition.

Prerequisite(s)

Not Applicable

References

https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits-mues

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

https://www.medicare.gov/coverage/acupuncture

Frequently Asked Questions

Q1: Can a provider bill for 60 minutes of care?

A1: No. a provider can only bill for 45 minutes of care. The provider can bill for one unit of cpt code 97810 and up to two units of cpt code 97811, or the provider can bill for one unit of cpt code 97813 and up to two units of cpt code 97814.

Revision History