



State of California—Health and Human Services Agency
Department of Health Care Services



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DIRECTOR

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GOVERNOR

DATE: December 1, 2016

ALL PLAN LETTER 16-015

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ACUPUNCTURE SERVICES

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on the reinstatement of acupuncture services as a Medi-Cal managed care benefit.

BACKGROUND:

Senate Bill (SB) 833 (Committee on Budget and Fiscal Review, Chapter 30, Statutes of 2016)¹ has amended the Welfare and Institutions Code (WIC), Section (§) 14131.10 to remove acupuncture services from the list of optional benefits exclusions.

As of July 1, 2016, MCPs must provide coverage and reimbursement for acupuncture services, subject to program and eligibility requirements as described in the Medi-Cal Provider Manual (Provider Manual).²

Policy and Requirements:

Outpatient acupuncture services have been reinstated as a Medi-Cal managed care benefit by WIC §14132.³

Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services in any one calendar month per the Medi-Service reservation limitation (California Code of Regulations, Title 22, Section 51304[a]), although

¹ SB 833 (Committee on Budget and Fiscal Review, Chapter 30, Statutes 2016) can be found at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB833

² Medi-Cal Provider Manual. "Acupuncture Services" August 2016. http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/acu_a01o11.doc

³ WIC §14131.10 and WIC §14132 are available at: http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=7.&article=4.

additional services can be provided based upon medical necessity through the MCP prior authorization process. There is no frequency limitation for beneficiaries receiving services through the Early and Periodic Screening, Diagnosis, & Treatment program. Acupuncture services are reimbursable using Current Procedural Terminology-4 procedure codes 97810, 97811, 97813 or 97814 when rendered by a physician, dentist, podiatrist or certified acupuncturist⁴ who is eligible to provide Medi-Cal services. One (1) Medi-Service reservation must be reserved for each visit provided. Please refer to the Provider Manual for what constitutes one (1) Medi-Service reservation.

Additional information regarding outpatient acupuncture services can be found in WIC §14132 as well as in the Provider Manual.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal law and regulations and other contract requirements as well as Department of Health Care Services' guidance, including applicable APLs and Dual Plan Letters. If you have any questions regarding this APL, please contact your Contract Manager.

Sincerely,

Original Signed by Sarah Brooks

Sarah Brooks
Deputy Director
Health Care Delivery Systems

⁴ Certified or licensed acupuncturist in accordance with California Bus and Prof Code 4925 (b) "Any reference in this chapter, or to the regulations pertaining thereto, to "certificate" or "certification" shall hereafter mean "license" or "licensure." Any reference to the term "certifying" means "licensing," and the term "certificate holder" means "licensee."