



MEDICAL COVERAGE POLICY

SERVICE: Acupuncture

Policy Number: 001

Effective Date: 04/01/2020

Last Review: 02/27/2020

Next Review Date: 02/27/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not Required

POLICY: Acupuncture is a covered benefit for some plans. If it is a benefit, some plans place an annual limit on the number of encounters that will be covered. This policy defines the medical necessity criteria that will be used for acupuncture claims, when covered under the member's insurance plan.

The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the following conditions and only when performed by a licensed acupuncturist, a physician with acupuncture training or a chiropractor with acupuncture training:

- Treatment of medication-induced nausea, post-operative nausea, nausea associated with chemotherapy or nausea associated with pregnancy.
- Treatment of chronic low back pain defined as:
 - ✓ Last 12 or more weeks
 - ✓ Nonspecific with no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease)
 - ✓ Not associated with surgery or with pregnancy.
- As an adjunct to standard conservative therapy for treatment of tension and migraine headache.
- Treatment to reduce pain and decrease disability due to knee osteoarthritis

Any treatment plan involving the use of acupuncture should ultimately result in a clinically meaningful reduction in the patient's pain level, an improvement in the targeted symptom/sign, the reduction in the use of medication or medical services, and/or an improved ability to carry out their usual activities of daily living. The use of acupuncture beyond two to three (2-3) weeks without elimination or a significant clinically meaningful reduction in the patient symptom or pain levels, an improvement in the targeted symptom/sign, the reduction in use of medication or medical services and/or clinical signs of functional improvement may be considered not medically necessary.



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For Medicare lines of business, acupuncture is **ONLY** covered for chronic low back pain.

SWHP does **NOT** cover acupuncture for any other indication, because it is considered experimental, investigational or unproven.

OVERVIEW: Acupuncture is a complementary or alternative medicine technique or approach to patient care that involves the insertion of fine, hair-thin metallic (filiform) needles through the skin at specific points on the body, with or without the application of electrical current (Percutaneous Electrical Neuromuscular Stimulation - PENS) in an attempt to relieve pain, tension or improve bodily function. Acupuncture is reported based on the 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

MANDATES: N/A

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

| | |
|---------------------|---|
| CPT Codes: | 97810, 97811, 97813, 97814 |
| HCPCS Codes: | N/A |
| ICD10 codes | G43.011 - Migraines (acute and intractable) G43.019 - Migraines (acute and intractable) G43.111 - Migraines (acute and intractable) G43.119 - Migraines (acute and intractable) G43.411, G43.419 Migraines (acute and intractable) G43.511 - Persistent, chronic and intractable G43.519 - Persistent, chronic and intractable G43.711 - Persistent, chronic and intractable G43.719 - Persistent, chronic and intractable G43.A1 - Persistent, chronic and intractable G43.B1 - Persistent, chronic and intractable G43.811 - Persistent, chronic and intractable G43.819 - Persistent, chronic and intractable G43.911 - Persistent, chronic and intractable G43.919 - Persistent, chronic and intractable G89.0 - Generalized Pain G89.21, G89.29 - Generalized Pain G90.50, G90.59 - CRPS O21.1 - Hyperemesis gravidarum M17.0, M17.9 - Knee OA M54.5 - Low back pain M54.9 - Dorsalgia, unspecified |

CMS: Centers for Medicare & Medicaid Services:



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Section 30-3 of the National Coverage Determinations (NCDs) excludes all forms of acupuncture from CMS reimbursement EXCEPT for chronic low back pain per CAG-00452N.

POLICY HISTORY:

| Status | Date | Action |
|----------|------------|--|
| New | 8/1/2010 | New policy |
| Reviewed | 5/3/2012 | Reviewed. |
| Reviewed | 2/28/2013 | Reviewed. References updated |
| Reviewed | 2/20/2014 | Reviewed. |
| Reviewed | 3/05/2015 | No changes |
| Updated | 12/17/2015 | Removed PA requirement |
| Reviewed | 03/17/2016 | No changes |
| Reviewed | 03/07/2017 | Reviewed with no material change |
| Reviewed | 01/25/2018 | Altered indication list. |
| Reviewed | 01/15/2019 | No changes |
| Reviewed | 02/27/2020 | Minor additions to coverage statement. Added new Medicare coverage |

REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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