



MEDICAL COVERAGE POLICY

SERVICE: Acupuncture

Policy Number: 001

Effective Date: 04/01/2024

Last Review: 02/12/2024

Next Review: 02/12/2025

Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Not Required

POLICY: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details. 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 non-Medicare acupuncture claims, when covered under the member’s insurance plan.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). [NCD 30.3 Acupuncture](#), [NCD 30.3.3 Acupuncture for Chronic Lower Back Pain \(cLBP\)](#). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

- A. For Medicare plans, acupuncture is ONLY covered for chronic low back pain. Medicare excludes all forms of acupuncture from CMS reimbursement EXCEPT for the treatment of chronic low back pain.
- B. For Medicare plans, dry needling for the treatment of chronic low back pain is a covered benefit when performed by an acupuncturist.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

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

- A. Treatment of medication-induced nausea, post-operative nausea, nausea associated with chemotherapy or nausea associated with pregnancy.
- B. Treatment of chronic low back pain defined as:
 - 1. Lasting 12 or more weeks
 - 2. Nonspecific with no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious disease, etc.)



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- 3. Not associated with surgery or with pregnancy
- C. As an adjunct to standard conservative therapy for treatment of tension and migraine headache
- D. 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.

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

BACKGROUND:

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:** 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 For Medicare: 20560, 20561 – Dry needling
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



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	<p>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, 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</p>
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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
Reviewed	02/25/2021	No material changes. Updated Medicare references
Reviewed	02/24/2022	Added coverage for dry needling by acupuncturist for Medicare members
Reviewed	02/23/2023	No changes
Reviewed	02/12/2024	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP 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 BSWHP so the information can



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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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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs.