Policy: MP063
Section: Medical Benefit Policy
Subject: Acupuncture

I. Policy: Acupuncture

II. Purpose/Objective:
To provide a policy of coverage regarding acupuncture

III. Responsibility:
A. Medical Directors
B. Medical Management Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.

(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DEFINITION:**
Acupuncture involves piercing the skin with needles at specific body sites to induce anesthesia, to relieve pain, to alleviate withdrawal symptoms of substance abusers, or to treat various non-painful disorders (e.g. to relieve nausea/vomiting). In traditional acupuncture, the placement of needles into the skin is dictated by the location of meridians. These meridians are thought to mark patterns of energy flow throughout the human body.

For those lines of business for which Acupuncture is not specifically excluded, the following criteria will apply:

**INDICATIONS:** REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE

- Radiculopathy
- Reflex sympathetic dystrophy
- TMJ pain
- Chronic intractable headache
- Peripheral neuropathy
- Back pain which is refractory to traditional treatment
- Chemotherapy-induced nausea and vomiting

Note: Additional indications may be available for some groups as determined in their contract specific benefit documents.

**LIMITATIONS:** Providers must be licensed by the Pennsylvania Board of Medicine in accordance with § 18.12 and § 18.13, section 3 of the Acupuncture Licensure Act (63 P.S.§ 1803); and section 8 of the Medical Practice Act of 1985 (63 P.S. § 422.8).

**EXCLUSIONS:**
Any indication not specifically listed in this policy.

The Plan does NOT provide coverage for dry needling because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this therapy on health outcomes when compared to established tests or technologies.

**Medicare, Federal Employee Health Benefits** – acupuncture is not covered.

**Note:** A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

**PROCESS:**
Initial requests for acupuncture require approval by the Health Plan prior to the service being rendered. Initial approval may be given for up to six (6) visits.

Requests for additional visits must be accompanied by medical documentation showing clinical improvement. Based on the documentation, the Health Plan may approve up to six (6) additional visits per request.

**CODING ASSOCIATED WITH:** Acupuncture
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or
the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

97810 - Acupuncture w/o stimulation 15 min
97811 - Acupuncture w/o stimulation addl 15 min
97813 - Acupuncture w/ stimulation 15 min
97814 - Acupuncture w/ stimulation addl 15 min


LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


This policy will be revised as necessary and reviewed no less than annually.

Devised: 12/1/96

Revised: 2/97, 2/98, 4/00, 10/02, 10/03 (definition, coding, process language change) 7/17 (added indications)

Reviewed: 10/04, 09/05, 10/06, 10/07, 10/08, 10/09, 8/10, 8/11, 8/12, 8/13, 814, 8/15; 7/16, 11/18