Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP063

Section: Medical Benefit Policy

Subject: Acupuncture

Applicable line of business:

Commercial	**x**	**Medicaid**	**x**
Medicare	**x**	**ACA**	**x**
CHIP	**x**		

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.

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

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
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- 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 follow criteria will apply:

INDICATIONS: <u>REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE</u>

- 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.

MEDICARE/MEDICAID BUSINESS SEGMENT

Please see CMS NCD 30.3.3

Up to 12 acupuncture visits in 90 days are covered for the treatment of chronic low back pain when the following criteria are met:

A diagnosis of chronic low back pain (cLBP) defined as:

- Lasting 12 weeks or longer; and
- nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); and
- not associated with surgery; and
- not associated with pregnancy.

An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) may furnish acupuncture in accordance with applicable state requirements.

Physician assistants, nurse practitioners/clinical nurse specialists and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist required by our regulations at 42 CFR §§ 410.26 and 410.27

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 of1985 (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 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.

Federal Employee Health Benefits – acupuncture is not covered.

Medicare- All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

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

20560 NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)
20561 NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES
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

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

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:
ECRI, Health Technology Assessment Information Service, Hotline Response, "Acupuncture for Chronic Pain Management" May 10, 2002.
TEC, Technology Evaluation Center, "Acupuncture in the Treatment of Pain", 11(22):1-14, Jan 1997

National Institutes of Health, Consensus Statements, "Acupuncture", 1997, Nov 3-5; 15(5):1-34.

White AR, Rampes H, Ernst E, "Acupuncture for Smoking Cessation", Cochrane Database of Systematic Reviews. (2):CD000009, 2002.

Leibing E, Leonhardt U, Koster G, Goerlitz A, Rosenfeldt JA, Hilgers R, Ramadori G, "Acupuncture Treatment of Low Back Pain—A Randomized, Blinded, Placebo-controlled Trial With 9 Month Follow-up", *Pain*. 96(1-2):189-196, Mar 2002.

Carlsson CP, Sjolund BH, "Acupuncture for Chronic Low Back Pain: A Randomized Placebo-controlled Study With Long Term Follow-up", *Clinical Journal of Pain*. 17(4):296-305, Dec 2001.

Ernst E, White AR, "Acupuncture for Back Pain. A Meta-analysis of Randomized Controlled Trials", *Archives of Internal Medicine*. 158:2235-2241, Nov 9, 1998.

Acupuncture. British Medical Journal – Clinical Evidence, *American Family Physician*, Mar 1, 2002.

Irnich D, et.al., "Randomized Trial of Acupuncture Compared With Conventional Massage and "Sham" Laser Acupuncture for Treatment of Chronic Neck Pain", *British Medical Journal*, 322:1574-1576, June 30, 2001.

Margolin A, et. al., "Acupuncture for the Treatment of Cocaine Addiction", *JAMA*, 287:55-63, 2002.

Ernst E, "Acupuncture for Rheumatic Conditions", Up To Date 2002, http://www.utdol.com. Accessed 10/2/02

Linde K, Jobst K, Panton J, "Acupuncture for Chronic Asthma", Cochrane Review, The Cochrane Library, Issue 3, 2002.

Shen J, Glaspy J, "Acupuncture: Evidence and Implications for Cancer Supportive Care", *Cancer Practice* 9(3):147-150, May-June 2001.

Ramnero A, Hanson U Kihlgren M, "Acupuncture Treatment During Labor – A Randomized Controlled Trial" *British Journal of Obstetrics and Gynecology*. 109(6):637-644, June 2002.

Allaire A, "Complementary and Alternative Medicine in the Labor and Delivery Suite", Clinical Obstetrics and Gynecology. 44(4):681-691, Dec 2001.

Bullock ML, et. al., "A Large Randomized Placebo Controlled Study of Auricular Acupuncture for Alcohol Dependence", *Journal of Substance Abuse Treatment*. 22(2):71-77, March 2002.

Winifred S. Hayes, Hayes Inc Online, "Acupuncture For the Treatment of Pain" April 24, 2003.

Winifred S. Hayes, Hayes Inc Online, "Acupuncture for Addictive Behavior", March 21, 2003.

Linde K, Streng A, Jurgens S, et. al. "Acupuncture for Patients with Migraine" JAMA 2005; 293:2118-2125.

ECRI, Health Technology Assessment Information Service, Hotline Response, "Acupuncture for Post-Operative, Chemotherapy, and/or Pregnancy induced Nausea" April 2005.

Winifred S. Hayes, Hayes Inc Online, "Acupuncture and Acupressure for the treatment of Nausea and Vomiting", June 20 2005.

Ezzo JM, et al. Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting. Cochrane Database Syst Rev 2014(11):CD002285.

Grant S, Kandrack R, et al. Acupuncture for substance use disorders: A systematic review and meta-analysis. Drug and Alcohol Dependence 2016;163:1-15.

Centers for Medicare & Medicaid Services. Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N) cms.gov/medicare

He Y, Guo X, May BH, et al. Clinical evidence for association of acupuncture and acupressure with improved cancer pain: A systematic review and meta-analysis. JAMA Oncol. 2019

Zuo G, Gao TC, Xue BH, et al. Assessment of the efficacy of acupuncture and chiropractic on treating Cervical spondylosis radiculopathy: A systematic review and meta-analysis. Medicine 2019;98(48):e17974.

Abdi F, Alimoradi Z, Roozbeh N, et al. Does acupuncture improve sexual dysfunction? A systematic review. J Complement Integr Med. 2021 Oct 1

Li J-L, Rong S, Zhou Z, et al. The efficacy and safety of acupuncture for treating osteoporotic vertebral compression fracture- (OVCF-) induced pain: A systematic review and meta-analysis of randomized Clinical trials. Evid Based Complement Alternat Med. 2021;2021:8574621.

Zhao J, Zhou Z, He X, et al. Efficacy and safety of acupuncture in the treatment of postherpetic neuralgia: A protocol for systematic review and network meta-analysis. Medicine 2021;100(36):e27088.

Xu X, Xie H, Liu Z, et al. Effects of acupuncture on the outcome of tinnitus: An overview of systematic reviews. Front Neurol. 2022 13:1061431.

Zheng H, Li C, Hu J, Zeng L. Effects of acupuncture in the treatment of occipital neuralgia: A systematic review and meta-analysis. Medicine 2022;101(48):e31891

National Comprehensive Cancer Network NCCN Clinical Practice Guidelines in Oncology. Adult Cancer Pain v1.2026

National Comprehensive Cancer Network NCCN Clinical Practice Guidelines in Oncology Antiemesis v1.2026

National Comprehensive Cancer Network NCCN Clinical Practice Guidelines in Oncology Palliative Care v2.2026

Relf IRN, Brahmanand T. Reductions in chronic postsurgical neuropathic pain and mechanical allodynia in breast cancer patients treated with laser acupuncture: A retrospective observational study. Clin Breast Cancer. 2024;24(8):763-770

Wang S, Lyu B. Effectiveness of injection strategies on patients with patellar tendonitis (jumpers' knee): A network meta-analysis of randomized controlled trials. Sports Health. 2025;17(3):556-563.

DeBar LL, Wellman RD, Justice M, et al. Acupuncture for chronic low back pain in older adults: a randomized clinical trial. JAMA Netw Open. 2025; 8(9):e2531348.

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); 2/20 (add CMS coverage);6/20 (add Medicaid) , 6/25 (Update Unproven Language)

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, 11/19, 6/21, 6/22, 6/23, 6/24, 6/26

CMS UM Oversight Committee Approval: 12/23, 7/24, 9/25, 8/26

Medicaid Effective Date: 9/15/26

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.