

Clinical Policy: Acupuncture

Reference Number: CP.MP.92

Date of Last Revision: 08/21

[Coding Implications](#)

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Description

Acupuncture involves the manual and/or electrical stimulation of thin, solid, metallic needles inserted into the skin. Acupuncture has been studied for the treatment of many conditions, but some of the more common and studied indications include pain, nausea and vomiting, hypertension, chronic obstructive pulmonary disease, allergic rhinitis and addictive behavior.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that, when a covered benefit under the benefit plan contract, needle acupuncture is **medically necessary** when meeting all of the following:
 - A. Provided by a licensed acupuncturist or other appropriately licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who has specific acupuncture training or credentialing;
 - B. Requested for one of the following:
 1. Postoperative or chemotherapy induced nausea and vomiting;
 2. Nausea and vomiting of pregnancy;
 3. Chronic low back, neck, or shoulder pain;
 4. Chronic migraines or moderate to severe chronic tension headaches, defined as headaches >14 days per month for more than 3 months;
 5. Pain from clinically diagnosed osteoarthritis of the knee;
 - C. None of the following contraindications:
 1. Severe neutropenia as seen after myelosuppressive chemotherapy;
 2. Insertion of acupuncture needles at sites of active infection or malignancy.

An initial course of 6 visits over 1 month is considered medically necessary. If improvement in the condition occurs following the initial course of treatment, an additional 6 visits over 2 months is considered medically necessary to maintain improvement.

- II. It is the policy of health plans affiliated with Centene Corporation that current evidence does not support the use of acupuncture for indications other than those listed above.

Background

Acupuncture is a form of complementary and alternative medicine (CAM) and one of the oldest medical procedures in the world. It encompasses a large array of styles and techniques, however, the techniques most frequently used and studied are manual manipulation and/or electrical stimulation of thin, solid, metallic needles inserted into skin.¹

The typical acupuncture treatment begins with identification of the patient's constitutional pattern. Once the diagnosis is established, fine metal needles are inserted into precisely defined points to correct disruption in harmony. Needles are removed after being in place for 10 to 15

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minutes while the patient lies relaxed. Treatments can occur one to two times a week and the total number of sessions is variable dependent on the condition, disease severity and chronicity.¹

There are many proposed models for the mechanism of action of the effects of acupuncture; however, the data have been either too inconsistent or inadequate to draw significant conclusions. The theory in regards to the analgesic effect of acupuncture, associates the neurotransmitter effects such as endorphin release at both the spinal and supraspinal levels. Functional MRI studies have demonstrated various physiologic effects, associating acupuncture points with changes in brain MRI signals. Another theory is that acupuncture points are associated with anatomic locations of loose connective tissue.

Evidence from a number of randomized, blinded, placebo-controlled studies indicate that acupoint stimulation can be effective in the management of *postoperative nausea and vomiting*, particularly in women, with mixed results in pediatric populations. Acupoint stimulation for women undergoing chemotherapy also reduced nausea and vomiting in some studies, but no effect was reported in a study involving both men and women. The evidence regarding alleviation of morning sickness by acupoint stimulation is limited, less rigorous than for postoperative nausea and vomiting, and ambiguous.

Recent data on acupuncture for *postoperative dental pain* is limited, but earlier evidence indicated promising results for this use. Data was most promising for pain relief following tooth extraction.

There are a number of randomized controlled trials that establish improvement in *headache* frequency, intensity, response, use of relief medication and quality of life relative to usual care and relief treatment only. However, the trials failed to demonstrate that acupuncture is more effective than sham acupuncture. Results were ambiguous regarding efficacy of acupuncture relative to prophylactic drug treatment. There was insufficient evidence available to conclude the efficacy of acupuncture compared with nonpharmacological interventions.

Acupuncture for *osteoarthritis pain* appears to be effective, particularly for pain in the knee. Recent literature has shown relief of pain and improved function in osteoarthritis of the knee for patients treated with acupuncture.

Acupuncture has been studied for a variety of other reasons, but studies and evidence does not currently support its use for indications such as, but not limited to, arm pain, temporomandibular joint dysfunction, menstrual cramps and fibromyalgia.

Acute conditions are typically treated with acupuncture two to three times a week for two to three weeks then frequency is gradually reduced until treatment is no longer needed. Generally, treatment will last for two to three months. There is insufficient evidence in studies to establish a defined treatment protocol for any condition.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted

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2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®*	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles(s)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles(s)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
G43.001-G43.919	Migraine
G44.221- G44.229	Chronic tension- type headache
M17.0-M17.9	Osteoarthritis of knee
M25.511-M25.519	Pain in shoulder
M50.00-M54.9	Other dorsopathies
O21.0-O21.9	Excessive vomiting in pregnancy
R11.10-R11.2	Nausea and vomiting

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Bibliography reviewed and updated	11/14	12/14
Reworded medically necessary timeframes. No criteria changes made	01/15	
Reformatted criteria, adopted new template Reference reviewed and no criteria changes made	12/15	12/15
Integrated with Health Net acupuncture policy. Removed (adults and children) from I.A; removed acute post-operative dental pain; maintained neck and shoulder pain, and only osteoarthritis of knee. Did not incorporate list of investigational procedures since it is not all inclusive.	10/16	11/16
References reviewed and updated. Changed continuation criteria to remove statement that continued treatment after the initial 2 months is not medically necessary.	11/17	11/17
References reviewed and updated.	09/18	09/18
References reviewed and updated. Specialist review.	08/19	09/19

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Restructured criteria with no changes to wording. Added contraindications of severe neutropenia or malignancy or infection at the site of insertion. Removed the “+” from M54.9 and R11.2 and added “.10” to R11.0. References reviewed and updated.	07/20	08/20
Annual review. “Experimental/investigational” verbiage replaced in policy statement with “current evidence does not support the use of acupuncture for indications other than those listed above.” Updated background with no impact on criteria. Replaced “member” with “member/enrollee” throughout document. Reordered background. References reviewed, updated with AMA format applied. Changed “Last Review Date” in header to “Date of Last Revision” and changed “Date” in Revision log to “Revision Date.” Reviewed by specialist.	08/21	08/21

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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