GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Acupuncture is the stimulation of certain points on the surface of the body using needles to treat illness and promote health, and is one of the oldest, most commonly used medical procedures in the world. Acupuncture has become a very popular form of complementary and alternative therapy in the United States, with an estimated 3 million adults undergoing treatment annually.

Although acupuncture has been used for thousands of years in China and for decades in parts of Europe, it is still a relatively new agent of unknown use and efficacy in the United States. Even in those areas of the world where it has been widely used, its mechanism is not known.

Acupuncture theory is based on the premise that energy called “Qi,” travels along prescribed pathways or meridians within the body and is responsible for maintaining good health by providing homeostatic regulation of vital body function. Disturbances in the flow of Qi, either excesses or deficiencies, are thought to result in disease. Acupuncture is a technique that regulates this energy flow by stimulating certain points on the body, usually by insertion of thin needles into the skin. Although the exact mechanism of action of acupuncture has not been explained in Western medical terms, one theory suggests that acupuncture modulates pain transmission and the pain response by activation of the endogenous nociceptive system. The hypothesis that acupuncture activates the endogenous opioid system has led researchers to treat various pain syndromes, including headache and low back pain, with acupuncture.

Acupuncture has four components: acupuncture needle(s), a target location defined by traditional Chinese medicine, the depth of insertion and the stimulation of the inserted needle. Treatment involves inserting 4 to 15 needles at selected acupuncture points for usually 10-30 minutes. Needles are approximately 37 gauge, stainless steel and disposable. Needles are manipulated with electricity (electroacupuncture), heat or manually. Acupuncture is felt to be helpful for patients who have unsuccessfully exhausted the conventional treatment modalities, who experience adverse consequences with conventional approaches, who prefer not take pharmacological agents for their condition, or whose co-morbidities prevent them from utilizing certain drug therapies.

Electroacupuncture, or transcutaneous electrical nerve stimulation (TENS) acupuncture, is the practice of piercing specific body sites with needles that are stimulated by an extremely low voltage of electricity.

POLICY

<table>
<thead>
<tr>
<th>HMO, PPO, Individual Marketplace</th>
<th>(Refer to the members Benefits of Coverage for applicable terms, conditions and limitations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture (manual or electroacupuncture) (97810-97814) is non-covered.</td>
<td></td>
</tr>
</tbody>
</table>

Elite
Effective 01/21/2020 acupuncture services are covered for chronic low back pain. ICD-10 M54.5. Up to 12 visits in 90 days, no prior authorization required. An additional 8 visits will be covered for those patients demonstrating an improvement; a prior authorization is required, as of 5/1/2020. Total of 20 acupuncture treatments may be administered annually.

Advantage
Acupuncture (manual or electroacupuncture) (97810-97814) up to thirty (30) visits per calendar year does not require prior authorization. Treatment is expected to result in significant therapeutic improvement over a clearly defined period of time.
Covered Conditions:
- low back pain (minimum 12 weeks duration) and
- migraine (minimum 12 weeks duration)

Review by a medical director is required for:
- Treatments beyond five (5) visits without proven success
- Treatments beyond to thirty (30) visits per calendar year

**Effective 04/01/2021 additional Covered Conditions:** *(ODM has delayed the implementation for the addition acupuncture services due to the public health emergency.)*
- Cervical (neck) pain
- Osteoarthritis of the hip
- Osteoarthritis of the knee
- Nausea or vomiting related to pregnancy or chemotherapy, only in an outpatient setting; and
- Acute post-operative pain, only in an inpatient hospital setting

**HMO, PPO, Individual Marketplace**
Paramount has determined that acupuncture is experimental, investigational, and therefore non-covered, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. While it may be considered safe and effective for specific treatments for selected patients, it has not been demonstrated to be more effective than conventional treatment.

Alternatives to acupuncture include, but may not be limited to, the following:
- Chiropractic Treatment (when a benefit coverage)
- Physical Therapy
- Prescription drug therapy

**Advantage**
Coverage and Reimbursement for acupuncture services are according to the criteria found in Ohio Administrative Code (OAC) 5160-8-51.

The following eligible providers may render an acupuncture service:
- An acupuncturist – is an individual who holds as least one of the following certificates:
  - A valid certificate to practice as an acupuncturist issued under Chapter 4762. Of the Revised Code;
  - A valid certificate to practice as an oriental medicine practitioner issued under Chapter 4762. Of the Revised Code.
- A chiropractor who holds a valid certificate to practice acupuncture issued by the state chiropractic board
- A practitioner such as an advanced practice registered nurse or physician assistant who holds a valid certificate to practice acupuncture
- A physician who possesses the necessary training and designation in acupuncture, or an equivalent designation, as a diplomat in acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine

"Recognized acupuncture provider" is an individual Medicaid provider who may receive payment for providing covered acupuncture services, without enrolling separately in Medicaid as an acupuncturist, by virtue of holding the credential indicated in the following list:
- Chiropractor – a valid certificate to practice acupuncture issued under section 4734.283 of the Revised Code
- Physician – completion of medical training in acupuncture with a current and active designation, or an equivalent designation, as a diplomat in acupuncture from the national certification commission for acupuncture and oriental medicine; or
- Other individual Medicaid provider (e.g., acupuncturist, advanced practice registered nurse, physician assistant) – a valid certificate as an acupuncturist.

For non-physician practitioners, the place of service is none of the following locations:
- A hospital (inpatient hospital, outpatient hospital, emergency department)
- An ambulatory surgery center
- A long-term care facility
The individual's private residence

The following eligible providers may receive Medicaid payment for submitting a claim for a covered acupuncture service:
- An acupuncturist
- A recognized acupuncture provider
- An ambulatory health care clinic
- A federally qualified health center (FQHC)
- A rural health clinic (RHC)
- A professional medical group

Acupuncture (manual or electroacupuncture) (97810-97814) up to thirty (30) visits per calendar year is covered for any of the following indications when administered by an eligible provider as listed above: covered diagnosis listed below
- Chronic (minimum 12 weeks duration) low back Diagnosis M54.5
- Chronic (minimum 12 weeks duration) migraine Diagnosis G43.001-G43.919

The following information should be documented prior to the start of acupuncture treatment in the member's medical record and available upon request:
- Member's comprehensive history to document the cause or origin of the condition being treated
- Member's chief complaint
- Subjective findings from physical examination
- Objective findings
- Diagnosis
- Treatment plan which includes the following:
  - Goals
  - Plans for continued treatment including duration and frequency of visits
  - Objective measures that will be used to evaluate the effectiveness of treatment

The following information should be documented to support each service billed and available upon request:
- Member's status on each visit date including how the member's condition has changed since the last treatment
- Review of how the chief complaint has changed since the last visit
- Results of physical exam

No payment will be made for maintenance treatment when symptoms regress or do not improve as a result of treatment.

No separate payment is made for both an evaluation and management service and an acupuncture service rendered by the same provider to the same individual on the same day.

No separate payment is made for services that are an incidental part of a visit (e.g., providing instruction on breathing techniques, diet, or exercise).

No separate payment is made to a non-physician acupuncture provider who performs an acupuncture service in a hospital setting. Instead, the provider makes payment arrangements directly with the participating hospital.

Effective 04/1/2021 additional Acupuncture services covered for the following conditions: covered diagnosis listed below
- cervical (neck) pain,
- osteoarthritis of the hip,
- osteoarthritis of the knee,
- nausea or vomiting related to pregnancy or chemotherapy, only in an outpatient setting, and
- acute post-operative pain, only in an inpatient hospital setting.

Acupuncture for all other indications, including dry needling, is non-covered and considered experimental and investigational, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary.
Elite
Effective 01/21/2020
CMS requires acupuncture be covered for chronic low back pain for Elite members.

Effective for services performed on or after January 21, 2020, Paramount will cover acupuncture for Elite patients with chronic low back pain.

- Up to 12 visits in 90 days are covered for the following circumstances:
  - chronic low back pain (cLBP) lasting 12 weeks or longer;
  - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
  - 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.

Diagnosis M54.5 Low Back Pain

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

Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), 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.

An initial evaluation service is essential to determine whether any acupuncture services are medically necessary, to gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation service must include an appropriate level of clinical history, examination, and medical decision-making relevant and appropriate to the individual’s complaint(s) and presentation.

Acupuncture should be provided in accordance with an ongoing, written plan of care, indicating the medical necessity of treatment, including:

- The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
  - The amount, frequency, and duration of the services must be reasonable under accepted standards of practice
  - An estimate of when the goals will be reached
  - Long-term and short term goals that are specific, quantitative and objective
  - Acupuncture evaluation
    - The patient’s progress and response to previous treatment(s)
    - Increases in functional capacity
    - Increasingly longer durations of pain relief
  - Frequency and duration of treatment
  - Visit updates on the member’s condition and the treatment demonstrates reasonable expectation of improvement, achieving measurable improvements in the member’s condition in a reasonable and predictable period of time
- Treatments are expected to result in significant, measurable, progressive improvement in a reasonable and generally predictable period of time. The improvement potential must be significant in relation to the extent and duration of the therapy required.

Maintenance treatment, where the member’s symptoms are neither regressing nor improving, is considered not medically necessary. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms.
No separate payment is made for services that are an incidental part of a visit (e.g., providing instruction on breathing techniques, diet, or exercise).

Acupuncture for all other indications, including dry needling, is non-covered and considered experimental and investigational, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary.

**CODING/BILLING INFORMATION**  
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

**CPT CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Advantage coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
<td></td>
</tr>
<tr>
<td>97811</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
<td></td>
</tr>
<tr>
<td>97814</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
</tbody>
</table>

**ICD-10 CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Advantage coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.001-G43.919</td>
<td>Migraine</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>G89.28</td>
<td>Other chronic post procedural pain</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M16.0-M16.12</td>
<td>Primary osteoarthritis of hip</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M16.2-M16.7</td>
<td>Secondary osteoarthritis, hip</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M16.9</td>
<td>Osteoarthritis of hip, unspecified</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M17.0-M17.12</td>
<td>Osteoarthritis of knee</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M17.2-M17.5</td>
<td>Secondary osteoarthritis, knee</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M17.9</td>
<td>Osteoarthritis of knee, unspecified</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M47.816</td>
<td>Spondylosis without myelopathy or radiculopathy, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M47.817</td>
<td>Spondylosis without myelopathy or radiculopathy, lumbosacral region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M48.061-M48.062</td>
<td>Spinal stenosis, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M51.16</td>
<td>Intervertebral disc disorders with radiculopathy, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M51.26</td>
<td>Other intervertebral disc displacement, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M51.36</td>
<td>Other intervertebral disc degeneration, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M53.2X6</td>
<td>Spinal instabilities, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M53.2X7</td>
<td>Spinal instabilities, lumbosacral region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M53.3</td>
<td>Saccroccygeal disorders, not elsewhere classified</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M54.16</td>
<td>Radiculopathy, lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia (chronic neck pain)</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>M54.40-M54.42</td>
<td>Lumbago with sciatica</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M54.5</td>
<td>Low back pain</td>
<td>Elite and Advantage coverage</td>
</tr>
<tr>
<td>M54.6</td>
<td>Pain in thoracic spine</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M62.830</td>
<td>Muscle spasm of back</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M99.03</td>
<td>Segmental and somatic dysfunction of lumbar region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>M99.04</td>
<td>Segmental and somatic dysfunction of sacral region</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>O21.0-O21.9</td>
<td>Excessive vomiting in pregnancy</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.0</td>
<td>Nausea and vomiting</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.10</td>
<td>Vomiting, unspecified</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.11</td>
<td>Vomiting without nausea</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.12</td>
<td>Projectile vomiting</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.13</td>
<td>Vomiting of fecal matter</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.14</td>
<td>Bilious vomiting</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.15</td>
<td>Cyclical vomiting syndrome unrelated to migraine</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R11.2</td>
<td>Nausea with vomiting, unspecified (postoperative) (chemotherapy-induced)</td>
<td>Advantage coverage effective 4/1/2021</td>
</tr>
<tr>
<td>R51</td>
<td>Headache (chronic)</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S33.5XXA</td>
<td>Sprain of ligaments of lumbar spine</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S33.8XXA</td>
<td>Sprain of other parts of lumbar spine and pelvis</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S39.012</td>
<td>Strain of muscl, fascia and tendon of lower back</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S39.012A</td>
<td>Strain of muscl, fascia and tendon of lower back, initial encounter</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S39.012D</td>
<td>Strain of muscl, fascia and tendon of lower back, subsequent encounter</td>
<td>Advantage coverage</td>
</tr>
<tr>
<td>S39.012S</td>
<td>Strain of muscl, fascia and tendon of lower back, sequela</td>
<td>Advantage coverage</td>
</tr>
</tbody>
</table>
Adverse effect of antineoplastic and immunosuppressive drugs (chemotherapy-induced nausea and vomiting)

**Advantage coverage effective 4/1/2021**

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**REVISION HISTORY EXPLANATION**

**12/13/16:** Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

**04/11/17:** All changes made to policy per ODM guidelines 5160-8-51 effective 10/01/17. Added ICD-10 codes M53.3, M54.40-M54.42 as covered for Advantage only. For Advantage, requirement for prior authorization increased from twenty (20) visits to thirty (30) visits per calendar year. Acupuncture services with electrical stimulation (97813, 97814) are now covered for Advantage. The following eligible providers who hold a valid certificate to practice acupuncture may render an acupuncture service: acupuncturist; chiropractor; practitioner such as an advanced practice registered nurse or physician assistant; physician. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**05/09/17:** Per ODM guidelines effective 10/01/17 added ICD-10 codes M51.16, M62.830, M99.03, M99.04, & S39.012 as covered for Advantage only. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**06/13/17:** Per ODM guidelines effective 10/01/17 added ICD-10 codes G43.B1, M47.817, & M51.26, S33.5XXA as covered for Advantage only. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**07/11/17:** Per ODM guidelines effective 10/01/17 added non-covered place of service locations for non-physician practitioners. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**12/12/17:** Per ODM guidelines effective 01/01/18 added ICD-10 codes M47.816, M48.061-M48.062, M51.36, M53.2X7, M54.16, S33.8XXA, S39.012A, S39.012D, S39.012S as covered for Advantage only. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**06/12/18:** Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**03/01/2020:** Medical Policy review and updates completed. Additional ODM criteria and diagnosis added with an effective date of 07/01/2020. CMS covered criteria as of 1/21/2020 added.

**03/25/2020:** As of 5/1/2020 a prior authorization is now required for the Elite product line after the first 12 visits, for the additional 8 visits.

**06/01/2020:** ODM has delayed the implementation of additional acupuncture services until January 1, 2021. Per ODM, “Due to public health emergency, the implementation date for this new coverage is currently planned for 1-1-2021.”

**06/03/2020:** Added all the diagnosis codes listed in the medical policy to the coding/billing information listing.

**06/19/2020:** ODM has extended the delay implementation of additional acupuncture services until April 1, 2021.

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**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.