

### **Acupuncture**

Date of Origin: 06/2004 Last Review Date: 12/25/2024 Effective Date: 01/01/2025

Dates Reviewed: 06/2005, 06/2006, 06/2007, 07/2008, 01/2001, 04/2012, 02/2013, 01/2014, 01/2015,

01/2016, 01/2017, 01/2018, 01/2019, 01/2020, 01/2021, 01/2022, 12/2023, 12/2024

**Developed By:** Medical Necessity Criteria Committee

#### I. Description

Acupuncture is one of the oldest, most commonly used medical procedures in the world. Originating in China more than 2,000 years ago, acupuncture became better known in the United States in the 1970's. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) throughout the body which are essential for health. Disruptions of this flow are believed to be responsible for disease. Acupuncture may correct imbalances of flow at identifiable points close to the skin. Findings from basic research have begun to make clear the mechanisms of action of acupuncture, including the release of opioids and other peptides in the central nervous system and the periphery and changes in neuroendocrine function. Although research suggests some potential areas for the use of acupuncture, the quality or quantity of the research evidence is not sufficient to provide definite evidence of effectiveness at this time.

Note: Acupuncture is often excluded under many benefit plans. Refer to member handbook to determine benefit terms and availability.

#### II. Criteria: CWQI: HCS-0002

- A. Moda Health will cover needle acupuncture (manual or electroacupuncture) when it is listed as a covered benefit and is administered by a healthcare provider who is a legally qualified acupuncturist practicing within the scope of his/her license for the following indications:
  - a. Nausea and vomiting associated with:
    - i. Postoperative nausea and vomiting
    - ii. Chemotherapy-induced nausea
    - iii. Pregnancy
  - b. Cancer-related pain
  - c. Postoperative dental pain
  - d. Temporomandibular disorders
  - e. As an adjunct to standard conservative therapy for chronic painful conditions
    - i. Neck pain
    - ii. Low Back pain

- iii. Osteoarthritic knee or hip pain
- iv. Migraine or tension headache
- f. Tobacco cessation
- g. The requested course of treatment is for 10-20 treatments over two months.
- B. The requested treatment is NOT for any of the following indications
  - a. Point injections (Biopuncture) for any indication
  - b. Auricular electrical stimulation of acupuncture points, ambulatory device including P-stim or E-Pulse.
- C. Moda Health does <u>NOT</u> cover acupuncture for <u>ANY</u> of the following conditions **after** the first 20 visits because there is inadequate scientific evidence supporting the effectiveness of acupuncture compared with placebo, sham acupuncture or other modalities of treatment in these conditions (not an all-inclusive list)
  - a. Addiction
  - b. AIDS
  - c. Allergic Rhinitis
  - d. Asthma
  - e. Dermatologic conditions
  - f. Fibrotic Contractures
  - g. Glaucoma
  - h. Hypertension
  - i. Induction of Labor
  - j. Infertility
  - k. Lactation
  - I. Menstrual Cramps
  - m. Obesity
  - n. Psychiatric Diagnoses
  - o. Sensorineural Deafness
  - p. Stroke Rehabilitation
  - q. Tinnitus
  - r. Urinary Incontinence

#### III. Renewal Criteria

- A. Continued acupuncture treatment is appropriate with ALL of the following:
  - a. Medical necessity review is performed after the 20<sup>th</sup> visit.
  - b. There is documentation of significant improvement in symptoms.
  - c. Continued acupuncture is NOT requested for preventive, supportive, or maintenance care if the patient's symptoms are not improving or regressing.
  - d. The treatment plan includes transition to home exercise program as appropriate

# IV. Information Submitted with the Prior Authorization Request:

- 1. Chart notes documenting diagnosis
- 2. Prior treatment modalities if applicable
- 3. Original evaluation and progress notes from acupuncture provider including a treatment plan for continued therapy.

# V. Applicable CPT or HCPC codes when criteria requirements are met:

| Codes | Description   |
|-------|---|
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient              |
| 97811 | Without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s). |
| 97813 | With electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.  |
| 97814 | With electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)     |

### VI. CPT/HCPC Codes: Not Covered

| Codes | Description   |
|-------|---|
| S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient |

# VII. Annual Review History

| Review<br>Date | Revisions   | Effective Date |
|----------------|---|----------------|
| 02/2013        | Annual Review: Added table with review date, revisions, and effective date    | 03/1/2013      |
| 01/2014        | Annual Review: Added transition to home therapy or other conservative therapy | 01/22/2014     |
| 01/2015        | Annual Review: No change  | 01/28/2015     |
| 01/2016        | Annual Review: No change  | 01/26/2016     |
| 01/2017        | Annual Review: Updated to new template, minor format changes                  | 01/25/2017     |
| 01/2018        | Annual Review: No change  | 1/25/2018      |
| 01/2019        | Annual Review: No change  | 02/01/2019     |
| 01/2020        | Annual Review: Minor grammar changes  | 02/01/2020     |
| 01/2021        | Annual Review: No content change  | 02/01/2021     |
| 01/2022        | Annual Review: No changes   | 02/01/2022     |
| 12/2023        | Annual Review: Added acupuncture coverage for cancer pain, Tobacco cessation  | 01/01/2024     |
| 12/2024        | Annual Review: No changes   | 01/01/2025     |

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- Peer Specialty Review
- Physician Advisors

#### Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <a href="http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx">http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx</a>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

#### NCD/LCD Document (s): NCD: 30.3, 30.3.1, 30.3.2

https://www.cms.gov/medicare-coverage-database/details/ncd-

<u>details.aspx?NCDId=11&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Oregon&K</u> eyWord=Acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAAAA3d%3d&

https://www.cms.gov/medicare-coverage-database/details/ncd-

<u>details.aspx?NCDId=283&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Oregon&</u>
KeyWord=Acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAAAAA3d%3d&

https://www.cms.gov/medicare-coverage-database/details/ncd-

details.aspx?NCDId=284&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Oregon&KeyWord=Acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAAAAA3d%3d&

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |  |                                    |  |  |
|---|--|------------------------------------|--|--|
| Jurisdiction  | Applicable State/US Territory          | Contractor                         |  |  |
| F (2 & 3)   | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |  |  |