

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/27/22
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 09/23/22
<b>Clinical Policy Document:</b> Acupuncture	<b>Replaces Effective Clinical Policy Dated:</b> 09/21/21
<b>Reference #:</b> MP/A004	<b>Page:</b> 1 of 3

**PURPOSE:**

The intent of this clinical policy is to provide coverage guidelines for acupuncture.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Healthcare services must be ordered by a provider. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**COVERAGE:**

I. Provider requirements

- A. A licensed acupuncturist (L.Ac.) licensed under [Minnesota Statute Chapter 147](#) or in the statute applicable to the state where the care is being rendered; or
- B. A qualified practitioner practicing within the scope of a license which allows for the practice of acupuncture without a separate acupuncture license – any of the following: 1-3
  - 1. Physician licensed under [Minnesota Statute Chapter 147](#) or in the statute applicable to the state where the care is being rendered; or
  - 2. Osteopath licensed under [Minnesota Statute Chapter 147](#) or in the statute applicable to the state where the care is being rendered; or
  - 3. A chiropractor licensed under [Minnesota Statute Chapter 148](#) or in the statute applicable to the state where the care is being rendered.

II. Acupuncture is being administered for one of the following: A or B

- A. *Chronic* painful condition, such as but not limited to, any of the following: 1-4
  - 1. Headache (cervicogenic, migraine, or tension)
  - 2. Back and neck pain (cervical, thoracic and lumbar)
  - 3. Neuritis/neuralgia (such as, but not limited to, trigeminal, Herpes Zoster, post herpetic, or nerve impingement syndromes [such as, but not limited to, carpal tunnel syndrome])
  - 4. Osteoarthritis of the knee or hip
- B. Non-chronic conditions, such as but not limited to, any of: 1 or 2
  - 1. Nausea and vomiting associated with chemotherapy, surgery, or pregnancy.
  - 2. Post operative dental pain if the dental surgery was covered under the medical benefit provision.

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III. Continuation of acupuncture treatments - documentation must support improvement of symptoms over baseline and/or member risks relapse if services are withdrawn.

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

Acupuncture as treatment for major depressive disorder in absence of other diagnoses is considered investigative (see Investigative List)

**DEFINITIONS:**

Acupuncture:

Acupuncture describes a family of procedures involving stimulation of anatomical locations on the skin by a variety of techniques. There are a variety of approaches to diagnosis and treatment in American acupuncture that incorporates medical tradition from China, Japan, Korea, and other countries. The most studied mechanism of stimulation of acupuncture points employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electrical stimulation.

Chronic:

Greater than or equal to 6 months in duration

Chronic Pain Syndrome (CPS):

Enduring pain that typically results from a chronic pathological process that has recurred over months or years or persists longer than expected after an injury or illness. The pain is present longer than 6 months and significantly interferes with physical, psychological, vocational and/or social functioning.

Functional Impairment:

Inability to carry out tasks associated with ADLs

Maintenance Care:

Care that is not habilitative or rehabilitative therapy and there is a lack of documented significant progress in functional status over a reasonable period of time, and is performed to maintain clinical status without the ability to expect further clinical improvement.

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Prior Authorization: Yes – after the 15<sup>th</sup> visit, per network provider agreement for Aspirus, only. Prior authorization is not required if the acupuncture is being provided as part of a formal chronic pain program.

**CODING:**

CPT®

- 97810 Acupuncture, 1 or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient
- 97811 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 needles
- 97813 Acupuncture, 1 or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with patient
- 97814 Acupuncture, 1 or more needles, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with patient, with re-insertion of needles

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**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. MN Statute 62D.107 Equal Access to Acupuncture Services
4. MN Statute Chapter 147 Board of Medical Practice
5. MN Statute Chapter 148 Public Health Occupations
6. Acupuncture for peripheral joint osteoarthritis. A systematic review and meta-analysis. *Rheum* (Oxford) Vol 45;11:1331-1337.
7. Minnesota Department of Health. Acute Episode of Low Back Pain Basket of Care Subcommittee. 2009. Retrieved from [https://www.leg.state.mn.us/docs/2009/mandated/090902/low\\_back\\_pain.pdf](https://www.leg.state.mn.us/docs/2009/mandated/090902/low_back_pain.pdf). Accessed 09-13-22.
8. Trangle M, Gursky J, Haight R, Hardwig J, Hinnenkamp T, Kessler D, Mack N, Myszkowski M. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Updated March 2016. Retrieved from [https://www.icsi.org/guidelines\\_more/catalog\\_guidelines\\_and\\_more/catalog\\_guidelines/catalog\\_behavioral\\_health\\_guidelines/depression/](https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_behavioral_health_guidelines/depression/). Accessed 09-13-22.
9. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Adult Acute and Subacute Low Back Pain. 2018. Retrieved from <https://www.icsi.org/guideline/low-back-pain/>. Accessed 09-13-22.
10. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management. 2019. Retrieved from [https://www.icsi.org/guidelines\\_more/catalog\\_guidelines\\_and\\_more/catalog\\_guidelines/catalog\\_neurological\\_guidelines/pain/](https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/pain/). Accessed 09-13-22.

**DOCUMENT HISTORY:**

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<b>Revised Date:</b> 08/04/14, 01/03/20

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*We* will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف  
**Arabic**

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).