

Department of Origin: Integrated Healthcare Services	Effective Date: 10/09/24
Approved by: Chief Medical Officer	Date Approved: 10/03/24
Clinical Policy Document: Acupuncture and Dry Needling	Replaces Effective Clinical Policy Dated: 11/21/23
Reference #: MP/A004	Page: 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. Health care 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 – Must be provided by a practitioner licensed under the applicable statute (eg, licensed acupuncturist (L.Ac.), Physician, Osteopath, or chiropractor)
- II. Any of the following: A – C
 - A. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Request is for any of the following: 1 – 8
 1. Nausea and vomiting associated with any of the following: a – c
 - a. Chemotherapy
 - b. Surgery (including postoperative)
 - c. Pregnancy
 2. Osteoarthritis of the knee or hip
 3. Acute worsening of chronic headaches occurring for more than 3 months that have been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year
 4. Acute worsening of chronic neck pain occurring for more than 3 months that has been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year
 5. Acute worsening of chronic low back pain occurring for more than 3 months that has been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year
 6. 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])
 7. Post-operative dental pain if the dental surgery was covered under the medical benefit provision
 - B. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) - Acupuncture is being administered in place of anesthesia and provided in connection with other *health care services* covered under this plan; or

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C. All other plans/groups – exclude coverage for acupuncture

EXCLUSIONS (not limited to):

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

The following are considered investigative (see Investigative List): I – II

- I. Acupuncture as treatment for major depressive disorder in absence of other diagnoses
- II. Dry needling

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.

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Prior Authorization: Yes, per network provider agreement

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: Coverage Determination Guidelines MP/C009
3. Natural Medicines Professional Monograph. Acupuncture. 12/06/23.
4. WI Statute. Ch. 451 Acupuncture
5. Yang E, Yeh G. Overview of the clinical uses of acupuncture. (Topic 1390, Version 43.0; last updated: 06/09/23) In: Law K, ed. UpToDate. Waltham, Mass.: UpToDate; 2024. www.uptodate.com. Accessed 09-09-24.

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Nondiscrimination & Language Access Policy



Discrimination is Against the Law. 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, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has 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 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: 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>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) 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 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

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 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).