



## Clinical Review Criteria Acupuncture

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	<a href="#">Acupuncture (30.3)</a> <a href="#">Acupuncture for Fibromyalgia (30.3.1)</a> <a href="#">Acupuncture for Osteoarthritis (30.3.2)</a> <a href="#">Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)</a>
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

#### For Medicare Members

Medicare allows up to 12 acupuncture treatments in a 90-day period for chronic low back pain diagnoses.

#### Provider Credential Requirements:

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.

The patient must have a diagnosis of chronic low back pain which meets **ALL** the following:

1. Lasting 12 weeks or longer;
2. Nonspecific in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
3. Not associated with surgery; and
4. Not associated with pregnancy.

An additional eight (8) sessions may be covered for patients with chronic low back pain, as defined in 1-4 above, demonstrating improvement. No more than 20 treatments will be covered annually, *unless otherwise allowed by the member's contract.*

Clinical review criteria for additional visits are based on documentation of baseline PEG\* score at the first visit and are as follows:

1. Documentation of improvement should be sustained across 2 assessments made 1-4 weeks apart and include 1 or more of the following:
  - a. 30% improvement from baseline PEG\* score (documented at visit 10-12)
  - b. ≥ 2-point improvement on a 0 to 10 point scale like the PEG
  - c. Physician attestation of functional improvement and/or analgesic use reduction
2. Treatment must be discontinued if the patient is not improving or is regressing.

All types of acupuncture for any condition other than chronic low back pain are non-covered by Medicare **but may be covered as a supplemental benefit. Please check the member's EOC to confirm.**

\*For more information on the PEG score, review the *Assessment* section of the Clinical Guideline for [Back Pain](#)

### For Non-Medicare Members

Authorizations for covered acupuncture treatments beyond eight visits (per condition that is not specifically excluded by the member contract) require prior approval by the health plan. Clinical review criteria for acupuncture are as follows. The patient must meet **ALL of the following**:

1. The condition has symptoms present on a daily basis resulting in functional limitations (decreased ability to perform activities of daily living) and has not resolved within a typical time frame of a self-limited illness or injury.
2. The patient has an established, documented diagnosis of one of the following:
  - a. Chronic arthritis
  - b. Fibromyalgia (The patient has an established, documented diagnosis of fibromyalgia consistent with the 1990 American College of Rheumatology Criteria.)
  - c. Chronic myofascial pain (Clinical conditions that frequently fall into this category include cervicalgia, chronic neck and back pain, lumbago, muscular tension headaches, plantar fasciitis, and thoracic outlet syndrome.)
  - d. Chronic neuropathic pain
  - e. Chronic headaches
  - f. Dysmenorrhea
  - g. Hyperemesis with pregnancy
  - h. Nausea and vomiting associated with chemotherapy
  - i. Chronic pain secondary to cancer
  - j. Other medical conditions that have responded to an initial course of acupuncture with expectation of continued functional improvement.
3. There is documentation of the patient's baseline measurable functional limitations related directly to one of the above diagnoses.
4. Continued treatment is part of a defined treatment plan with measurable and progressive functional improvement. Maintenance therapy in the absence of progressive functional improvement is not an indication for coverage.
5. Acupuncture is covered for flares of pain when acupuncture has provided clinical improvement in the past.

Review staff will consider each referral request on a case-by-case basis and will consider requests outside the above criteria based on, among other things, clear documentation of objective improvement by the licensed acupuncturist or the patient's personal physician, as well as a detailed treatment plan.

### If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Acupuncture originated in China about 5000 years ago as part of an organized approach to diagnosis and healing that became known as Traditional Chinese Medicine (TCM). According to TCM principles, disease is caused by imbalances in the flow of energy (qi) through 14 major energy pathways, or meridians. Acupuncture seeks to rebalance the flow of qi by inserting special needles at specific points along the meridians. Needling is commonly combined with heat or electricity.

Licensed acupuncturists in Washington must complete a minimum of three years of training at an accredited school. Training includes basic sciences, needling techniques, and herbal medicine.

## Evidence and Source Documents

There is a small body of literature supporting the efficacy of acupuncture. There is also case documentation that supports the value of acupuncture for treatment of specific clinical conditions, particularly chronic pain.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® Codes	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 re-insertion of needle(s) (List separately in addition to code for primary procedure)
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 re-insertion of needle(s) (List separately in addition to code for primary procedure)

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
11/15/2002	01/05/2010 <sup>MDCRPC</sup> , 12/07/2010 <sup>MDCRPC</sup> , 10/04/2011 <sup>MDCRPC</sup> , 08/07/2012 <sup>MDCRPC</sup> , 06/04/2013 <sup>MDCRPC</sup> , 04/01/2014 <sup>MPC</sup> , 02/03/2015 <sup>MPC</sup> , 12/01/2015 <sup>MPC</sup> , 10/04/2016 <sup>MPC</sup> , 08/01/2017 <sup>MPC</sup> , 06/05/2018 <sup>MPC</sup> , 06/04/2019 <sup>MPC</sup> , 06/02/2020 <sup>MPC</sup> , 06/01/2021 <sup>MPC</sup>	05/05/2020

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
04/07/2020	MPC approved to endorse the new Medicare Acupuncture criteria (new Medicare policy that went into effect on January 21, 2020).
05/05/2020	MPC approved to adopt updates defining Medicare provider credential requirements; Added new CMS NCD 30.3.3