Medical Policy
Acupuncture

Policy Number: 03

<table>
<thead>
<tr>
<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits 21 and beyond</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>No notification or authorization required</td>
<td>X</td>
<td>X (visit 1-20)</td>
<td>X (visit 1-20)^{n}</td>
</tr>
</tbody>
</table>

^ Medicare members are limited to twenty visits per year for chronic lower back pain.

**Commercial plans and Qualified Health Plans**

Acupuncture is a form of complementary medicine that may be covered on specific commercial plans without prior authorization. Please refer to individual plan materials for details surrounding coverage limits.

**Mass Health**

*These guidelines apply to Mass Health members starting at visit # 21.* The treating specialist must request prior authorization for acupuncture beyond the first 20 visits.

**Coverage Guidelines**

Mass General Brigham Health Plan covers acupuncture in accordance with MassHealth coverage requirements when Mass General Brigham Health Plan determines that acupuncture is medically necessary for the treatment of pain and as an alternative to anesthesia. Acupuncture may be provided by in-network physicians, doctors of osteopathy, independent nurse practitioners licensed in acupuncture, independent nurse midwives licensed in acupuncture, and acupuncturists licensed by the Massachusetts Board of Registration. Mass General Brigham Health Plan does not prior authorize acupuncture as an alternative to anesthesia.

**Acupuncture for Pain**

Mass General Brigham Health Plan may cover medically necessary acupuncture for pain beyond 20 visits when:
1. there is medical record documentation supporting a medically necessary need, and
2. all of the following are met:
   1. The member’s benefit package includes coverage of acupuncture services.
   2. All pertinent diagnoses are documented including: the condition causing pain, history, exam, and response to medical and acupuncture treatments to date.
   3. There is a clearly identifiable need for further treatment due to a significant change in condition and/or new diagnosis of a painful condition that necessitates a different plan of care on visit 21 compared to visit 20.
   4. The treating provider has established defined and measurable goals
   5. The provider has clearly defined the number of treatments needed to reach the goals.
   6. The member is expected to significantly benefit from the treatment within a defined period of time.

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1 Goals: The treating provider must include all relevant outcomes to be measured. For continued services for goals not met, submitted documentation should include progress made toward the goal, any barriers that have or will impact the member’s ability to meet the goal, the plan to address those barriers, and the anticipated number of visits that are needed to meet the goals.
7. There is demonstrated communication about the plan of care between the acupuncturist and the primary care physician.

Exclusions (MassHealth and Commercial)
1. Acupuncture for the treatment of any conditions other than noted above.
2. Acupuncture for any reason other than listed above.
3. Acupuncture for pain related to:
   a. Acute lower back pain
   b. Irritable bowel syndrome
   c. Any other conditions for which there is limited literature to support its beneficial use and therefore considered experimental and investigational
4. Acupuncture for maintenance treatment
5. Services that are not acupuncture as meeting the definition described below.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has an NCD for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3). Acupuncture is covered only for chronic low back pain for Medicare Advantage members.

Definitions
Acupuncture: The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both.

Related Policies
- Acupuncture Services Provider Payment Guidelines

Codes
The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</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>
</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>
</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>
</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>
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</tbody>
</table>
Effective
June 2024: Annual update. Removed Fibromyalgia, Rheumatoid arthritis, and Osteoarthritis other than the knee from list of Exclusions. Clarified Medicare Advantage coverage.
June 2022: Annual update. References updated.
June 2019: Annual update. No changes.
May 2018: Annual update.
April 2018: Added codes.
January 2018: Annual update. Added language indicating certain select commercial plans limit coverage for acupuncture services to a total of 20 office visits per benefit period. Added sentence “These guidelines apply to Mass Health members starting at visit # 21.” Added exclusion # 5.
December 2016: Annual update
December 2015: Annual update.
December 2014: Effective date.

References
EOHHS ACPP Contract


The Practice of Acupuncture 243 CMR 5.00 The Board of Registration in Medicine

U.S. Department of Veterans Affairs (VA), Department of Defense (DoD). VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain. 2022
