Mass General Brigham
Health Plan

Medical Policy
Acupuncture

Policy Number: 03

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization required Visits 21 and beyond		X	N/A	X	X
No notification or authorization required	X±	X (visit 1-20)	X (visit 1-20)ᶯ	X (visit 1-20)	X (visit 1-20)

ᶯMedicare members are limited to twenty visits per calendar year for chronic lower back pain.

±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.

Coverage Guidelines
Mass General Brigham Health Plan covers acupuncture when 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 medical necessity for acupuncture is determined through a custom subset accessible in InterQual®. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources menu or see below:

1. The member's benefit package includes coverage of acupuncture services; and
2. Medical record documentation submitted includes the condition causing pain, history, exam, and response to medical and acupuncture treatments to date; and
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; and
4. The treating provider has established defined and measurable goals[1]; and the number of treatments necessary to reach the goals; and
5. The member is expected to significantly benefit from the treatment within a defined period of time; and
6. There is demonstrated communication about the plan of care between the acupuncturist and the primary care physician.

[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.

Exclusions

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 medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare has the following NCDs for Acupuncture:**

- **NCD - Acupuncture (30.3)**
- **NCD - Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)**
- **NCD - Acupuncture for Fibromyalgia (30.3.1)**
- **NCD - Acupuncture for Osteoarthritis (30.3.2)**

Acupuncture is covered only for chronic low back pain for Medicare Advantage members.

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the service requested, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **As of Mass General Brigham Health Plan's most recent policy review, MassHealth's Acupuncture Services Manual (130 CMR 447.000) describe their coverage for acupuncture services.**

OneCare and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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.

Authorized CPT/HCPCS Codes	Code 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)

Effective

January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members. References updated.
June 2025: Annual update. Added NCDs. Added link to MassHealth Acupuncture Services Manual. Fixed typos.
November 2024: Ad hoc update. Removed references to MassHealth and replaced with MassHealth Variation language. Added criteria from customized InterQual® subset.
June 2024: Annual update. Removed Fibromyalgia, Rheumatoid arthritis, and Osteoarthritis other than the knee from list of Exclusions. Clarified Medicare Advantage coverage.
June 2023: Annual update. Medicare Advantage added to table on page 1. Statement regarding Medicare visit limitations added under table on page 1. Medicare Variation language added. References updated.
June 2022: Annual update. References updated.
June 2021: Annual update. References updated.
June 2020: Annual update. Under MassHealth heading, minor formatting changes. For Exclusions heading, clarified for both MassHealth and Commercial. References updated.
June 2019: Annual update. No changes.
December 2018: Ad hoc update. Revised coverage guidelines. Removal of language regarding acute detoxification via Beacon. Added Commercial plans and Qualified Health Plans section.
May 2018: Annual update.
April 2018: Ad hoc update. 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.

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