



**EFFECTIVE DATE:** 01|01|2021

**POLICY LAST UPDATED:** 06|15|2022

## OVERVIEW

This policy provides an overview of the acupuncture, acupuncture for chronic low back pain (cLBP) and dry needling benefit for Medicare Advantage Plans.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### Medicare Advantage Plans

Acupuncture and an initial evaluation (for a new patient) is covered when rendered by a licensed provider\* for a covered indication.

\*Licensed doctor of acupuncture (D. Ac.) or physician (MD or DO) may furnish acupuncture in accordance with applicable state requirements. Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs), 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,
- A 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.

An initial evaluation (99202-99205) is allowed only for new patients. According to CPT guidelines, a new patient is one who has not received any professional services from the physician within the past three years.

**Note:** Providers should not file an E & M service on the same date of service as the acupuncture service unless it meets the definition for use of Modifier -25. The acupuncture codes and services 97810, 97811 include pre-service, intra-service and post-service evaluation and management for the typical following factors of history, evaluation, management, and chart documentation done as part of the overall daily treatment.

### Acupuncture for Chronic Low Back Pain

Up to 20 acupuncture or dry needling visits are covered for chronic low back pain (cLBP).

**Note:** Centers for Medicare and Medicaid (CMS) defines cLBP as:

- Lasting 12 weeks or longer; o nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
- not associated with surgery.
- not associated with pregnancy.

Services greater than 20 are not covered.

### Acupuncture for all other indications

Acupuncture visits for all other conditions not defined as cLBP are covered up to the benefit limit of 12 visits per calendar year. Services greater than 12 visits are not covered.

## **Dry Needling**

Dry Needling, for any condition other than chronic low back pain, is not covered.

In addition, the following services are not covered:

- adjunctive therapies, such as but not limited to moxibustion, herbs, oriental massage, etc.;
- acupuncture when used as an anesthetic during a surgical procedure;
- precious metal needles (e.g., gold, silver, etc.);
- acupuncture in lieu of anesthesia;
- any other service not specifically listed as a covered service.

## **COVERAGE**

### **Medicare Advantage Plans**

Acupuncture is a covered service for Medicare Advantage members/products. Please refer to the member's Evidence of Coverage for applicable acupuncture benefits/coverage.

## **BACKGROUND**

Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or "needling," or other "non-needling" techniques focused on these points. There are several variations to traditional acupuncture including shallow needling, intradermal needling, or intramuscular needling with or without a sensation of numbness, tingling, electrical sensation, fullness, distension, soreness, warmth or itching felt by a patient around an acupuncture point. Acupuncturists may additionally seek a sensation of tenseness or dragging to the needles obtained by twirling, plucking, or thrusting of acupuncture needles.

## **CODING**

### **Medicare Advantage Plans**

#### **Chronic Low Back Pain**

The following CPT codes are covered according to the members benefit when filed with a covered diagnosis

- 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)
- 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)
- 20560** Needle insertion(s) without injection(s); 1 or 2 muscle(s)
- 20561** Needle insertion(s) without injection(s); 3 or more muscles

### **Low Back Pain Covered Diagnoses**

#### **All other indications other than Chronic Low Back Pain**

The following CPT codes are covered according to the member benefit limit

- 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)

#### **Evaluation and Management Services**

The following codes are covered according to the members specialist benefit when filed according to guidelines in the policy statement:

Evaluation and Management codes are only used for separately identifiable procedures.

- 99202** Office or other outpatient visit for the evaluation and management of a new patient

- 99203 Office or other outpatient visit for the evaluation and management of a new patient  
99204 Office or other outpatient visit for the evaluation and management of a new patient  
99205 Office or other outpatient visit for the evaluation and management of a new patient  
99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional (Revised text 1/01/2022)  
99212 Office or other outpatient visit for the evaluation and management of an established patient  
99213 Office or other outpatient visit for the evaluation and management of an established patient  
99214 Office or other outpatient visit for the evaluation and management of an established patient  
99215 Office or other outpatient visit for the evaluation and management of an established patient

## RELATED POLICIES

None

## PUBLISHED

Provider Update August 2022

Provider Update December 2021

Provider Update December 2020

## REFERENCES

1. CMS.GOV, Centers for Medicare & Medicaid Services: National Coverage Determination for Acupuncture (30.3)
2. CMS.GOV, Centers for Medicare & Medicaid Services: National Coverage Determination for Acupuncture for Chronic Low Back Pain (cLBP) (30.3.3).
3. CMS.GOV, Centers for Medicare & Medicaid Services: National Coverage Determination for Acupuncture for Fibromyalgia (30.3.1).
4. CMS.GOV, Centers for Medicare & Medicaid Services: National Coverage Determination for Acupuncture for Osteoarthritis (30.3.2)

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