

<b>Title: Acupuncture</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 1/21/2020</b>	<b>LOB: Medicare, Exchange, Off-Exchange</b>
<b>Effective Date: 1/21/2020</b>	<b>Policy Number: UM-MP254</b>
<b>Review Date: 5/31/2023</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 1 of 5</b>

**1) POLICY DESCRIPTION:**

MetroPlus Health Plan Medicare members are eligible for acupuncture when performed by an individual licensed by New York State to perform acupuncture and when performed for a diagnosis of chronic low back pain. Acupuncture is also a benefit for QHP Non-standard members, for any diagnosis. (see table below) This policy is effective for services performed on or after 1/21/2020.

<b>Metal Level</b>	<b>Exchange</b>	<b>Off Exchange</b>	<b>Acupuncture</b>
<b>Bronze Plus</b>	<b>x</b>	<b>x</b>	<b>Excluded</b>
<b>BronzePlus HSA</b>	<b>x</b>	<b>x</b>	<b>8 visits per Plan Year</b>
<b>SilverPlus</b>	<b>x</b>	<b>x</b>	<b>Excluded</b>
<b>SilverPrime</b>	<b>x</b>	<b>x</b>	<b>8 visits per Plan Year</b>
<b>GoldPlus</b>	<b>x</b>	<b>x</b>	<b>Excluded</b>
<b>GoldPrime</b>	<b>x</b>	<b>x</b>	<b>8 visits per Plan Year</b>
<b>PlatinumPlus</b>	<b>x</b>	<b>x</b>	<b>Excluded</b>

**2) RESPONSIBLE PARTIES:**

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

**3) DEFINITIONS:**

**Acupuncture** is the practice of piercing the skin with needles at specific body sites to induce anesthesia, to relieve pain to alleviate withdrawal symptoms of substance users, or to treat various non-painful disorders. Acupuncture has 4 components—the acupuncture needle(s), the target location defined by traditional Chinese medicine, the depth of insertion, and the stimulation of the inserted needle. Acupuncture may be performed with or without electrical stimulation

**Acupuncture needles** are classified by the FDA as a class II device, subject to special controls, as outlined in 21 CFR 880.5580. An acupuncture needle is a device intended to pierce the skin in the practice of acupuncture. The device consists of a solid, stainless-steel needle and may have a handle attached to facilitate delivery of acupuncture. The device is subject to special controls with respect to labeling, biocompatibility and sterility and general controls, including but not limited to, labeling, good manufacturing practices, and registration and listing.

**Chronic pain** has been defined as "persistent or episodic pain of duration or intensity that adversely affects the function or well-being of the patient, attributable to any nonmalignant etiology" ("Practice Guidelines for Chronic Pain Management: A Report by the American Society of Anesthesiologists Task Force on Pain Management, Chronic Pain Section"). In addition, the pain has been refractory to repeated attempts at medical management and usually has been present for at least three to six months.

<b>Title: Acupuncture</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 1/21/2020</b>	<b>LOB: Medicare, Exchange, Off-Exchange</b>
<b>Effective Date: 1/21/2020</b>	<b>Policy Number: UM-MP254</b>
<b>Review Date: 5/31/2023</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 2 of 5</b>

#### 4) POLICY:

**MetroPlusHealth will cover acupuncture as defined by the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) policy; NCD 30.3.3, Acupuncture for Chronic Low Back Pain for Medicare enrollees as follows:**

- a) Up to 12 visits in 90 days are covered for a diagnosis of chronic low back pain. For the purpose of considering acupuncture, chronic low back pain (cLBP) is defined as:
  1. Lasting 12 weeks or longer.
  2. nonspecific, in that it has no identifiable systemic cause (i.e., not associated with gastrointestinal, metastatic, inflammatory, infectious, etc. disease).
  3. not associated with surgery; and
  4. not associated with pregnancy.
- b) An additional eight (8) sessions will be covered for those patients demonstrating an improvement.
  1. Medical necessity documentation must be provided to the plan for review.
  2. No more than 20 acupuncture treatments may be administered annually.
  3. Treatment must be discontinued if the patient is not improving or is regressing.
- c) Physicians (as defined in 1861(r)(1)) may furnish acupuncture in accordance with applicable New York State (NYS) requirements. To be certified to treat patients with acupuncture in New York State you must:
  1. be a New York State licensed physician or dentist currently registered to practice.
  2. meet additional education and training requirements.
  3. The specific requirements for certification are contained in Parts 60.9 and 59.9(e) of the Commissioner's Regulations.
- d) Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), and auxiliary personnel may furnish acupuncture if they meet all applicable NYS requirements and have:
  1. 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
  2. current, full, active, and unrestricted license to practice acupuncture in NYS
- e) 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 regulations at 42 CFR §§ 410.26 and 410.27.

**MetroPlusHealth will cover acupuncture for QHP Non-Standard members , Bronze, silver and gold, on and off exchange, as follows:**

- a) Up to 8 visits per plan year.
- b) Coverage is not limited to a specific diagnosis.

#### 5) LIMITATIONS/ EXCLUSIONS:

<b>Title: Acupuncture</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 1/21/2020</b>	<b>LOB: Medicare, Exchange, Off-Exchange</b>
<b>Effective Date: 1/21/2020</b>	<b>Policy Number: UM-MP254</b>
<b>Review Date: 5/31/2023</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 3 of 5</b>

- a) This policy and procedure applies only to MetroPlus Medicare plans and QHP Non-Standard members on every metal level and for both on and off exchange.
- b) For Medicare enrollees no more than 20 acupuncture treatments may be administered annually. The “annual” benefit period is defined as a calendar year.
- c) For Medicare enrollees, all types of acupuncture including dry needling for any condition other than low back pain are not covered.
- d) Limited to only acupuncture or Evaluation and Management (E/M) on the same day, but not both as follows:
  1. For acupuncture with a new patient E/M (including separately identifiable service modifier 25), MetroPlusHealth will reimburse only the E/M service.
  2. For acupuncture with established patient E/M (including separately identifiable service modifier 25), MetroPlusHealth will reimburse only the acupuncture service.

## 6) APPLICABLE PROCEDURE CODES:

CPT	Description	Auth Req?
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Yes
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)	Yes
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Yes
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)	Yes

## 7) APPLICABLE DIAGNOSIS CODES:

Code	Description
M54.5	Low back pain
M53.86	Other specified Dorsopathies, lumbar region
M53.87	Other specified Dorsopathies, lumbosacral region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M54	Dorsalgia
M54.06	Lumbar Region
M54.07	Lumbosacral Region
M54.17	Radiculopathy, lumbosacral region
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.50	Low Back Pain, Unspecified

<b>Title: Acupuncture</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 1/21/2020</b>	<b>LOB: Medicare, Exchange, Off-Exchange</b>
<b>Effective Date: 1/21/2020</b>	<b>Policy Number: UM-MP254</b>
<b>Review Date: 5/31/2023</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 4 of 5</b>

<b>M54.51</b>	Vertebrogenic low back pain
<b>M54.59</b>	Other low back pain
<b>M54.9</b>	Dorsalgia, unspecified

**8) REFERENCES:**
**CMS Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N)**

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>

**CMS National Coverage Determination (NCD) 30.3 – ACUPUNCTURE**

[https://www.cms.gov/medicare-coverage-database/\(S\(cnbxfa45qfwykj45ydhic5qj\)\)/details/ncd-details.aspx?NCDId=11&ncdver=1&NCAId=2&ver=5&NcaName=Acupuncture+for+Nausea+after+Chemo+therapy+and+Post-operative+Pain&bc=AAAAABAAEAgA& Accessed January 24, 2020.](https://www.cms.gov/medicare-coverage-database/(S(cnbxfa45qfwykj45ydhic5qj))/details/ncd-details.aspx?NCDId=11&ncdver=1&NCAId=2&ver=5&NcaName=Acupuncture+for+Nausea+after+Chemo+therapy+and+Post-operative+Pain&bc=AAAAABAAEAgA& Accessed January 24, 2020.)

**American Chronic Pain Association Resource Guide to Chronic Pain management, An Integrated Guide to Medical, Interventional, Behavioral Pharmacologic and Rehabilitation Therapies.** Feinberg S (ed.) American Chronic Pain Association Inc., Rocklin, California. 2019. Retrieved May 13, 2019 from: [https://www.theacpa.org/wp-content/uploads/2019/02/ACPA\\_Resource\\_Guide\\_2019.pdf](https://www.theacpa.org/wp-content/uploads/2019/02/ACPA_Resource_Guide_2019.pdf)

**Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Guideline from the American College of Physicians.** *Ann Intern Med.* 2017; 166(7):514-530. doi: 10.7326/M16-2367. Epub 2017 Feb 14.

**Chou R, Deyo R, Friedly J, et al. Noninvasive Treatments for Low Back Pain. Comparative Effectiveness Review No. 169.** (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2012-00014-I.) AHRQ Publication No. 16-EHC004-EF. Rockville, MD: Agency for Healthcare Research and Quality; February 2016. [www.effectivehealthcare.ahrq.gov/reports/final.cfm](http://www.effectivehealthcare.ahrq.gov/reports/final.cfm).

**Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline.** *Ann Intern Med.* 2017;166(7):493-505. doi: 10.7326/M16-2459. Epub 2017 Feb 14.

**Tice JA, Kumar V, Otuonye I, et al. Cognitive and Mind-Body Therapies for Chronic Low Back and Neck Pain: Effectiveness and Value, Final Evidence Report,** November 6, 2017. The Institute for Clinical and Economic Review (ICER), prepared for the California Technology Assessment Forum. Retrieved on May 13, 2019 from [https://icer-review.org/wp-content/uploads/2017/03/CTAF\\_LBNP\\_Final\\_Evidence\\_Report\\_110617.pdf](https://icer-review.org/wp-content/uploads/2017/03/CTAF_LBNP_Final_Evidence_Report_110617.pdf)

**Vickers AJ, Vertosick EA, Lewith G, et al. Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis.** *J Pain.* 2018; 19(5):455-474. doi: 10.1016/j.jpain.2017.11.005. Epub 2017 Dec 2. PMID: 29198932.

<b>Title: Acupuncture</b>	<b>Division: Medical Management</b>
	<b>Department: Utilization Management</b>
<b>Approval Date: 1/21/2020</b>	<b>LOB: Medicare, Exchange, Off-Exchange</b>
<b>Effective Date: 1/21/2020</b>	<b>Policy Number: UM-MP254</b>
<b>Review Date: 5/24/2021, 5/31/2022, 5/31/2023</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 5 of 5</b>

**Xiang Y, He J, Li R. Appropriateness of sham or placebo acupuncture for randomized controlled trials of acupuncture for nonspecific low back pain: a systematic review and meta-analysis. J Pain Res. 2018 (11):83-94. doi: 10.2147/JPR.S152743. eCollection 2018. PMID: 29343984.**

**Yuan Q, Guo T, Liu L, Sun F, Zhang Y. Traditional Chinese medicine for neck pain and low back pain: a systematic review and meta-analysis. PLoS One. 2015; 10(2):e0117146. doi: 10.1371/journal.pone.0117146. eCollection 2015. PMID: 25710765.**

**Acupuncture Needle Status - Food and Drug Administration (FDA) Status**

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=2692>

**REVISION LOG:**

<b>REVISIONS</b>	<b>DATE</b>
Creation date	1/20/2020
Annual Review	5/24/2021
Annual Review	5/31/2022
Annual Review	5/31/2023

<b>Approved:</b> <b>Glendon Henry</b> Senior Medical Director	<b>Date:</b> Digitally signed by Glendon Henry Date: 2023.06.05 08:05:26 -0400'	<b>Approved:</b> <b>Sanjiv Shah MD</b> Sanjiv Shah, MD Chief Medical Officer	<b>Date:</b> Digitally signed by Sanjiv Shah MD Date: 2023.06.05 16:52:23 -0400'
---------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

**Medical Guideline Disclaimer:**

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government, or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.