1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of acupuncture with and without the application of electrical stimulation.

2. **Definition**
   Acupuncture refers to a technique or approach to patient care that involves the insertion of fine, hair-thin metallic (filiform) needles through the skin at specific points on the body, with or without the application of electrical current (Percutaneous Electrical Neuromuscular Stimulation - PENS) in an attempt to relieve pain, tension or improve bodily function. Acupuncture is reported based on the 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of acupuncture with and without application of electrical stimulation to the needles is always made on a case-by-case basis.

   3.2. The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of pain or other symptoms associated with disease, injury or surgery.

   3.3. The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of the side effect of medication-induced nausea or nausea associated with pregnancy.

   3.4. The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of chemical dependencies (including but not limited to nicotine, alcohol, narcotics, etc.).

   3.5. The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of psychological stress and generalized anxiety.

   3.6. Any treatment plan involving the use of acupuncture should ultimately result in a clinically meaningful reduction in the patient’s pain level, an improvement in the targeted symptom/sign, the reduction in the use of medication or medical services, and/or an improved ability to carry out their usual activities of daily living. The use of
acupuncture beyond two to three (2-3) weeks without a clinically meaningful reduction in the patient’s pain levels, an improvement in the targeted symptom/sign, the reduction in use of medication or medical services and/or clinical signs of functional improvement may be considered not medically necessary.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding acupuncture with and without electrical stimulation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


<table>
<thead>
<tr>
<th>Policy Library: Medical</th>
<th>Doc. Control #: PRV.MQ.MP. 077.003</th>
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<tbody>
<tr>
<td>Title/Subject:</td>
<td>TMMP 206 - ACUPUNCTURE (97810, 97811, 97813, 97814)</td>
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</table>


- Roscoe JA, Morrow GR, Hickok JT, et al. The efficacy of acupressure and acustimulation wrist bands for the relief of chemotherapy-induced nausea and


4.2. Related Triad Medical Policies:

- TMMP 18 – Medical Necessity
- TMMP 10 – Use of Physical Modalities and Therapeutic Procedures
- TMMP 15 – Minimal Clinical Progress

5. Attachments

5.1. Provider Manual

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual review. No changes to policy text.</td>
</tr>
<tr>
<td>09/24/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §3.3. changed from “the use of acupuncture (with or without the application of electrical stimulation to the needles) may be considered medically necessary for the treatment of the side effect of medication-induced nausea or nausea associated with pregnancy” to “the use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of the side effect of medication-induced nausea or nausea associated with pregnancy.” Text below Table of Revisions added.</td>
</tr>
<tr>
<td>11/12/2008</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
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Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.