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 passive 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;
   - Side effect of medication-induced nausea or nausea associated with pregnancy;
   - Chemical dependencies (including but not limited to nicotine, alcohol, narcotics, etc.);
   - Psychological stress and generalized anxiety.

   3.3. 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 perform age appropriate activities of daily living. The use of acupuncture beyond three (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 is **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.


|---|


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<tr>
<th>Title/Subject: TMMP 206 - ACUPUNCTURE</th>
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</table>


### TMMP 206 - ACUPUNCTURE


4.2. Related Triad Medical Policies:

- **TMMP 18 – Medical Necessity**
- **TMMP 10 – Use of Active and Passive Care**
- **TMMP 15 – Minimal Clinical Progress / Improvement**

**CPT Codes**
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of...</td>
</tr>
<tr>
<td>CPT Codes</td>
<td>Description (AMA CPT Guide)</td>
</tr>
<tr>
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</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>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3. changed from: “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 is considered not medically necessary.”</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. CPT Code descriptions for 97811, 97813, and 97814 revised.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §2 updated 1st sentence to read ‘Acupuncture refers to a passive technique or approach…’. Combined § 3.2, 3.3, 3.4 &amp; 3.5 into one bulleted list under §3.2. New §3.3 replaced ‘to carry out their’ with perform age appropriate; changed language to read “is considered not medically necessary” instead of “may be considered…” to be consistent with other medical policies with the same §. Removed §5, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</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.”</td>
</tr>
<tr>
<td>11/12/2008</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
</tbody>
</table>

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.