



Subject: Acupuncture

Revision Date: 5/24

DESCRIPTION

OSU Health Plan limits coverage of acupuncture to the treatment of neuromuscular conditions and/or diagnoses listed in this policy. A claim must have one of the approved diagnosis codes; otherwise, the claim will be denied. The health care provider administering this service must be a legally licensed acupuncturist or physician practicing within the scope of his/her license. The Acupuncturist must confirm that the patient has undergone a diagnostic examination by a physician or chiropractor within the last 6 months and that the examination relates to the condition for which the Acupuncturist is providing treatment. If the patient has not undergone such an examination, the Acupuncturist may treat the patient but must provide a written recommendation to the patient to undergo such a diagnostic exam and should keep a copy of the recommendation on file.

POLICY

OSU Health Plan may request treatment plans and progress notes for medical review and reserve the right to review past records and claims submissions.

The OSU Health Plan considers acupuncture services medically necessary when all of the following criteria are met:

- The member has a condition or disorder that is covered in this policy; and
- The medical necessity for treatment is clearly documented.

Maintenance treatment, where the member's symptoms are neither regressing nor improving, is not medically necessary. If no clinical benefit is appreciated after four weeks of acupuncture, then the

treatment plan should be reevaluated. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms.

Acupuncture should be provided in accordance with an ongoing, written plan of care. The purpose of the written plan of care is to assist in determining medical necessity and should include the following: The written plan of care should be sufficient to determine the medical necessity of treatment, including:

- I. The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
 - a. A reasonable estimate of when the goals will be reached;
 - b. Long-term and short-term goals that are specific, quantitative, and objective;
 - c. Acupuncture evaluation;
 - d. The frequency and duration of treatment; and
 - e. The acupuncture protocol to be used in treatment.
- II. Signature of the patient's attending physician and/or acupuncturist.

The plan of care should be ongoing, (i.e., updated as the member's condition changes), and treatment should demonstrate reasonable expectation of improvement (as defined below):

1. Acupuncture services are considered medically necessary only if there is a reasonable expectation that acupuncture will achieve measurable improvement in the member's condition in a reasonable and predictable period of time.
2. The member should be reevaluated regularly, and there should be documentation of progress made toward the goals of acupuncture.

The treatment goals and subsequent documentation of treatment results should specifically demonstrate that acupuncture services are contributing to such improvement.

PRIOR AUTHORIZATION

Prior authorization is not required for acupuncture services. However, OSU Health Plan may request treatment plans and progress notes for medical review and reserve the right to review past records and claims submissions.

EVALUATION AND MANAGEMENT SERVICES

A new patient evaluation and management (E&M) service is eligible for reimbursement in addition to the acupuncture service. Established patient E&M codes may only be used if the member's condition requires separately identifiable services. These services must be above and beyond the pre- and post-services associated with acupuncture treatment. The appropriate modifier (-25) must be used to indicate a separate condition is being addressed. Medical records to support the additional E&M service may be requested and the provider shall make these records available upon request. Any other services apart from an E&M service provided on the same day by the same provider will be included in the allowance for the acupuncture treatment and will not be billed separately. Note: Codes 97810 and 97813 will not be allowed when billed together for the same visit.

BENEFIT/COVERAGE ISSUES

Refer to The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document.

DIAGNOSES WHICH MAY SUPPORT MEDICAL NECESSITY

ICD-10 Codes covered if selection criteria are met:

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+"

G43.001 – G43.919	Migraine
G44.209	Tension headache
G89.3	Neoplasm related pain (acute) (chronic)
K08.9	Disorders of teeth and supporting structures, unspecified [postoperative dental pain]
M16.0 – M16.12	Primary osteoarthritis of hip
M16.2 – M16.7	Secondary osteoarthritis, hip
M16.9	Osteoarthritis of hip, unspecified
M17.0 – M17.12	Osteoarthritis of knee
M17.2 – M17.5	Secondary osteoarthritis, knee
M17.9	Osteoarthritis of knee, unspecified
M26.60 – M26.69	Temporomandibular joint disorders

M54.2	Cervicalgia
M54.5	Low back pain
O21.0 – O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting [postoperative] [chemotherapy-induced]
R51	Headache
T45.1X5+	Adverse effect of antineoplastic and immunosuppressive drugs [chemotherapy-induced nausea and vomiting]
Z98.89	Other specified postprocedural status [dental, with pain]

RELATED CPT CODES

- 97810 Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one on one contact with patient
- 97811 Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one on one contact with patient, with reinsertion of needle(s)
(List separately in addition to code for primary procedure)
- 97813 Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one on one contact with patient
- 97814 Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one on one contact with patient, with reinsertion of needle(s)
(List separately in addition to code for primary procedure)

EXPERIMENTAL AND INVESTIGATIONAL

The OSU Health Plan considers acupuncture experimental and investigational for all other indications, including but not limited to any of the following conditions, because there is inadequate scientific research assessing the efficacy of acupuncture compared with placebo, sham acupuncture, or other modalities of treatment in these conditions:

Abdominal obesity
Acne
Acute hordeolum (stye)
Acute pancreatitis
Acute low back pain
Addiction
AIDS
Alcohol withdrawal syndrome
Allergies
Alzheimer's disease
Amblyopia
Asthma
Attention deficit hyperactivity disorder (ADHD)
Autism spectrum disorders
Bell's palsy
Benign prostatic hyperplasia
Breast cancer-related hot flashes
Breast cancer-related lymphedema
Breast engorgement during lactation
Burning mouth syndrome
Cancer-related dyspnea
Cancer-related fatigue
Cardiovascular diseases (e.g., angina pectoris, heart failure, hypertension)
Carpal tunnel syndrome
Cerebral palsy
Cervical vertigo
Chemotherapy-induced leukopenia
Chronic ankle instability
Chronic constipation
Chronic fatigue syndrome
Chronic hepatitis B
Chronic kidney disease-related pain, fatigue, depression
Chronic obstructive pulmonary disease (COPD)
Chronic pain syndrome (e.g., RSD, facial pain)
Cognitive impairment
Diabetic gastroparesis
Diabetic peripheral neuropathy
Diminished ovarian reserve
Dry eyes
Dysmenorrhea
Endometriosis pain
Epilepsy
Erectile dysfunction
Facial spasm
Fetal breech presentation
Fibromyalgia
Fibrotic contractures
Gastric ulcer
Gastroparesis
Glaucoma
Gout
Heart failure
Herpes Zoster
Hyperemesis gravidarum
Hypertension
Hypoxic ischemic encephalopathy
Induction of labor
Infantile colic

Infantile diarrhea

Infertility (e.g., to assist oocyte retrieval and embryo transfer during IVF treatment cycle)

Inflammatory bowel diseases (Crohn's disease and ulcerative colitis)

Insomnia (including cancer-related insomnia)

Intra-cerebral hemorrhage

Irritable bowel syndrome

Menopause-associated vasomotor symptoms

Menopausal hot flashes

Menstrual cramps/dysmenorrhea

Multiple sclerosis

Mumps

Myofascial pain

Myopia

Neck pain/cervical spondylosis

Neuropathic pain

Nocturnal enuresis

Obesity/weight reduction

Oligoasthenozoospermia

Opiate withdraw

Optic atrophy

Oral ulcer

Osteoporosis

Overactive bladder syndrome

Parkinson's disease

Parkinson's disease-related fatigue

Peptic ulcer

Peripheral arterial disease (e.g., intermittent claudication)

Phantom leg pain

Plantar fasciitis

Polycystic ovary syndrome

Post-herpetic neuralgia

Post-operative ileus

Post-prandial distress syndrome

Post-stroke hiccup

Post-stroke shoulder pain

Post-traumatic stress disorder (PTSD)

Premature ejaculation

Premenstrual syndrome/premenstrual dysphoric disorder

Pruritis

Psoriasis

Psychiatric disorders (e.g., anxiety, depression, and schizophrenia)

Raynaud's disease pain

Renal colic

Respiratory disorders

Restless leg syndrome

Rheumatoid arthritis

Rhinitis

Sensorineural deafness

Sexual dysfunction

Shoulder pain (e.g., bursitis)

Sinusitis

Sleep disturbance

Smoking cessation

Spasticity after stroke

Stroke rehabilitation (e.g., dysphagia)

Systemic lupus erythematosus

Taste disturbances

Tennis elbow / epicondylitis

Thoracic back pain

Tic disorders (e.g., Tourette syndrome)

Tinnitus

Trigeminal neuralgia

Urinary incontinence

Uterine fibroids

Vascular dementia

Xerostomia

Whiplash

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