



Subject: Acupuncture

Revision Date: 8/25

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.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Acupuncture is the practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain.

Protocol is a detailed plan of medical treatment or procedure.

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

Maintenance treatment, where the covered person'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 covered person 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:

- The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
 - A reasonable estimate of when the goals will be reached;
 - Long-term and short-term goals that are specific, quantitative, and objective;
 - Acupuncture evaluation;
 - The frequency and duration of treatment; and
 - The acupuncture protocol to be used in treatment.
- Signature of the patient's attending physician and/or acupuncturist.
- The plan of care should be ongoing, (i.e., updated as the covered person's condition changes), and treatment should demonstrate reasonable expectations of improvement (as defined below):
 - Acupuncture services are considered medically necessary only if there is a reasonable expectation that acupuncture will achieve measurable improvement in the covered person's condition in a reasonable and predictable period of time.

- The covered person 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.

PROCEDURE

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 covered person'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.

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.

EXCLUSIONS

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

CODES

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 "+"

ICD-10 CODE	DESCRIPTION
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 covered if selection criteria are met:

CPT CODE	DESCRIPTION
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)
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