



MEDICAL COVERAGE POLICY

SERVICE: Acupuncture

Policy Number: 001

Effective Date: 02/01/2025

Last Review: 01/13/2025

Next Review: 01/13/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Not Required

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details. Acupuncture is a covered benefit for some plans. If it is a benefit, some plans place an annual limit on the number of encounters that will be covered. This policy defines the medical necessity criteria that will be used for non-Medicare acupuncture claims, when covered under the member's insurance plan.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). [NCD 30.3 Acupuncture](#), [NCD 30.3.3 Acupuncture for Chronic Lower Back Pain \(cLBP\)](#). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

- A. For Medicare plans, acupuncture is ONLY covered for chronic low back pain. Medicare excludes all forms of acupuncture from CMS reimbursement EXCEPT for the treatment of chronic low back pain.
- B. For Medicare plans, dry needling for the treatment of chronic low back pain is a covered benefit when performed by an acupuncturist.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider the use of acupuncture (with or without the application of electrical stimulation) medically necessary for the following conditions only when performed by a licensed acupuncturist, a physician with acupuncture training or a chiropractor with acupuncture training:

- A. Treatment of medication-induced nausea, post-operative nausea, nausea associated with chemotherapy or nausea associated with pregnancy.
- B. Treatment of chronic low back pain defined as:
 - 1. Lasting 12 or more weeks
 - 2. Nonspecific with no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious disease, etc.)
 - 3. Not associated with surgery or with pregnancy



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- C. As an adjunct to standard conservative therapy for treatment of tension and migraine headache
- D. Treatment to reduce pain and decrease disability due to knee osteoarthritis

Any treatment plan involving the use of acupuncture should ultimately result in the following:

- A. A clinically meaningful reduction in the patient's pain level,
- B. An improvement in the targeted symptom/sign,
- C. A reduction in the use of medication or medical services, and/or,
- D. An improved ability to carry out their usual activities of daily living

The use of acupuncture beyond two to three (2-3) weeks without elimination or a significant clinically meaningful reduction in the patient symptom or 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.

BSWHP does NOT cover acupuncture and/or other types of acupuncture (laser acupuncture using low level laser therapy, acupuncture point injection, etc.) for any other indication, because they are considered experimental, investigational, or unproven.

BACKGROUND:

Acupuncture is a complementary or alternative medicine 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.

MANDATES: N/A

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	97810 - Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient 97811 - Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure) 97813 - Acupuncture, 1 or more needles; with electrical stimulation, initial 15
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For Medicare (Dry needling codes)	minutes of personal one-on-one contact with the patient 97814 - Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)
HPCS Codes	20560 - Needle insertion(s) without injection(s); 1 or 2 muscle(s) 20561 - Needle insertion(s) without injection(s); 3 or more muscles
ICD10 Codes	N/A
	G43.011 - Migraine without aura, intractable, with status migrainosus G43.019 - Migraine without aura, intractable, without status migrainosus G43.111 - Migraine with aura, intractable, with status migrainosus G43.119 - Migraine with aura, intractable, without status migrainosus G43.411 - Hemiplegic migraine, intractable, with status migrainosus G43.419 - Hemiplegic migraine, intractable, without status migrainosus G43.511 - Persistent migraine aura without cerebral infarction, intractable, with status migrainosus G43.519 - Persistent migraine aura without cerebral infarction, intractable, without status migrainosus G43.711 - Chronic migraine without aura, intractable, with status migrainosus G43.719 - Chronic migraine without aura, intractable, without status migrainosus G43.A1 - Cyclical vomiting, in migraine, intractable G43.B1 - Ophthalmoplegic migraine, intractable G43.811 - Other migraine, intractable, with status migrainosus G43. Other migraine, intractable, without status migrainosus G43.911 - Migraine, unspecified, intractable, with status migrainosus G43.919 - Migraine, unspecified, intractable, without status migrainosus G89.0 - Central pain syndrome G89.21 - Chronic pain due to trauma G89.29 - Other chronic pain G90.50 - Complex regional pain syndrome I, unspecified G90.59 - Complex regional pain syndrome I of other specified site O21.1 - Hyperemesis gravidarum M17.0 - Bilateral primary osteoarthritis of knee M17.9 - Osteoarthritis of knee, unspecified M54.5 - Low back pain M54.9 - Dorsalgia, unspecified

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	5/3/2012	Reviewed.
Reviewed	2/28/2013	Reviewed. References updated
Reviewed	2/20/2014	Reviewed.
Reviewed	3/05/2015	No changes



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Updated	12/17/2015	Removed PA requirement
Reviewed	03/17/2016	No changes
Reviewed	03/07/2017	Reviewed with no material change
Reviewed	01/25/2018	Altered indication list.
Reviewed	01/15/2019	No changes
Reviewed	02/27/2020	Minor additions to coverage statement. Added new Medicare coverage
Reviewed	02/25/2021	No material changes. Updated Medicare references
Reviewed	02/24/2022	Added coverage for dry needling by acupuncturist for Medicare members
Reviewed	02/23/2023	No changes
Reviewed	02/12/2024	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	01/13/2025	Added descriptions for codes in codes section. Updated references. Ending note section updated to align with business entity changes.
Updated	08/11/2025	Removed "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it 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 BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.