American Acupuncture Council NETWORK

GOOD MORNING!

2023-2024
The Complete ICD & CPT Essentials for Maximum Payment

Dear Acupuncture Professional and Staff:

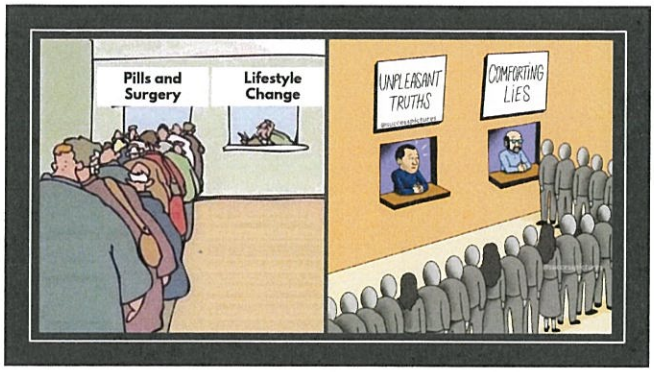
"it is critical to stay abreast of changes in CPT and ICD10 and payer billing guidelines related to coding...maintaining current knowledge is imperative for the long-term survival and safety of a practice."

We are very glad that you have joined us today, and we promise to make giving up your day, a worthwhile experience. You will be receiving and learning lots of new and updated information about coding, billing, documentation, insurance procedures, as well as state and federal laws. Our hope is you will be energized to return to the office and implement new protocols to grow your practice and ensure proper reimbursement!

Samuel A Collins & the AAC staff

AAC Insurance Information Network website

www.aacinfonetwork.com Sam's email sam@aacinfonetwork.com



- **37 state Attorney Generals, National Governor's Association, State and National treatment guidelines recommend non-pharmaceutical chiropractic/acupuncture treatment for both acute and chronic pain and dysfunction.**

"Average per-episode costs for care that begins with a DC / PT / acupuncturist is only $619, compared with $728 for primary care and $1,728 for specialist care. If you make the initial investment in chiropractic / PT acupuncture, significant total-episode savings occur."

"However, first contact with a DC / PT / acupuncturist only occurs in 30 percent of cases, compared to 70 percent for primary (30 percent) or specialist (40 percent) care."

"The actuaries have done the work, it's presented at the actuarial conference, the net of the increased conservative care will take out about 230 million in annual medical expenditures and reduce opiate prescribing for back pain by 25-26 percent."

- American College of Physicians Back Treatment Guidelines - The ACP updated prior guidelines, recommending non-drug treatment first for back pain, including chiropractic manipulative therapy (CMT), osteopathic manipulative therapy (OMT), exercise therapy, acupuncture, massage and yoga.
- FDA Education Blueprint for Health Providers Involved in Pain Management: The Blueprint recommends "The [health care provider] should be knowledgeable about which therapies can be used to manage pain and how these should be implemented." Chiropractic and acupuncture are specifically noted as non-pharmacologic therapies that can play an important role in managing pain.

- The Centers for Disease Control and Prevention (CDC) released in November 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain. CDC offers clinicians 12 recommendations for treating acute, subacute and chronic pain, providing specific guidance for the use of prescription opioids as well as information on the value of nonopioid and noninvasive, nonpharmacologic approaches in treatment plans. The guideline also addresses health insurance inequities that prevent some patients from accessing nonpharmacologic options for their pain.

- While the CDC guideline highlights the benefits and effectiveness of nonpharmacologic treatments as part of a multimodal, multidisciplinary approach to pain management, the agency acknowledges that not all health insurance covers these services, creating significant barriers for some patients.
- "Health insurers and health systems can contribute to improved pain management and reduced medication use by increasing access to noninvasive nonpharmacologic therapies with evidence of effectiveness," the guideline states.

- Elsewhere in the guideline, CDC notes specifically that, "Public and private payers can support a broader array of nonpharmacologic interventions such as exercise, multidisciplinary rehabilitation, mind-body interventions, cognitive behavioral therapy, and certain complementary and integrative medicine therapies (e.g., acupuncture and spinal manipulation) that increasingly are known to be effective."
- https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

2023 Department of Health and Human Services Compliance Program

Documentation, Coding, Billing, Medical Necessity, HIPAA-Privacy

Each practice can undertake reasonable steps to implement compliance measures, depending on the size and resources of that practice. Practices can rely, at least in part, upon standard protocols and current practice procedures to develop an appropriate compliance program for that practice. Many practices already have established the framework of a compliance program without referring to it as such.

The incorporation of compliance measures into a physician's practice should not be at the expense of patient care but instead should augment the ability of the physician's practice to provide quality patient care.

7 Components of an Effective Compliance Program This compliance program guidance for individual and small-group practices

1. Conducting internal monitoring and auditing.
2. Implementing compliance and practice standards.
3. Designating a compliance officer or contact.
4. Conducting appropriate training and education.
5. Responding appropriately to detected offenses and developing corrective action.
6. Developing open lines of communication.
7. Enforcing disciplinary standards through well-publicized guidelines.

A well-designed compliance program can:

• Speed and optimize proper payment of claims;

• Minimize billing mistakes;

• Reduce the chances that an audit will be conducted by HCFA or the OIG; and

• Avoid conflicts with the self-referral and anti-kickback statutes. (fee-splitting)

A self-audit is an audit, examination, review, or other inspection performed by and within a physician's or other health care professional's business. Self-audits generally focus on assessing, correcting, and maintaining controls to promote compliance with applicable laws, rules, and regulations. The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), includes periodic internal monitoring and auditing in its list of the seven elements of an effective compliance program.[1]

1 Federal Register Vol. 65, No. 194. (2000, October 5). Office of Inspector General. OIG Compliance Program for Individual and Small Group Physician Practices. Retrieved December 18, 2017, from https://oig.hhs.gov/authorities/docs/physician.pdf

How do you know if an acupuncturist is good?

- **7 Tips for Choosing an Acupuncturist**
- Get Referrals. ...
- Research the Acupuncturist's Credentials. ...
- Consider the Acupuncturist's Experience. ...
- Consider Gender. ...
- Evaluate Communication Style. ...
- Review Patient Satisfaction Surveys. ...
- Know What Your Insurance Covers.

Practice Success

How do you define it?

What the barriers?

What is your model?

Where are your patients?

Cash Practice

1. Cash
2. Prompt Pay
3. Prepay

Insurance Practice

1. Standard
2. PPO
3. HMO (EPO)
4. HSA or FSA
5. Automobile (Personal Injury)
6. Workers' Compensation
7. Veterans Administration
8. Medicaid (Medi-Cal)
9. Medicare

Why Insurance? Is it worth it?

Cash Practice

Insurance Practice

What Is Insurance?

- Health Insurance?
- Sick Insurance
- Not preventative in design
- It aids in paying for services does not pay in full in most instances

Insurance

- Insurance aids in payment and rarely covers 100%
- New patients
- Someone may be more apt to try acupuncture
- You are not required to bill insurance

Deductible

- The amount the patient pays for covered health care services before the insurance plan starts to pay. With a $2,000 deductible, for example, the patient pays the first $2,000 of covered services.
- Note not all services or amount of your fee may be counted towards deductible.
- If you bill $100 but the plan only allows $50 the amount applied to deductible will only be $50. If you are an out of network provider however the patient is liable for the entire $100.
- Hence why often patients seek care with "in network" providers as their out of pocket may or will be less.

Co-Payment v Co-Insurance

Copayment

- Fixed dollar amounts the patient pays for covered health care.
- The provider would be "in network" and is limited to collect the amount designated by the plan

Coinsurance

- The patients share of the cost of health care after insurance has paid.
- This provider is out of network and the patient simply liable for amounts not paid by the plan.

Your Bottom Line

- What does it cost to treat a patient?
- Overhead (all related costs) ÷ Average patient visits per month
- $4000 ÷ 100 patient visits per month = $40.00 per visit to meet overhead

Pros & Cons of Joining Insurance Plans

Pros

- Increase patient access

Cons

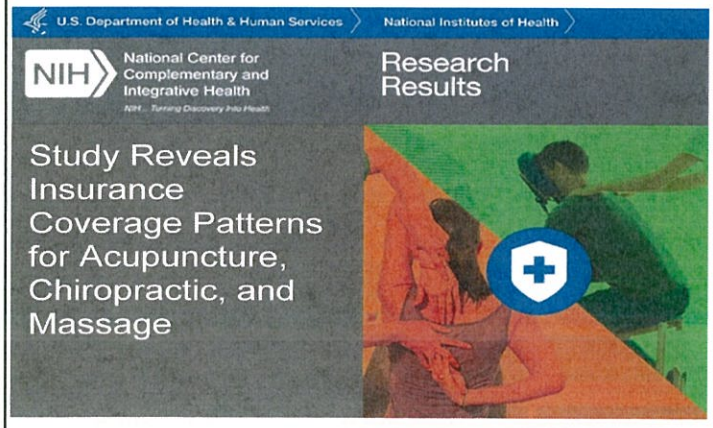
- Decrease reimbursement

Yes

- **Exclusive – Only reimburses member providers**
- **Pay is reasonable**
- **Many new and potential patients**
- **Minimally added authorization**

No

- **Non-Exclusive - Reimburses members and non-members**
- **Pays to little**
- **Already current patients**
- **Tedious request for care and reporting**



Data suggest that Americans are **increasingly willing to pay out-of-pocket** for acupuncture, chiropractic, or massage care that isn't covered by health insurance, reports a new study led by the National Center for Complementary and Integrative Health.

APTA

- **Higher copayments decreased the likelihood of a patient seeing a physical therapist as first provider.** Patients with a copayment over $30 were 29% less likely to see a physical therapist first than were patients with no copayment. This association was not evident for chiropractic or *acupuncture*.

What about Discounts?

- Waiving
- Hardships

Cash and Prompt Pay

Waiving co-payment, co-insurance and deductible. If a physician's office routinely fails to collect the patient's portion of the care, it is considered a violation of both the Anti-Kickback Statute (AKS) AND the False Claims Act. OIG and the Department of Justice recognize that there are cases of financial hardship and make allowances for those unable to pay. They also recognize when a physician makes a reasonable effort to collect from a patient, but does not receive payment. It is the *routine waiver* of the patient responsibility that can cause serious consequences.

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A reasonable "discount" for payment at the time of service, or so called "bookkeeping" discount can be within legal bounds. What's key, however, is how the provider sets discount policies.

Helping patients afford care is the compassionate and right thing to do. But offering a cash rate that is substantially lower than the insurance rate is and may be considered fraud.

What is reasonable? **OIG Advisory Opinion No. 08-03 provides protocol for such discounts.**

Following the broad guidance of the OIG, in a recent opinion, they O.K.'d a 5%-15% "Prompt Payment" discount for a particular hospital

Think defensible, what is the actual bookkeeping savings for not doing the administrative and clerical work associated with billing insurance not to mention the waiting period for payment and you are on the right track.

Charging 5-15% more for identical services where the additional burden of billing and collection is eliminated is certainly reasonable. However charging significantly more than the rate charged for a pay in full at the time of service patient would not be considered fair or reasonable. Certainly there is a cost to the added work but not double the cost of the actual chiropractic service.

Washington Administrative Code

- WAC 246-808-545
- **Improper billing practices.**
  - The following acts shall constitute grounds for which disciplinary action may be taken:
    - (1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.
    - (2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

Oregon Revised Statutes 742.525

- (1) Except as provided in subsection (2) of this section, a provider shall charge a person who receives personal injury protection benefits or that person's insurer the lesser of:

(a) An amount that does not exceed the amount the provider charges the general public; or

(b) An amount that does not exceed the fee schedules for medical services published pursuant to ORS 656.248 (Medical service fee schedules) for expenses of medical, hospital, dental, surgical and prosthetic services.

Minnesota Cash Discounts

72A.20 METHODS, ACTS, AND PRACTICES WHICH ARE DEFINED AS UNFAIR OR DECEPTIVE

Subd. 39 Discounted payments by health care providers; effect on use of usual and customary payments.

An insurer, including, but not limited to, a health plan company as defined in section 62Q.01, subdivision 4, a reparation obligor as defined in section 65B.43, subdivision 9, and a workers' compensation insurer shall not consider in determining a health care provider's usual and customary payment, standard payment, or allowable payment used as a basis for determining the provider's payment by the insurer, the following discounted payment situations

(1) care provided to relatives of the provider.

(2) care for which a discount or free care is given in hardship situations; and

(3) care for which a discount is given in exchange for cash payment

Business and Professions Code 657.

(a) The Legislature finds and declares all of the following:
(1) Californians spend more than one hundred billion dollars ($100,000,000,000) annually on health care.
(2) In 1994, an estimated 6.6 million of California's 32 million residents did not have any health insurance and were ineligible for Medi-Cal.
(3) Many of California's uninsured cannot afford basic, preventative health care resulting in these residents relying on emergency rooms for urgent health care, thus driving up health care costs.
(4) Health care should be affordable and accessible to all Californians.
(5) The public interest dictates that uninsured Californians have access to basic, preventative health care at affordable prices.
(b) To encourage the prompt payment of health or medical care claims, health care providers are hereby expressly authorized to grant discounts in health or medical care claims when payment is made promptly within time limits prescribed by the health care providers or institutions rendering the service or treatment.
(c) Notwithstanding any provision in any health care service plan contract or insurance contract to the contrary, health care providers are hereby expressly authorized to grant discounts for health or medical care provided to any patient the health care provider has reasonable cause to believe is not eligible for, or is not entitled to, insurance reimbursement, coverage under the Medi-Cal program, or coverage by a health care service plan for the health or medical care provided. Any discounted fee granted pursuant to this section shall not be deemed to be the health care provider's usual, customary, or reasonable fee for any other purposes, including, but not limited to, any health care service plan contract or insurance contract.
(d) "Health care provider," as used in this section, means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act, or licensed pursuant to Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code; and any clinic, health dispensary, or health facility, licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

Packages and Plans

"Modern Acupuncture"

- Fee for service (visits) not time
- Refund policy for unused
- No expiration

MARYLAND ACUPUNCTURE BOARD

4201 Patterson Avenue, Baltimore, MD 21215
Telephone: 410-764-4766
Toll free: 1-800-530-2481

RECOMMENDATION ON PREPAYMENT PLANS

Note: this recommendation applies in Maryland and may differ in other states

PLEASE READ CAREFULLY

Prompted by numerous requests from practitioners, the Board of Acupuncture revisited the article published in its Winter 2006 newsletter regarding prepayment policies, at its meeting on May 9, 2006. After considering practitioners' testimony and a statement issued by the Maryland Insurance Commission, the Board of Acupuncture decided to rescind the article and acknowledge prepayment capability with due caution.

One of the Board's most pressing concerns with prepayment plans is the patient's ability to recoup monies if the patient decides not to continue treatment. Another concern is what repercussions or penalties will ensure if a contract is broken. Will the patient be fully informed of all monetary consequences before agreeing to sign the contract?

The Board is recommending that if a practitioner chooses to offer prepayment plans, he/she must carefully explain all terms and conditions to the patient. A contract should detail all terms and conditions of the prepayment plan and be signed by the patient. In addition to full disclosure to the patient of the nature and consequences of treatment, contract must outline payment terms stating exactly what monies will be reimbursed to the patient if the contract is broken, and whether the discounted price will be waived and full charges imposed. It must state whether there is a time limit to the contract. It must also clearly stipulate whether administrative charges will be imposed. If your patient can not make informed decisions on his own, or is a minor, be sure to attain the signature of his or her personal representative. As a rule, if it is not stated in the contract, it can not be imposed.

Please ensure that if your patient wishes to cancel treatment and requests reimbursement of unused payments, they should be paid back immediately. Failure to reimburse your patient or provide the proper informed consent may be considered a violation of the Maryland Acupuncture Practice Act and could lead to disciplinary action against your license.

Feel free to contact the Board's office if you have questions or concerns regarding this matter.

Texas SECTION 75.5. Prepaid Treatment Plans

(a) A licensee may accept prepayment for services planned but not yet delivered, but must provide the following:

(1) The plan must be cancellable by either party at any time for any reason without penalty of any kind to the patient.

(2) Upon cancellation of the plan the patient shall receive a complete refund of all fees paid on a pro rata basis of the number of treatments provided compared to total treatments contracted.

(3) The plan must provide for a limited, defined number of visits.

(4) The patient's file must contain the proposed treatment plan, including enumeration of all aspects of evaluation, management, and treatment planned to therapeutically benefit the patient relative to the condition determined to be present and necessitating treatment.

(A) The patient's financial file must contain documents outlining any necessary procedures for refunding unused payment amounts in the event that either the patient or the doctor discharge the other's services or therapeutic association.

(B) The treatment plan in such cases where prepayment is contracted must contain beginning and ending dates and a breakdown of the proposed treatment frequency.

(5) A contract for services and consent of treatment document must be maintained in the patient's file that specifies the condition for which the treatment plan is formulated.

(6) If nutritional products or other hard goods including braces, supports, or patient aids are to be used during the proposed treatment plan, the patient documents must state whether these items are included in the gross treatment costs or if they constitute a separate and distinct service or fee.

(b) This rule does not create any exemptions from any requirements applicable under the Texas Insurance Code.

Source Note: The provisions of this §75.5 adopted to be effective January 29, 2015, 40 TexReg 379; transferred effective November 1, 2018, as published in the Texas Register October 19, 2018, 43 TexReg 6963

The Office of General Counsel issued the following opinion on March 22, 2005 representing the position of the New York State Insurance Department.

Re: Acupuncture Packages

Question Presented:

May a licensed acupuncturist offer a discounted package of treatments in New York?

Conclusion:

So long as any insurer is not deceived, such packages would not be contrary to the New York Insurance Law (McKinney 2000 and 2005 Supplement).

Facts:

A licensed acupuncturist in New York, who also practices in New Jersey, previously offered packages of facial acupuncture in which the patient paid for multiple treatments. As the acupuncturist described it:

These are constitutional treatments which involve body needling along with facial acupuncture or facial microcurrent. The process improves muscle tone as well as facial circulation, and possibly triggers collagen formation.

The acupuncturist stated that she was informed by the New York Board of Acupuncture that the New York Education Department had no problem with the sale of such packages. However, the insurer providing the acupuncturist with professional liability insurance indicated to the acupuncturist that she must secure the approval of her local Insurance Department and Corporation Department to offer such discounted packages.

Analysis:

The acupuncturist indicated that the insurer in question is the American Acupuncture Council ("Council"). The Council is not a licensed insurer in New York. According to the Council's website, the Council sponsors a program of professional liability insurance underwritten by a company whose name is recognizable as an insurance group.

The insurance group name shown on the Council's web site is actually the name for several insurers that are incorporated and licensed in the United States and whose ultimate corporate parent is located in the United Kingdom. While several of the group's insurers are licensed in New York, no such insurer has filed to issue an acupuncturist's professional liability insurance policy in New York. Accordingly, the policy under discussion here was not issued in New York and this Department has no jurisdiction over its terms and conditions.

While coverage of acupuncture treatment by health insurance is not specifically required in New York, such coverage, if offered, would be encompassed within the definition of accident & health insurance, New York Insurance Law § 1113(a)(3) (McKinney 2000 and 2005 Supplement), and

DMHC of CA Response to Prepaid Acupuncture

- As I mentioned, I reviewed your proposed Health Care Service Agreement to analyze whether offering treatments in exchange for an advance, discounted payment would result in you operating as a health care service plan within the meaning of Health and Safety Code section 1345(f)(1). Operating as a health care service plan would subject you to licensure requirements pursuant to that Code's section 1349.
- Pursuant to Health and Safety Code section 1344, the DMHC Director has the discretion to issue interpretive opinions resolving questions of law that arise under the Knox-Keene Act (Health and Safety Code section 1340 et seq.). The Director declines to issue an interpretive opinion. However, I have reviewed the pertinent law and can provide this informal opinion of counsel.
- With regard to your refund provision, your letter appears to respond to concerns we've identified in letters from other providers regarding refunds from prepaid plans. Since the unused portion of the prepaid amount will be refunded upon request, the prepaid amount is considered a fee-for-service payment rather than a prepaid or periodic charge and you would not be operating as a health care service plan within the meaning of Health and Safety Code section 1345(f)(1).

Florida Prepay Plans

- Florida Statute 460.411
- Funds must be in a separate designated account from $501 and not more than $1500
- Advances for costs and expenses of examination or treatment is to be held in trust and must be applied only to that purpose.

Montana also requires monies to be put aside in an escrow account

Georgia Rule 100-7-.08 Contractual Pre-Payments for Services

1. It is considered unprofessional conduct for any chiropractor to enter into a financial contract which obligates a patient for care or payment for care using coercion, duress, fraud, overreaching diagnosis, harassment, intimidation or undue influence

a) Any services provided prior to the signing of the contract must not be included in the contract.

b) The patient must be given a permanent copy of the signed contact; and the contract must provide a clearly defined refund policy typed in not less than 12-point font. An initial line must be next to the refund policy and must be initialed by the patient.

c) The contract must contain the statement "There is insufficient evidence to suggest that not receiving chiropractic care will lead to death, paralysis, disability or permanent harm." Said statement must be typed in not less than 12 point font

2. Any chiropractor who enters into a pre-payment financial contract with a patient must allow the patient 48 hours to sign and return the contract. During this 48-hour evaluation period from the time when a copy of the written contract is provided to the patient; no content of the contract can be changed.

3. Any chiropractor who enters into a pre-paid financial contract with a patient shall determine and record the patient's clinical objective which the pre-paid care is designed to achieve and provide the patient with a copy of this objective.

FINANCIAL AGREEMENT HEALTH INSURANCE

We would like to take a moment to welcome you to our office and assure you that you will receive the very best of care available for your condition. To familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

Explanation of Insurance Coverage:
Many insurance policies do cover acupuncture care but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for acupuncture care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balances in this office. We will do our best to verify your insurance coverage and will bill your insurance in a timely manner.

Payment Arrangements
We require that you pay $_____ towards today's charges and $____ on each visit. Your full portion of the bill is expected to be when payment is received from your insurance carrier. Any unpaid balances will be considered past due 30 days following insurance reimbursement Past due balances may have an interest charge of 1.5 % applied per month. If you have a specific contracted amount for copayment that amount is due on each visit

I also agree that any check sent to me when I have not paid in full to the provider will be brought in to the provider to pay the remaining balance.

Assignment of Benefits
By signing this form you are authorizing payment of medical benefits will be made directly to this office. If your insurance carrier sends payment to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt. However, if you pay for your visits in full the assignment will not be reported by this provider and any payment will be sent directly to you.

Release of Information
By signing this form you are also authorizing this office upon request from your insurance carrier the release of any medical or other information necessary to process the claim. You also acknowledge and request payment of government benefits either to myself or to the party who accepts the assignment, namely this office.

Voluntary Termination of Care
If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you ultimately will be personally responsible for payment regardless of your insurance coverage.

We hope this answers any questions you might have concerning the financial policy of this office. Once again we welcome you to our office and will be glad to answer any further questions that you might have.

I have read and agree with the above.

_____ _____

Signature **Date**

FINANCIAL POLICY

We offer several methods of payment for your acupuncture treatment, and you may choose the plan which best suits your needs. Please read carefully and choose the plan which you prefer. This information will enable us to better serve you and help us to avoid misunderstandings in the future. If special financial arrangements are necessary, please consult with the business manager during your initial consultation.

OUR MAIN CONCERN IS YOUR HEALTH AND WELL-BEING AND WE WILL DO OUR BEST TO HELP YOU.

PLAN ONE:
The **self-pay** plan means that all fees will be paid when rendered. Fees are discounted for payment at the time of service.

PLAN TWO:
If you have **insurance**, we will bill your plan as a courtesy. Payment for deductibles, if it has not been met is the responsibility of the patient as well as any copayment or remaining balance after insurance payment. We do participate in many insurance plans that may allow nominal out-of-pocket expenses. **Your co-pay is due as services are rendered**. You are also responsible for portions of your bill that exceed your insurance limits.

Credit Cards will be accepted for all or partial payments.

If care is discontinued, the balance for care received up to that date is due in full in 30 days.

I understand that all responsibility for payment of services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. I permit this office to endorse co-issued remittances for the conveyances of credit to my account. In the event payments are not received by the agreed-upon dates, I understand that a 1.5% finance charge (18% APR) will be added to my account. I agree to pay all attorneys and collection fees if this account is turned over for collection.

PLEASE ADVISE WHICH PLAN YOU WOULD LIKE TO USE:_____

Please sign below to indicate your understanding of our financial policies. If you do not understand, please allow us to review the policies with you until they are clear.

_____Date:_____
Signature

_____
Print Name

_____Date:_____
Witness

How do you value your services?

- Usual Customary & Reasonable (UCR)
- What is fair?
- May I have dual fees?
- Do I have to collect?

Fee Structure?

- What is your charge for…
- 97810
- 97811
- 99203
- 97124

	RVU							RVU
CMT			Acupuncture				E&M	
98940	0.82		97810	1.14			99202	2.15
98941	1.18		97811	0.86			99203	3.33
98942	1.53		97813	1.35			99204	4.94
98943	0.78		97814	1.10			99205	6.52
							99211	0.69
Physical Medicine			Dry Needle				99212	1.68
97010	0.19		20560	0.77			99213	2.68
97012	0.43		20561	1.12			99214	3.79
97014	0.37						92215	5.31
G0283	0.36							
97016	0.35		Trigger Point Injection					
97018	0.17		20552	1.58			Prolonged Services	
97022	0.51		20553	1.83			99358	2.73
97024	0.22						99359	1.27
97026	0.20		Therapeutic Injection				99417	0.92
97028	0.25		93672	0.42			G2212	0.96
97032	0.43							
97033	0.59						Preventative Medicine	
97034	0.43						99401	1.15
97035	0.43						99402	1.86
97036	1.04						99403	2.56
97039	0.00						99404	3.26
97110	0.88							
97112	1.01						X-ray	
97113	1.10						72040	1.19
97116	0.88						72050	1.60
97124	0.90						72052	1.87
97139	0.00						72070	0.99
97140	0.80						72072	1.18
97150	0.52						72074	1.33
97530	1.11						72082	2.11
97533	1.90						72100	1.20
97535	0.98						72110	1.54
97537	0.95						72114	1.86
97542	0.95						72120	1.22
97545	0.00							
97546	0.00		Interprofessional Telephhone				Telephone & Online	
97750	1.01		99446	0.53			99441	1.66
97755	1.15		99447	1.05			99442	2.68
97760	1.45		99448	1.60			99443	3.77
97761	1.25		99449	2.12				
97763	1.59						99421	0.44
97799	0.00						99422	0.87
0552T	0.00						99423	1.39

Every code has a relative value meaning a comparison from one to the other. For example, if a code is valued at 0.75 and another code is valued at 1.0 then the codes would be 25% different

For example, the RVU for 97810 is 1.14 and for 97811 is 0.86

Meaning the value or charge between them would be about 28%

If you know the fee of one code, you can then establish the fees for any other code based on that code with the other's relative value

For example, if you charge $60 for 97810 and have established that is the fair and reasonable fee you can then do every other code based on that fee

$60.00 / 1.14 = 52.63 97810

52.63 x 0.86 = $45.26 97811

52.63 x 3.33 = $175.25 99203

52.63 x 0.88 = $46.31 97110

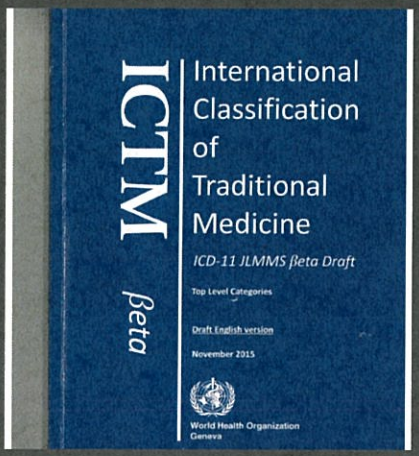
Take the value of the service and divide it by its RVU; that number becomes your conversion factor and multiply it by any other code RVU for the rate of that code based on the price of your primary service.

This is how plans determine fees (note ASH et al do not) including Medicare, WC, PI, non-PPO plans et al

You will often find codes way below what is reasonable based on what a plan allows.

Tell me what they allow for one code, and you can figure out what they allow by RVU

- WHO Recognition



ITIONAL MEDICINE – MODULE I

umbness and distortion. It may

风邪入中面部经络所致。

이상과 뒤뚤림을 특징으로 한다.

とする疾病。風の気象要因が顔面

TA51 **Headache disorder(TM)**
頭痛 - Tou tong(zh), Zu tsu(ja), Dutong(ko)

A group of disorders characterized by pain in the head. They may be explained by wind, cold, dampness, or heat entering the body, wind and fire or heat affecting the head, build up of turbid phlegm or blood stasis, counterflow of qi and blood, insufficiency of qi, blood, or nutrients, malnutrition (lack of oxygen or nutrients) of the brain.

TA51 **头痛(TM)**
頭痛 - Tou tong(zh)

以头痛为主要表现的一类疾患。多因风寒湿热等邪外侵，风阳或风热上扰头部，痰浊瘀血阻滞，气血逆乱，或因气血营精亏虚，脑髓空虚（失养或失氧）所致。

TA51 **두통(TM)**
頭痛 - Dutong(ko)

상기 병명군은 두부(頭部)의 통증을 특징으로 한다. 풍(風), 한(寒), 습(濕), 열사(熱邪)의 침습, 풍화(風火) 또는 열사(熱邪)의 두부(頭部) 침습, 담탁(痰濁)이나 어혈(瘀血), 기혈(氣血)의 역류(逆流), 기(氣), 혈(血) 혹은 영양물질의 부족, (산소, 영양소 등의 부족으로 인한) 뇌의 영양실조(營養失調)로 인해 발생한다.

TA51 **頭痛(TM)**
頭痛 - Zu tsu(ja)

頭部の疼痛を特徴とする一群の疾病。風、寒、湿、又は熱の身体への進入、風及び火もしくは熱の頭部への影響、痰濁の蓄積もしくは血瘀、気及び血の逆流、気、血、又は栄養素の不足、脳の栄養障害（酸素又は栄養素の不足）によるものと考えられる。

ICD11 TM

World Health Organization

Female, 55 years old, had constipation for five years and aggravated for one month. The patient has a history of constipation for five years, and her stool is basically once every 3-5 days, aggravated in nearly a month, and once every 5-7 days. She had no dry stool, but it wasn't easy to defecate. She had to work hard, lassitude, poor appetite, tired limbs, lazy speech, and depression. The tongue is pale and fat, with tooth marks on the edge, thin and white coating, slightly yellow at the base of the tongue, the pulse is thready.

Diagnosis:

- WM: DD91.1 Functional constipation
- TM Disorder: SA57 Constipation disorder (TM1)
- TM Pattern: SF72 Spleen deficiency with qi stagnation pattern (TM1)

ACU-7.1: Lumbago, Backache NOS

Synonyms

- Low back pain

Definition

Lumbago is a low back pain, nonspecific in origin and/or nature marked by a restriction of lumbar movements and reports of locking. Lumbago can be acute or chronic in nature; and is generally not used to describe episodes, which involve radicular symptoms.

Oriental Medicine Diagnoses

- Qi and Blood Stagnation
  - Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.
- Kidney Yang Deficiency
  - Underlying condition with additional symptoms caused by either illness, stress, and/or lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, excess of activities, which result in depletion of this energy, or congenital insufficiency.
- Bi Syndrome, Cold Damp with Painful Obstruction
  - Accumulation of Cold Damp can result from lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, or external pathogens.

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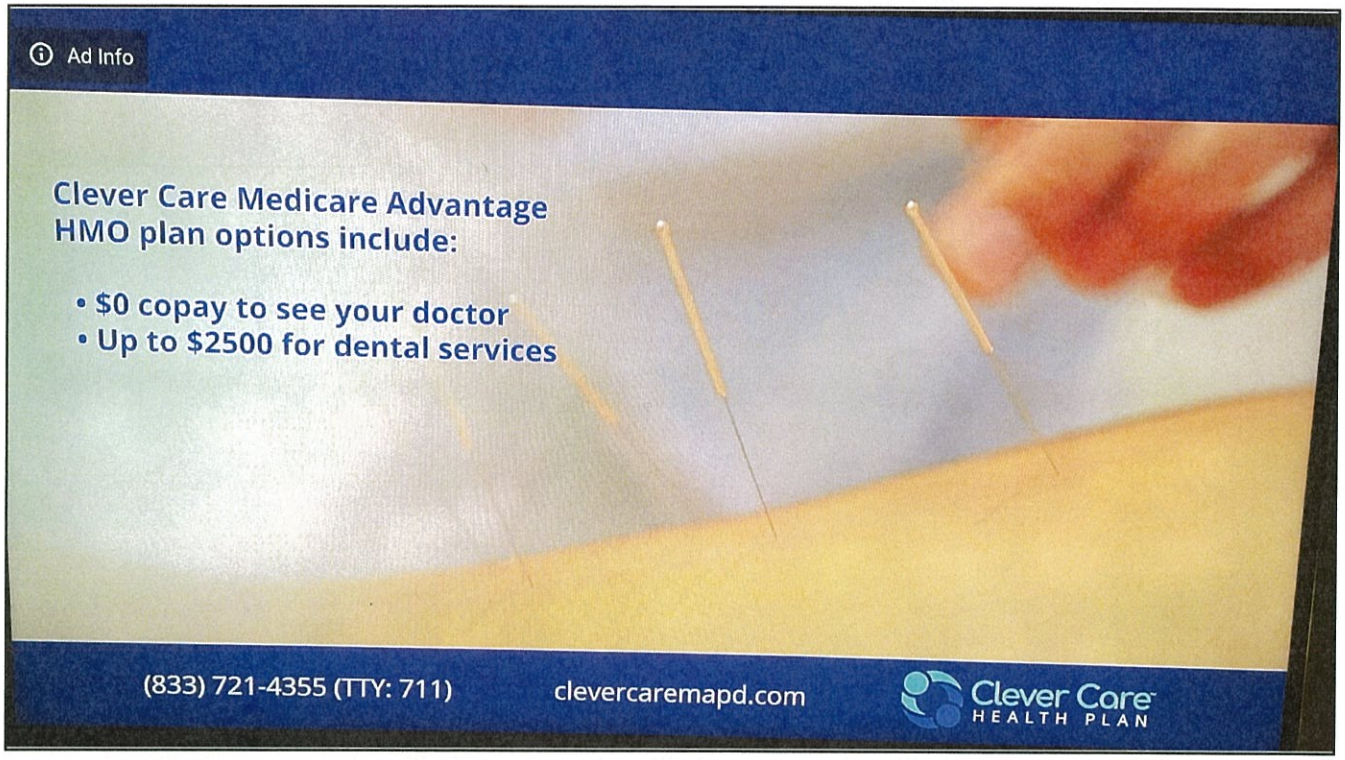
Medicare Will Cover Acupuncture for Chronic Back Pain

Federal officials hope this alternative treatment will help curb opioid use

by Dena Bunis, AARP, January 22, 2020 | Comments: 29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Source: WebMD
GMA3 WHAT YOU NEED TO KNOW

We're proud to be part of the TriWest Network providing medical care for our country's Veterans. We think they've earned it.

- **Oregon Department of Consumer and Business Services, Insurance Regulation**
- **Rule 836-053-0017**
  Additions to Essential Health Benefits for Plan Years Beginning on and after January 1, 2022
- (1) In addition to any other benefits required under state or federal law, a health benefit plan required to provide essential health benefits within the meaning of ORS 731.097 ("Essential health benefits") must, at a minimum, provide coverage for the following items and services:(a) Up to 20 visits per year for spinal manipulation if within the scope of license of the healthcare provider;(b) Up to 12 visits per year for acupuncture;(c) Coverage of Buprenorphine or brand equivalent products for medication-assisted treatment of opioid use disorder without prior authorization, dispensing limits, fail first policies, or lifetime limits; and(d) At least one intranasal opioid reversal agent for initial prescriptions of opioids with dosages of 50 or more morphine milligram equivalents (MME).(2) The requirements of this rule apply to health benefit plans issued or renewed on or after January 1, 2022.

Colorado

- HB21-1276
- Prevention Of Substance Use Disorders
- Concerning the prevention of substance use disorders, and, in connection therewith, making an appropriation.

- The act requires a health benefit plan issued or renewed on or after January 1, 2023, to provide a cost-sharing benefit for nonpharmacological treatment where an opioid might be prescribed. The required cost-sharing benefit must include a cost-sharing amount not to exceed the cost-sharing amount for a primary care visit for nonpreventive services, at least 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits per year.

- The act requires an insurance carrier (carrier) that provides prescription drug benefits to provide coverage, beginning January 1, 2023, for at least one atypical opioid that is approved by the federal food and drug administration (FDA) for the treatment of acute or chronic pain, which coverage must be at the lowest cost-sharing tier of the carrier's formulary with no requirement for step therapy or prior authorization. Additionally, a carrier cannot require step therapy for any additional FDA-approved atypical opioids.

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Working with us Claims Prescriptions Resources News

acupuncture benefit in 2022

Aetna ® will add acupuncture as a standard benefit in new and renewing commercial health plans in 2022 as part of our goal to increase access to complementary health treatments. Providing this coverage gives you and our members more treatment options for chronic pain relief.

Medical literature supports acupuncture as a treatment option

Acupuncture has been shown to reduce chronic pain, such as low-back pain, neck pain and osteoarthritis (knee) pain.[1] It may also help reduce tension headaches and prevent migraines.[1]

The American Pain Society and the American College of Physicians both endorse acupuncture as a nondrug approach for patients who have chronic low-back pain who do not respond to self-care.[1]

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- Drug coverage, requires a separate Part D plan.
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help out-of-pocket costs in Original Medicare (20% coinsurance), beneficiaries can purchase supplemental coverage
- Acupuncture - Chronic low back pain only under direct supervision of medical provider

Medicare Advantage

(also known as Part C)

- Medicare Advantage is an "all in one" alternative to original Medicare. These "bundled" plans include Part A, Part B, and usually Part D benefits.
- Plans may have lower out-of- pocket costs than Original Medicare
- In most cases, patient will need to use doctors who are in the plan's network.
- Most plans offer extra benefits that Original Medicare doesn't cover— like acupuncture, vision, hearing, dental, and more
- Billed directly by an LAc with benefits generally the same as under the insurance plan

National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain

Upon the most recent national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP)CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Act Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this decision, cLBP is defined as:
- lasting 12 weeks or longer;
- nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
- not associated with surgery; and
- not associated with pregnancy.

Diagnosis codes must be M5451 or M5459

An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the first service is performed on March 21, 2020, the next service beginning a new year can't be performed until March 1, 2021. This means 11 full months must pass from the date of the first service before eligibility begins again.

- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) may furnish acupuncture in accordance with applicable state requirements.

Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and

- current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

Auxiliary personnel furnishing acupuncture must also be under the appropriate level of supervision of a physician, PA, or NP/CNS required by regulations at 42 CFR §§ 410.26 and 410.27. (This means the providers must be present in the same office and is not for a simple referral)

All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare.

Notes:

- Refer to your Supplemental/Routine Fee Schedule for covered chiropractic services
- All codes are subject to change
- Please follow Original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at **cms.gov** before submitting claims

Acupuncture services

What's covered?

Acupuncture (Medicare-covered)

Medicare covers acupuncture services for chronic low back pain only. Covered services include:

- Up to 12 visits in 90 days
- An additional 8 sessions for patients demonstrating an improvement
- No more than 20 acupuncture treatments may be administered annually
- Treatment must be discontinued if the patient is not improving or is regressing

Chronic low back pain is defined as:

- Lasting 12 weeks or longer
- Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease)
- Not associated with surgery
- Not associated with pregnancy

Acupuncture (Routine)

Routine acupuncture is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans. This benefit allows members to visit acupuncturists for pain relief, neuromusculoskeletal disorders and nausea.

How to find a network chiropractic provider

Acupuncture (Medicare-covered)

You can find network care providers by searching the Acupuncture section of the online provider directory at the plan website listed on the back of the member's ID card.

Note: If you're unable to locate a care provider in your area, please contact your local Network Account Manager or Physician Advocate for help. If you don't know who to contact, go to **UHCprovider.com** > Menu > Contact Us.

Acupuncture (Routine)

You can find a network care provider by searching the acupuncture section of the online provider directory at the plan website listed on the back of the member's ID card.

Does the member require a referral to receive this service?

Acupuncture (Medicare-covered)

Members of referral-required plans need a referral for Medicare-covered acupuncture care.
Members of open access plans don't need a referral for Medicare-covered acupuncture care.

Acupuncture (Routine)

We don't require referrals for routine acupuncture care.

Member cost sharing

Acupuncture (Medicare-covered)

See the copay listed in the Evidence of Coverage for Medicare-covered acupuncture services.

Acupuncture (Routine)

See the copay listed in the Evidence of Coverage for routine acupuncture services.

continued

Acupuncture CPT Codes

Medicare-covered: Acupuncture for chronic low back pain*	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal 1-on-1 contact with the patient, with re-insertion of needle(s) (list separately, in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal 1-on-1 contact with the patient, with re-insertion of needle(s) (list separately, in addition to code for primary procedure)
Modifier: KX	Specified requirements have been met

*For more information on Medicare-covered acupuncture services, including links to supporting policies on cms.gov, visit **UHCprovider.com** > Policies and Protocols > Medicare Advantage Policies > Policy Guidelines for Medicare Advantage Plans > **Acupuncture for Chronic Lower Back Pain – Medicare Advantage Policy Guideline**.

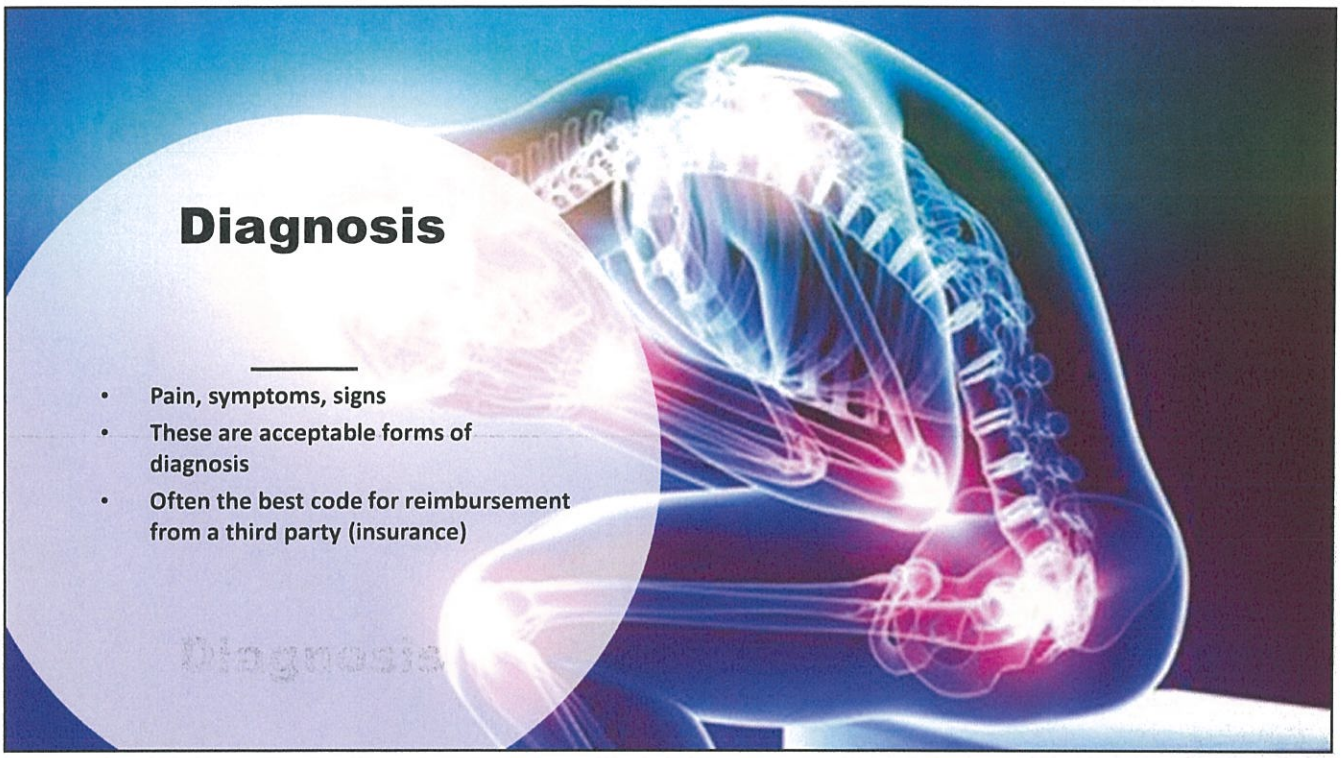
Common Routine Acupuncture Codes (not a complete list)	
99201	New patient office visit/examination
99202	New patient office visit/examination
99211	Established patient office visit/examination
99212	Established patient office visit/examination
99213	Established patient office visit/examination
99214	Established patient office visit/examination
97810	Acupuncture (without electrical stimulation; initial 15 minutes)
97811	Acupuncture (without electrical stimulation; each additional 15 minutes)
97813	Acupuncture (without electrical stimulation; each additional 15 minutes)
97814	Acupuncture (with electrical stimulation; each additional 15 minutes)
G0283	Electrical stimulation (unattended)
97026	Infrared
97035	Ultrasound
97110	Therapeutic procedures; therapeutic exercises

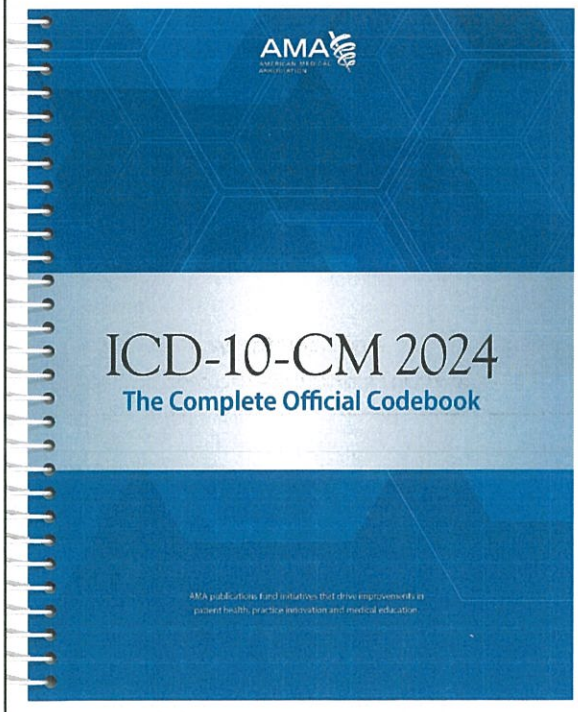
Notes:

- Refer to your Supplemental/Routine Fee Schedule for covered acupuncture services
- All codes are subject to change
- Please follow original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at cms.gov before submitting claims

Medical Necessity

- Diagnosis
- Past medical history (traumatic, repetitive, acute, subacute, chronic, exacerbation, recurrent, chronic)
- Comorbid factors and complications
- ROM (quantify)
- Palpation (quantify)
- Ortho testing (quantify)
- Neurologic testing (quantify)
- Tongue and Pulse
- Functional limitations (validated outcome assessments)
- Therapeutic goals





- **2024 update 10-1-2023**
- 73,674 Codes
- 395 Additions
- 25 Deletions
- 13 Revisions

Migraine

- **Added**
- G43.E01 Chronic migraine with aura, not intractable, with status migrainosus
- G43.E09 Chronic migraine with aura, not intractable, without status migrainosus
- G43.E11 Chronic migraine with aura, intractable, with status migrainosus
- G43.E19 Chronic migraine with aura, intractable, without status migrainosus

Parkinson's

- **Deleted:**
- G20 Parkinson's disease

- **Added:**
- G20A1 Parkinson's disease without dyskinesia, without mention of fluctuations
- G20A2 Parkinson's disease without dyskinesia, with fluctuations
- G20B1 Parkinson's disease with dyskinesia, without mention of fluctuations
- G20B2 Parkinson's disease with dyskinesia, with fluctuations
- G20C Parkinsonism, unspecified

Osteoporosis

- **Added**
- Pelvic, Age-related osteoporosis or other related osteoporosis with current pathological fracture
- 22 choices

- Foreign body entering a natural orifice
- Battery, button battery, plastic object, bead, coin, toy, jewelry, bottle, glass, sharp glass., magnetic metal object, natural or organic material, rubberband, insect, audio device, knife, sword, dagger…

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Acupuncture Clinical Policy Bulletin

Aetna Number: 0135

Policy History
04/05/25023

Effective: 07/19/1996

Next Review: 02/08/2024

This Clinical Policy Bulletin addresses acupuncture and dry needling.

Note: Standard Aetna plans extend coverage of acupuncture for medically necessary indications when administered by a health care provider practicing within the scope of his/her license. Some Aetna plans limit coverage of acupuncture to when it is used in a lieu of other anesthesia for a surgical or dental procedure covered under the health benefits plan, and the health care provider administering it is a legally qualified physician practicing within the scope of his/her license. Some other plans may extend coverage of acupuncture for medically necessary indications, but only when administered by a health care provider who is a legally qualified physician practicing within the scope of his/her license. Please check benefit plan descriptions for details.

I. Medical Necessity

Aetna considers acupuncture (manual or electroacupuncture) medically necessary for *any* of the following indications:

A. Chronic (minimum 12 weeks duration) neck pain; *or*
B. Chronic (minimum 12 weeks duration) headache; *or*
C. Low back pain; *or*
D. Nausea of pregnancy; *or*
E. Pain from osteoarthritis of the knee or hip (adjunctive therapy); *or*
F. Post-operative and chemotherapy-induced nausea and vomiting; *or*
G. Post-operative dental pain; *or*
H. Temporomandibular disorders (TMD).

ICD-10 codes covered if selection criteria are met (not all-inclusive):

G43.001 - G43.919	Migraine
K08.9	Disorder 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
M26.601 - M26.69	Temporomandibular joint disorders
M54.2	Cervicalgia [chronic neck pain]
M54.50 - M54.59	Low back pain
O21.0 - O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting [postoperative] [chemotherapy-induced]
R51.0- R51.9	Headache
T45.1x5+	Adverse effect of antineoplastic and immunosuppressive drugs [chemotherapy-induced nausea and vomiting]
Z98.890	Other specified postprocedural status [dental, with pain]

Maintenance treatment, where the member's symptoms are neither regressing or improving, is considered 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.

Cigna Medical Coverage Policy- Therapy Services Acupuncture

Effective Date: 4/15/2023
Next Review Date: 4/15/2024

INSTRUCTIONS FOR USE

Cigna / ASH Medical Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these Cigna / ASH Medical Coverage Policies are based. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Cigna / ASH Medical Coverage Policy. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Determinations in each specific instance may require consideration of:

1) the terms of the applicable benefit plan document in effect on the date of service
2) any applicable laws/regulations
3) any relevant collateral source materials including Cigna-ASH Medical Coverage Policies and
4) the specific facts of the particular situation

Cigna / ASH Medical Coverage Policies relate exclusively to the administration of health benefit plans.

Cigna / ASH Medical Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines.

Some information in these Coverage Policies may not apply to all benefit plans administered by Cigna. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make benefit determinations. References to standard benefit plan language and benefit determinations do not apply to those clients.

Acupuncture is subject to the terms, conditions and limitations of the benefits as described in the applicable plan's schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

GUIDELINES

ACUPUNCTURE

Medically Necessary

If coverage for acupuncture services are available in the applicable benefit plan document, acupuncture may be provided as treatment for ANY of the following conditions when ALL of the medical necessity factors and ALL of the treatment planning /outcomes listed below are met:

- Tension-type Headache; Migraine Headache with or without Aura
- Musculoskeletal joint and soft tissue pain (e.g., hip, knee, spine) resulting in a functional deficit (e.g., inability to perform household chores, interference with job functions, loss of range of motion)
- Nausea Associated with Pregnancy (only when co-managed)
- Post-Surgical Nausea (only when co-managed)
- Nausea Associated with Chemotherapy; (only when co-managed)

97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 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-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

ICD-10-CM Diagnosis Codes	**Description**
G43.001-G43.919	Migraine
G44.201	Tension-type headache, unspecified, intractable
G44.209	Tension-type headache, unspecified, not intractable
G44.211	Episodic tension-type headache, intractable
G44.219	Episodic tension-type headache, not intractable
G44.221-G44.229	Chronic tension-type headache
G44.301-G44.329	Post traumatic headache
G89.11	Acute pain due to trauma
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.28	Other chronic postprocedural pain
G89.29	Other chronic pain
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome
K91.0	Vomiting following gastrointestinal surgery
M16.0-M16.9	Osteoarthritis of hip
M17.0-M17.9	Osteoarthritis of knee
M18.0-M18.9	Osteoarthritis of first carpometacarpal joint
M19.011-M19.93	Other and unspecified osteoarthritis
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M25.521	Pain in right elbow
M25.522	Pain in left elbow
M25.529	Pain in unspecified elbow
M25.531	Pain in right wrist
M25.532	Pain in left wrist
M25.539	Pain in unspecified wrist
M25.541	Pain in joints of right hand
M25.542	Pain in joints of left hand
M25.549	Pain in joints of unspecified hand
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M25.561	Pain in right knee

M25.562	Pain in left knee
M25.569	Pain in unspecified knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.579	Pain in unspecified ankle and joints of unspecified foot
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.01	Cervical disc disorder with myelopathy, high cervical region
M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level
M50.021	Cervical disc disorder at C4-C5 level with myelopathy
M50.022	Cervical disc disorder at C5-C6 level with myelopathy
M50.023	Cervical disc disorder at C6-C7 level with myelopathy
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.120	Mid-cervical disc disorder, unspecified level
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.20	Other cervical disc displacement, unspecified cervical region

M50.21	Other cervical disc displacement, high cervical region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.30	Other cervical disc degeneration, unspecified cervical region
M50.31	Other cervical disc degeneration, high cervical region
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.3	Sacrococcygeal disorders, not elsewhere classified
M54.2	Cervicalgia
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M77.40	Metatarsalgia, unspecified foot
M77.41	Metatarsalgia, right foot
M77.42	Metatarsalgia, left foot
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxillary muscles, head and neck
M79.18	Myalgia, other site
M79.2	Neuralgia and neuritis, unspecified

M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.606	Pain in leg, unspecified
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.673	Pain in unspecified foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.676	Pain in unspecified toe(s)
M79.7	Fibromyalgia
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.06	Segmental and somatic dysfunction of lower extremity
M99.07	Segmental and somatic dysfunction of upper extremity
M99.08	Segmental and somatic dysfunction of rib cage
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.16	Subluxation complex (vertebral) of lower extremity
M99.17	Subluxation complex (vertebral) of upper extremity
M99.18	Subluxation complex (vertebral) of rib cage
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.26	Subluxation stenosis of neural canal of lower extremity
M99.27	Subluxation stenosis of neural canal of upper extremity
M99.28	Subluxation stenosis of neural canal of rib cage

M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Osseous stenosis of neural canal of pelvic region
M99.36	Osseous stenosis of neural canal of lower extremity
M99.37	Osseous stenosis of neural canal of upper extremity
M99.38	Osseous stenosis of neural canal of rib cage
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.46	Connective tissue stenosis of neural canal of lower extremity
M99.47	Connective tissue stenosis of neural canal of upper extremity
M99.48	Connective tissue stenosis of neural canal of rib cage
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.56	Intervertebral disc stenosis of neural canal of lower extremity
M99.57	Intervertebral disc stenosis of neural canal of upper extremity
M99.58	Intervertebral disc stenosis of neural canal of rib cage
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region
M99.65	Osseous and subluxation stenosis of intervertebral foramina of pelvic region
M99.66	Osseous and subluxation stenosis of intervertebral foramina of lower extremity
M99.67	Osseous and subluxation stenosis of intervertebral foramina of upper extremity
M99.68	Osseous and subluxation stenosis of intervertebral foramina of rib cage
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage
O21.0-O21.9	Excessive vomiting in pregnancy
R07.82	Intercostal pain
R07.9	Chest pain, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
S13.4XXS	Sprain of ligaments of cervical spine, sequela
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter

S13.8XXD	Sprain of joints and ligaments of other parts of neck, subsequent encounter
S13.8XXS	Sprain of joints and ligaments of other parts of neck, sequela
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
S16.1XXS	Strain of muscle, fascia and tendon at neck level, sequela
S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter
S16.8XXD	Other specified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S23.3XXS	Sprain of ligaments of thoracic spine, sequela
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S23.8XXD	Sprain of other specified parts of thorax, subsequent encounter
S23.8XXS	Sprain of other specified parts of thorax, sequela
S29.011A	Strain of muscle and tendon of front wall of thorax, initial encounter
S29.011D	Strain of muscle and tendon of front wall of thorax, subsequent encounter
S29.011S	Strain of muscle and tendon of front wall of thorax, sequela
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S29.012D	Strain of muscle and tendon of back wall of thorax, subsequent encounter
S29.012S	Strain of muscle and tendon of back wall of thorax, sequela
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter
S39.013D	Strain of muscle, fascia and tendon of pelvis, subsequent encounter
S39.013S	Strain of muscle, fascia and tendon of pelvis, sequela
S43.491A	Other sprain of right shoulder joint, initial encounter
S43.491D	Other sprain of right shoulder joint, subsequent encounter
S43.491S	Other sprain of right shoulder joint, sequela
S43.492A	Other sprain of left shoulder joint, initial encounter
S43.492D	Other sprain of left shoulder joint, subsequent encounter
S43.492S	Other sprain of left shoulder joint, sequela
S43.81XA	Sprain of other specified parts of right shoulder girdle, initial encounter
S43.81XD	Sprain of other specified parts of right shoulder girdle, subsequent encounter
S43.81XS	Sprain of other specified parts of right shoulder girdle, sequela
S43.82XA	Sprain of other specified parts of left shoulder girdle, initial encounter
S43.82XD	Sprain of other specified parts of left shoulder girdle, subsequent encounter
S43.82XS	Sprain of other specified parts of left shoulder girdle, sequela
S46.811A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
S46.811D	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter
S46.811S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.812A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter

S46.812D	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter
S46.812S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S53.411A	Radiohumeral (joint) sprain of right elbow, initial encounter
S53.411D	Radiohumeral (joint) sprain of right elbow, subsequent encounter
S53.411S	Radiohumeral (joint) sprain of right elbow, sequela
S53.412A	Radiohumeral (joint) sprain of left elbow, initial encounter
S53.412D	Radiohumeral (joint) sprain of left elbow, subsequent encounter
S53.412S	Radiohumeral (joint) sprain of left elbow, sequela
S53.419A	Radiohumeral (joint) sprain of unspecified elbow, initial encounter
S53.419D	Radiohumeral (joint) sprain of unspecified elbow, subsequent encounter
S53.419S	Radiohumeral (joint) sprain of unspecified elbow, sequela
S53.421A	Ulnohumeral (joint) sprain of right elbow, initial encounter
S53.421D	Ulnohumeral (joint) sprain of right elbow, subsequent encounter
S53.421S	Ulnohumeral (joint) sprain of right elbow, sequela
S53.422A	Ulnohumeral (joint) sprain of left elbow, initial encounter
S53.422D	Ulnohumeral (joint) sprain of left elbow, subsequent encounter
S53.422S	Ulnohumeral (joint) sprain of left elbow, sequela
S53.429A	Ulnohumeral (joint) sprain of unspecified elbow, initial encounter
S53.429D	Ulnohumeral (joint) sprain of unspecified elbow, subsequent encounter
S53.429S	Ulnohumeral (joint) sprain of unspecified elbow, sequela
S53.431A	Radial collateral ligament sprain of right elbow, initial encounter
S53.431D	Radial collateral ligament sprain of right elbow, subsequent encounter
S53.431S	Radial collateral ligament sprain of right elbow, sequela
S53.432A	Radial collateral ligament sprain of left elbow, initial encounter
S53.432D	Radial collateral ligament sprain of left elbow, subsequent encounter
S53.432S	Radial collateral ligament sprain of left elbow, sequela
S53.439A	Radial collateral ligament sprain of unspecified elbow, initial encounter
S53.439D	Radial collateral ligament sprain of unspecified elbow, subsequent encounter
S53.439S	Radial collateral ligament sprain of unspecified elbow, sequela
S53.441A	Ulnar collateral ligament sprain of right elbow, initial encounter
S53.441D	Ulnar collateral ligament sprain of right elbow, subsequent encounter
S53.441S	Ulnar collateral ligament sprain of right elbow, sequela
S53.442A	Ulnar collateral ligament sprain of left elbow, initial encounter
S53.442D	Ulnar collateral ligament sprain of left elbow, subsequent encounter
S53.442S	Ulnar collateral ligament sprain of left elbow, sequela
S53.449A	Ulnar collateral ligament sprain of unspecified elbow, initial encounter
S53.449D	Ulnar collateral ligament sprain of unspecified elbow, subsequent encounter
S53.449S	Ulnar collateral ligament sprain of unspecified elbow, sequela
S53.491A	Other sprain of right elbow, initial encounter
S53.491D	Other sprain of right elbow, subsequent encounter
S53.491S	Other sprain of right elbow, sequela
S53.492A	Other sprain of left elbow, initial encounter
S53.492D	Other sprain of left elbow, subsequent encounter
S53.492S	Other sprain of left elbow, sequela
S63.591A	Other specified sprain of right wrist, initial encounter
S63.591D	Other specified sprain of right wrist, subsequent encounter
S63.591S	Other specified sprain of right wrist, sequela
S63.592A	Other specified sprain of left wrist, initial encounter
S63.592D	Other specified sprain of left wrist, subsequent encounter
S63.592S	Other specified sprain of left wrist, sequela
S63.8X1A	Sprain of other part of right wrist and hand, initial encounter
S63.8X1D	Sprain of other part of right wrist and hand, subsequent encounter
S63.8X1S	Sprain of other part of right wrist and hand, sequela
S63.8X2A	Sprain of other part of left wrist and hand, initial encounter

S63.8X2D	Sprain of other part of left wrist and hand, subsequent encounter
S63.8X2S	Sprain of other part of left wrist and hand, sequela
S73.191A	Other sprain of right hip, initial encounter
S73.191D	Other sprain of right hip, subsequent encounter
S73.191S	Other sprain of right hip, sequela
S73.192A	Other sprain of left hip, initial encounter
S73.192D	Other sprain of left hip, subsequent encounter
S73.192S	Other sprain of left hip, sequela
S83.411A	Sprain of medial collateral ligament of right knee, initial encounter
S83.411D	Sprain of medial collateral ligament of right knee, subsequent encounter
S83.411S	Sprain of medial collateral ligament of right knee, sequela
S83.412A	Sprain of medial collateral ligament of left knee, initial encounter
S83.412D	Sprain of medial collateral ligament of left knee, subsequent encounter
S83.412S	Sprain of medial collateral ligament of left knee, sequela
S83.421A	Sprain of lateral collateral ligament of right knee, initial encounter
S83.421D	Sprain of lateral collateral ligament of right knee, subsequent encounter
S83.421S	Sprain of lateral collateral ligament of right knee, sequela
S83.422A	Sprain of lateral collateral ligament of left knee, initial encounter
S83.422D	Sprain of lateral collateral ligament of left knee, subsequent encounter
S83.422S	Sprain of lateral collateral ligament of left knee, sequela
S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter
S83.511D	Sprain of anterior cruciate ligament of right knee, subsequent encounter
S83.511S	Sprain of anterior cruciate ligament of right knee, sequela
S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter
S83.512D	Sprain of anterior cruciate ligament of left knee, subsequent encounter
S83.512S	Sprain of anterior cruciate ligament of left knee, sequela
S83.521A	Sprain of posterior cruciate ligament of right knee, initial encounter
S83.521D	Sprain of posterior cruciate ligament of right knee, subsequent encounter
S83.521S	Sprain of posterior cruciate ligament of right knee, sequela
S83.522A	Sprain of posterior cruciate ligament of left knee, initial encounter
S83.522D	Sprain of posterior cruciate ligament of left knee, subsequent encounter
S83.522S	Sprain of posterior cruciate ligament of left knee, sequela
S83.8X1A	Sprain of other specified parts of right knee, initial encounter
S83.8X1D	Sprain of other specified parts of right knee, subsequent encounter
S83.8X1S	Sprain of other specified parts of right knee, sequela
S83.8X2A	Sprain of other specified parts of left knee, initial encounter
S83.8X2D	Sprain of other specified parts of left knee, subsequent encounter
S83.8X2S	Sprain of other specified parts of left knee, sequela
S83.91XA	Sprain of unspecified site of right knee, initial encounter
S83.91XD	Sprain of unspecified site of right knee, subsequent encounter
S83.91XS	Sprain of unspecified site of right knee, sequela
S83.92XA	Sprain of unspecified site of left knee, initial encounter
S83.92XD	Sprain of unspecified site of left knee, subsequent encounter
S83.92XS	Sprain of unspecified site of left knee, sequela
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
S93.401D	Sprain of unspecified ligament of right ankle, subsequent encounter
S93.401S	Sprain of unspecified ligament of right ankle, sequela
S93.402A	Sprain of unspecified ligament of left ankle, initial encounter
S93.402D	Sprain of unspecified ligament of left ankle, subsequent encounter
S93.402S	Sprain of unspecified ligament of left ankle, sequela

Considered Experimental, investigational or unproven when used to report acupuncture for any other indication (including infertility and recurrent pregnancy loss):

Anthem BlueCross

Clinical UM Guideline

Subject: Acupuncture
Guideline #: CG-ANC-03
Status: Reviewed

Publish Date: 04/12/2023
Last Review Date: 02/16/2023

Description

This document addresses the use of acupuncture, the practice of stimulating specific points on the body using needles for the purpose of treating various health conditions. Manual manipulation or electrical stimulation of the needles may or may not be incorporated into therapy.

Note: For additional information regarding the use of auricular electroacupuncture, please see:

- DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices

Clinical Indications

Medically Necessary:

The use of acupuncture is considered **medically necessary** when one or more of the following conditions is the target of therapy:

A. Nausea or vomiting associated with surgery, chemotherapy, pregnancy; **or**
B. Chronic osteoarthritis of the knee or of the hip that is significantly affecting daily activity; **or**
C. Cancer pain; **or**
D. Tension headache recurring for more than 12 weeks despite medication or behavioral therapy (such as biofeedback or relaxation therapy); **or**
E. Migraine recurring for more than 12 weeks despite medication treatment; **or**
F. Back or neck pain persisting for more than 12 weeks despite medication and physical therapy.

Continuing treatment:

Continuing use of acupuncture therapy is considered **medically necessary** when **both** of the following are met (A and B):

A. The individual to be treated continues to experience one or more of the conditions listed above; **and**
B. The requesting physician documents ongoing benefit from the use of acupuncture.

Not Medically Necessary:

Acupuncture is considered **not medically necessary** when the criteria above are not met, and for any other indication.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

CPT	
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 re-insertion of needle(s)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 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 re-insertion of needle(s)

ICD-10 Procedure

8E0H30Z	Acupuncture

ICD-10 Diagnosis

All diagnoses

When services are Not Medically Necessary:
For the procedure codes listed above when criteria are not met, for the following procedure code, or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

ICD-10 Procedure

8E0H300	Acupuncture using anesthesia

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

Acupuncture is one of the oldest and most commonly used medical procedures in the world. Acupuncture has become a very popular form of complementary and alternative therapy in the United States (U.S.), with an estimated 3.5 million adults or approximately 1.5% of the population, undergoing treatment annually (Zia, 2017).

The core procedure in acupuncture involves stimulation of specific points on the body, acupoints, by insertion of fine needles. Typical treatments involve insertion of 5 to 20 needles at various depths. Traditional acupuncturists judge the effectiveness of their insertion by looking for a physiologic reaction called "de qi." This is perceived as an aching or throbbing by the recipient and by a tightening of tissue around the needle point felt by the therapist. Needles are typically left in for less than 1 hour. Acupuncturists may increase the stimulation by manipulating the needles or by applying heat or electrical stimulation to the needles. An alternative technique uses laser rather than needles to stimulate acupoints.

Acupuncture's exact mechanism of action is unknown. Traditional Chinese acupuncture theory is based on the premise that a form of energy called "qi" (pronounced "chee") travels along prescribed pathways called meridians within the body. This theory proposes that qi is responsible for maintaining good health by providing homeostatic regulation of vital body function. Excess or deficiency in the flow of qi is thought to result in disease. Stimulation of specific acupoints along the body's meridians can restore balance in the qi and return the individual to health.

Scientists have studied acupuncture for decades and have proposed other theories based on allopathic biomedical concepts. Studies in the 1970s and 1980s suggest that acupuncture may work by modifying nerve function at the spinal and supraspinal levels. Roles have been suggested for cytokines, endorphins, and neurotransmitters but the physiologic mechanism of action is not known. It has also been proposed that acupuncture stimulates a variety of central and peripheral physiological effects, although the relationship between these mechanisms and the observed responses are not understood (Zia, 2017).

There is objective evidence that acupuncture stimulation results in specific identifiable patterns in brain activity. Yan and colleagues (2005) performed functional MRI of the brain while stimulating real versus sham acupoints in the Liv3 and Liv4 vicinity. Stimulation at the acupoints resulted in activation and deactivation in specific brain areas in distinct response patterns. Stimulation of the acupoints showed a greater activation and deactivation response than stimulation of sham points. The authors noted these results were consistent with previously reported results.

Placebo treatments frequently produce significant pain improvement. Pain studies need to include appropriate inactive controls to evaluate this placebo effect. Many trials that have included sham acupuncture control groups do not report significant differences between real acupuncture and sham acupuncture. Several sham techniques have been used, including non-penetrating needles, sites not recognized as valid acupuncture sites, or sham devices such as nonfunctioning laser or electrical stimulation devices. Other studies have used needles on valid acupuncture sites at