Subject: Acupuncture
Number: MMPP 12.1
Responsible Department: Medical Management
Approvals: Medical Management
Effective Date: 1/06
Revision Date: 10/07; 10/08; 11/09; 8/11, 10/15; 4/16; 8/31/16; 1/17
Review Date: 8/12; 8/13; 8/14

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

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

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

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

Maintenance treatment, where the member’s symptoms are neither regressing nor improving, is 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.

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

I. The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
   a. A reasonable estimate of when the goals will be reached;
   b. Long-term and short-term goals that are specific, quantitative and objective;
   c. Acupuncture evaluation;
   d. The frequency and duration of treatment; and
   e. The acupuncture protocol to be used in treatment.
II. Signatures of the patient's attending physician and/or acupuncturist.
The plan of care should be ongoing, (i.e., updated as the member's condition changes), and treatment should demonstrate reasonable expectation of improvement (as defined below):

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

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

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

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

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

ICD-10 Codes covered if selection criteria are met:
Information in the [brackets] below has been added for clarification purposes.
Codes requiring a 7th character are represented by “+”

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.001 – G43.919</td>
<td>Migraine</td>
</tr>
<tr>
<td>G44.209</td>
<td>Tension headache</td>
</tr>
<tr>
<td>K08.9</td>
<td>Disorders of teeth and supporting structures, unspecified [postoperative dental pain]</td>
</tr>
<tr>
<td>M16.0 – M16.12</td>
<td>Primary osteoarthritis of hip</td>
</tr>
<tr>
<td>M16.2 – M16.7</td>
<td>Secondary osteoarthritis, hip</td>
</tr>
<tr>
<td>M16.9</td>
<td>Osteoarthritis of hip, unspecified</td>
</tr>
<tr>
<td>M17.0 – M17.12</td>
<td>Osteoarthritis of knee</td>
</tr>
<tr>
<td>M17.2 – M17.5</td>
<td>Secondary osteoarthritis, knee</td>
</tr>
<tr>
<td>M17.9</td>
<td>Osteoarthritis of knee, unspecified</td>
</tr>
<tr>
<td>M26.60 – M26.69</td>
<td>Temporomandibular joint disorders</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M54.5</td>
<td>Low back pain</td>
</tr>
<tr>
<td>O21.0 – O21.9</td>
<td>Excessive vomiting in pregnancy</td>
</tr>
<tr>
<td>R11.2</td>
<td>Nausea with vomiting [postoperative] [chemotherapy-induced]</td>
</tr>
<tr>
<td>R51</td>
<td>Headache</td>
</tr>
<tr>
<td>T45.1X5+</td>
<td>Adverse effect of antineoplastic and immunosuppressive drugs</td>
</tr>
</tbody>
</table>
EFFECTIVE

Z98.89 Other specified postprocedural status [dental, with pain]

RELATED CPT CODES

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

EXPERIMENTAL AND INVESTIGATIONAL

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

- Acne
- Acute low back pain
- Addiction
- AIDS
- Allergies
- Amblyopia
- Asthma
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorders
- Bell's palsy
- Burning mouth syndrome
- Cancer-induced bone pain
- Cancer-related dyspnea
- Cancer-related fatigue
- Carpal tunnel syndrome
- Cerebral palsy
- Chemotherapy-induced leukopenia
- Chemotherapy-induced neuropathic pain
- Chronic pain syndrome (e.g., RSD, facial pain)
- Chronic obstructive pulmonary disease (COPD)
- Cognitive impairment
- Diabetic gastroparesis
- Diabetic peripheral neuropathy
- Dry eyes
- Endometriosis pain
- Epilepsy
- Erectile dysfunction
- Facial spasm
- Fetal breech presentation
- Fibromyalgia
- Intra-cerebral hemorrhage
- Irritable bowel syndrome
- Menopausal hot flashes
- Menstrual cramps/dysmenorrhea
- Mumps
- Myofascial pain
- Myopia
- Neck pain/cervical spondylosis
- Nocturnal enuresis
- Obesity/weight reduction
- Opiate withdraw
- Overactive bladder syndrome
- Painful neuropathies
- Parkinson's disease
- Peripheral arterial disease (e.g., intermittent claudication)
- Phantom leg pain
- Polycystic ovary syndrome
- Post-herpetic neuralgia
- Postoperative ileus
- Post-traumatic stress disorder (PTSD)
- Psoriasis
- Psychiatric disorders (e.g., anxiety, depression, and schizophrenia)
- Raynaud's disease pain
- Respiratory disorders
- Rheumatoid arthritis
- Rhinitis
- Sensorineural deafness
- Shoulder pain (e.g., bursitis)
Fibrotic contractures  
Glaucoma  
Hypertension  
Hypoxic ischemic encephalopathy  
Induction of labor  
Infantile colic  
Infantile diarrhea  
Infertility (e.g., to assist oocyte retrieval and embryo transfer during IVF treatment cycle)  
Inflammatory bowel diseases (Crohn’s disease and ulcerative colitis)  
Insomnia  
Sinusitis  
Smoking cessation  
Spasticity after stroke  
Stroke rehabilitation (e.g., dysphagia)  
Tennis elbow / epicondylitis  
Tic disorders  
Tinnitus  
Trigeminal neuralgia  
Urinary incontinence  
Uterine fibroids  
Xerostomia  
Whiplash

REFERENCES


Ohio Revised Code 4762.10


