Common symptoms and symptom complexes are addressed by this tool. Requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician may provide additional insight.
CMM-206.1 Definition

✓ Acupuncture refers to a passive technique or approach to patient care that involves the insertion of fine, hair-thin metallic (filiform) needles through the skin at specific points on the body, with or without the application of electrical current (Percutaneous Electrical Neuromuscular Stimulation - PENS) in an attempt to relieve pain, tension or improve bodily function. Acupuncture is reported based on the 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

CMM-206.2 General Guidelines

✓ The determination of medical necessity for the use of acupuncture with and without application of electrical stimulation to the needles is always made on a case-by-case basis.

CMM-206.3 Indications and Non-Indications

✓ The use of acupuncture (with or without the application of electrical stimulation) may be considered medically necessary for the treatment of:
  o Pain or other symptoms associated with disease, injury or surgery;
  o Side effect of medication-induced nausea or nausea associated with pregnancy;
  o Chemical dependencies (including but not limited to nicotine, alcohol, narcotics, etc.);
  o Psychological stress and generalized anxiety.

✓ Any treatment plan involving the use of acupuncture should ultimately result in a clinically meaningful reduction in the patient’s pain level, an improvement in the targeted symptom/sign, the reduction in the use of medication or medical services, and/or an improved ability to perform age appropriate activities of daily living. The use of acupuncture beyond three (3) weeks without a clinically meaningful reduction in the patient’s pain levels, an improvement in the targeted symptom/sign, the reduction in use of medication or medical services and/or clinical signs of functional improvement is considered not medically necessary.
CMM-12.4 Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code’s inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>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) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97814</td>
<td>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) (List separately in addition to code for primary procedure)</td>
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</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary’s policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

CMM-206.5 References


