

**Medical Policy Reference Manual
Medical Policy Operating Procedure**

2.01.048A Acupuncture

Original MPC Approval: 04/01/1998
Last Review: 06/21/2010
Last Revision: 01/01/2021

Description

No further review is scheduled as this Operating Procedure or Policy is either primarily administrative in nature or addresses operational issues only, is mandated by statute or regulation, or it is unlikely that further published literature would change the determination.

Acupuncture is an ancient Chinese method of treatment based on the theory that stimulation of specific key points on or near the skin by the insertion of needles or by other methods improves vital energy flow. The term “acupuncture” describes a variety of methods and styles to stimulate specific anatomic points in the body.

Acupuncture is used to relieve pain, to induce surgical anesthesia, or for therapeutic purposes. It is considered an alternative treatment and an adjunct to standard treatment.

NOTE: Acupuncture as anesthesia is not addressed in this Operating Procedure.

Policy

There is no Policy with this Operating Procedure.

Policy Guidelines

There are no Policy Guidelines for this Operating Procedure.

Benefit Applications

When benefits **are provided** under the member's contract, benefits are provided for acupuncture treatment (i.e., that which provides a positive, objective, measurable response). There must be documentation of the patient's ongoing progress toward the stated goals.

Some contracts may have limitations related to the number of acupuncture visits allowed. Check the member's contract for specific benefits.

Benefits **are not provided** for acupuncture services that do not require the skills of a physician or other eligible provider. An eligible provider is one who is licensed to render acupuncture services in their practicing jurisdictions and as defined in their scope of practice.

Benefits **are provided**, with or without electrical stimulation, for the initial 15 minutes of personal one-on-one contact with the patient; and each additional 15 minutes of personal one-on-one contact with the patient provided there is re-insertion of the needle(s).

Separate benefits **are not provided** for manual therapy techniques or therapeutic massage when reported with acupuncture as they are considered *incidental* to, an *integral part of*, or *included* in the acupuncture treatment.

Separate benefits **are not provided** for acupuncture supplies (e.g. needles and electrodes), as they are considered *incidental* to, an *integral part of*, or *included* in the acupuncture treatment.

Evaluations and Re-evaluations:

Benefits **are provided** for an initial evaluation, which is usually performed before beginning a treatment program.

Benefits **are provided** for the re-evaluation of the effects of acupuncture at 30-day intervals.

There may be special circumstances that require evaluation / re-evaluation for acupuncture within the 30-day period (e.g., the patient presents with a new diagnosis or the patient's condition substantially changes). Benefits will be considered for these special circumstances when the patient's condition requires a significant separately identifiable evaluation and management service above and beyond the usual preservice and post service work associated with the acupuncture service. (modifier -25).

Physicians (office setting): If a patient is being seen for acupuncture, and the patient needs to be seen for treatment of an unrelated medical condition (e.g., hypertension, asthma) during the 30 day therapy period, then a medical benefit is available, and the appropriate Evaluation and Management (E&M) code must be reported. In this case the patient's medical record must indicate the name of the treating provider and that the visit was for treatment of a medical condition rather than to evaluate the effects of acupuncture. If requested for review, that documentation must demonstrate that, for the reported code, all criteria (i.e., history, examination, and decision-making) as outlined in Current Procedural Terminology (CPT®) have been met.

NOTE: For FEP business, check the member's contract for benefits.

Provider Guidelines

Reporting of acupuncture is based on personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.

Documentation of Plan of Care:

If requested, the provider must make available all of the following:

- a brief medical history,
- a written evaluation that establishes the baseline data,
- a treatment plan including realistic measurable goals with the expected length of time to accomplish these goals. (For example, if the goal is to increase functional abilities and decrease dependency, the initial evaluation must measure the patient's starting functional abilities and the starting level of assistance required),
- progress notes documenting improvement and / or outlining any changes in the plan of treatment.

Cross References to Related Policies and Procedures

Medical Record Documentation Standards, Operating Procedure # 10.01.013A

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

Acupuncture, Annotated Code of Maryland, Art. Health Occupations § 1A-301, 14-505.

Acupuncture, D.C.M.R. § 47-4700.

American Academy of Medical Acupuncture (2005, June). *New Developments with Acupuncture CPT Codes*. Retrieved March 7, 2008 from the World Wide Web @ http://www.medicalacupuncture.org/aama_marf/aama.html

American Medical Association. (2010) *Current Procedural Terminology (CPT®)* (4th edition). Chicago: Author.

American Medical Association. (2008) *Current Procedural Terminology (CPT®)* (4th edition). Chicago: Author.

Blue Cross and Blue Shield of Maryland. (1995, January 1). *Acupuncture* (Policy 0.09). Owings Mills: Author.

Blue Cross and Blue Shield National Account Consortium. (1997, January 1). *Acupuncture* (Medical Policy 7.01.01). Colombia: Author

Blue Cross and Blue Shield of the National Capital Area. (1996, June). *Acupuncture* (Medical Policy Manual, Section I [Medical Care, General], p. 73). Washington, DC: Author.

Blue Cross and Blue Shield of the National Capital Area. (1985, September). *Acupuncture as Anesthesia*. (Medical Policy Manual, Section III [Anesthesia], p. 4.1). Washington, DC: Author.

National Institutes of Health (1997). NIH consensus statement; *Acupuncture* [On-line]. Available: http://odp.od.nih.gov/consensus/cons/107/107_intro.htm

National Institutes of Health, Office of Alternative Medicine. (1998, January). *Acupuncture effective for certain medical conditions, panel says*. [On-line]. Available: <http://nccam.nih.gov/nccam/cam/1998/jan/>

Unlawful to practice acupuncture without license; unlawful designation as acupuncturist; Board to regulate acupuncturists, Code of Virginia § 54.1-2956.9

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.