JOHNS HOPKINS HEALTHCARE

Medical Policy: Acupuncture
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

Policy Number CMS01.03
Page 1 of 5

ACTION:
☐ New Policy
☒ Revising Policy Number: CMS01.03
☐ Superseding Policy Number
☐ Archiving Policy Number
☐ Retiring Policy Number

Effective Date: 02/10/2005
Review Dates: 10/20/06, 10/22/07, 09/08/08, 12/04/09, 01/07/11, 02/28/12, 06/06/14, 06/03/16, 05/15/18

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Exclusions: Chapter 1, Section 1.2.

For Advantage MD, see Medicare Coverage Database:
National Coverage Determination (NCD) for Acupuncture (30.3)
National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)
National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)

I. When benefits are provided under the member’s contract, JHHC considers needle acupuncture medically necessary for ANY of the following indications:
   A. Chronic (minimum of 12 weeks duration) low back pain, OR;
   B. Migraine headache, OR;
   C. Nausea of pregnancy, OR;
   D. Pain from osteoarthritis of the knee or hip, OR;
   E. Post-operative and chemotherapy-induced nausea and vomiting, OR;
   F. Post-operative dental pain, OR;
   G. Chronic (minimum of 12 weeks duration) neck pain.

II. The health care provider administering acupuncture must be a legally qualified practitioner designated by the Plan as an Acupuncturist.

III. JHHC considers needle acupuncture not medically necessary if there has been no documented clinical benefit after four (4) weeks of treatment.
IV. Unless specific benefits are provided under the member’s contract, JHHC considers needle acupuncture experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5. Refer to: CMS01.00 Medical Policy Introduction Technology Evaluation Criteria (TEC) #2-5.

BACKGROUND:

Acupuncture is the procedure of inserting and manipulating needles into various points on the body to relieve pain or for therapeutic purpose. Acupuncture has been the subject of active scientific research both in regard to its basis and therapeutic effectiveness, and continues to remain controversial among medical researchers and clinicians. Evidence supports the use of acupuncture to control some types of nausea and pain but evidence for the treatment for other conditions is equivocal.

CODING INFORMATION:

CPT Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

NO PRE-AUTHORIZATION REQUIRED

Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply the Medical Policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Policy: Acupuncture
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

CPT® CODES

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>DESCRIPTION</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)</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)</td>
</tr>
</tbody>
</table>

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

<table>
<thead>
<tr>
<th>ICD10 CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.001-G43.919</td>
<td>Migraine</td>
</tr>
<tr>
<td>K08.9</td>
<td>Disorder 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 of knee</td>
</tr>
<tr>
<td>M17.9</td>
<td>Osteoarthritis of knee, unspecified</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>R11.0</td>
<td>Nausea</td>
</tr>
<tr>
<td>R11.2</td>
<td>Nausea with vomiting, unspecified</td>
</tr>
<tr>
<td>Z98.89</td>
<td>Other specified post procedural states</td>
</tr>
</tbody>
</table>

REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and
implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

**REFERENCES:**


U.S. Food and Drug Administration (FDA), Acupuncture Needles, Devices 510(K), at: http://www.accessdata.fda.gov