

n03717

Medical Policy – Acupuncture

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This policy provides guidance for the utilization management team of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS/NHTPA) with review of requests for the use of acupuncture. Acupuncture is the practice of piercing the skin with needles at specific body sites to induce anesthesia, relieve pain, or to treat various non-painful disorders. Acupuncture may be performed with or without electrical stimulation.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Summary Plan Description, Evidence of Coverage, Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Description

- A. Acupuncture is the practice of piercing the skin with needles at specific body sites to induce anesthesia, relieve pain and/or treat various non-painful disorders. In acupuncture, the placement of needles into the skin is dictated by the location of meridians. These meridians are thought to mark patterns of energy flow throughout the body. Acupuncture points are near major nerves and stimulate the peripheral and central nervous system, affecting neurotransmitter levels and altering pain processing.
- B. Acupuncture has four (4) components - the acupuncture needles, the target location defined by traditional Chinese medicine as well as Western medicine, the depth of insertion, and the stimulation of the inserted needle. Acupuncture may be performed with or without electrical stimulation.

II. Medical Indications

- A. When administrated by a provider practicing within the scope of his/her license in a manner consistent with recommendations by FDA (Non-physician providers must be certified acupuncturists. Physician providers must complete a program approved by the American Board of Medical Acupuncture); the use of acupuncture is considered medically necessary when used to treat **ONE** (1) of the following:
 - 1. Nausea and vomiting associated with chemotherapy, **OR**
 - 2. Postoperative nausea and vomiting, **OR**

3. Osteoarthritis of the knee, **OR**
4. Acute worsening of chronic headaches occurring for more than three (3) months that have been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year **AND** conservative methods (acute headache therapies, lifestyle changes, trigger avoidance) have failed, **OR**
5. Acute worsening of chronic neck pain occurring for more than three (3) months that has been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year and conservative methods (therapy, nonsteroidal anti-inflammatory medications) have failed, **OR**
6. Acute worsening of chronic low back pain occurring for more than three (3) months that has been evaluated by a physician, physician assistant or nurse practitioner (not chiropractor) within the past year **AND** conservative methods (therapy, nonsteroidal anti-inflammatory medications, back exercises) have failed.

III. Coverage

- A. For commercial membership that has acupuncture as a benefit, up to 12 visits within sixty (60) days can be covered if the above criteria have been met with the ability to approve an additional eight (8) visits with an additional sixty (60) days if objective improvement has been demonstrated for a total of 20 visits per plan year.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership. The decision memo for Acupuncture for Chronic Low Back Pain (CAG-00452N) outlines that CMS covers acupuncture services for up to 12 visits within 90 days for chronic low back pain with no more than 20 treatments in a year. Treatment must be discontinued if the patient is not improving or is regressing.

IV. Limitations/Exclusions

- A. Visits over 20 per plan year, are considered maintenance and are not medically necessary.
- B. Services performed other than acupuncture with or without electrical stimulation are not medically necessary.

Regulatory Citations:

UM2

Related Documents:

CPT Codes:

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) (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-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
*CPT codes are subject to change as codes are retired or new ones developed	

References:

1. Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. Cochrane Database of Systematic Reviews 2016, Issue 6. Art. No.: CD001218. DOI: 10.1002/14651858.CD001218.pub3. Accessed 28 October 2025.
2. Mu J, Furlan AD, Lam WY, Hsu MY, Ning Z, Lao L. Acupuncture for chronic nonspecific low back pain. Cochrane Database of Systemic Reviews 2020, Issue 12. Art. No.: CD013814. DOI:10.1002/14651858.CD103184. 28 October 2025
3. CMS National Coverage Determination (NCD) on Acupuncture (30.3)
4. CMS National Coverage Determination (NCD) on Acupuncture for Fibromyalgia (30.3.1)
5. CMS National Coverage Determination (NCD) on Acupuncture for Osteoarthritis (30.3.2)
6. CMS National Coverage Determination (NCD) on Acupuncture for Chronic Low Back Pain (cLBP) (30.3.3)
7. MCG Ambulatory Care 29th edition, Acupuncture ACG: A-0329 (AC)
8. NCCN Clinical Practice Guidelines in Oncology-Antiemesis, Version 2.2025 28 October 2025

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

Origination Date: 02/08/2007	Approval Date: 12/18/2025	Next Review Date: 12/18/2026
Regulatory Body: Other	Approving Committee: Utilization Management Committee	
Department of Ownership: Utilization Management		Revision Number: 6
Revision Reason: 10/05/2016 - Transferred to new policy template. 09/21/2017 -Annual review. 07/19/2018 - Annual review. 05/16/2019 - Annual review. 04/16/2020 - Annual review CMS does allow for visits for LBP, references updated.		

12/17/2020 - added acute worsening to the chronic conditions, updated 12 initial visits can be approved with 8 additional CPT codes added.

04/15/2021 – Annual review. Updated commercial visit timelines to include 60 visits for each approved amount.

12/16/2021 - Annual review, Updated References. Removed the "It's Your Choice Plan Document" which will update to a Certificate of Coverage for 2022. (Approved 12/28/21 e-vote by MPC Committee)

12/15/2022 – Annual review, references updated. Approved at MPC on 12/15/2022.

10/31/23- Annual review. References updated, “Medicare Indicators” corrected to “Medical Indications”, CPT/HCPCS codes verified.

12/14/2023 - Approved by MPC on 12/14/2023.

11/5/2024-Annual review. References updated, CPT/HCPCS codes verified.

12/18/2025 – Approved at UM committee. Annual Review, References updated, grammatical and formatting updates, CPT/HCPCS codes verified