Acupuncture for Chronic Low Back Pain — Medicare

Last Review Date: March 13, 2020
Number: MG.MM.ME.75v2

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. No prior authorization required for first 12 visits; additional visits require authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to Health Insurance Plan of Greater New York and Group Health Incorporated, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definition

Acupuncture is the selection and manipulation of specific acupuncture points by penetrating the skin with fine needles.

Related Medical Guidelines

Acupuncture - EmblemHealth Medicare HMO Plans with Acupuncture Benefit

Guidelines

Criterion I or II

I. Medicare HMO Plans with Acupuncture Supplemental Benefit — Services prior to Jan. 21, 2020

Members of certain Medicare HMO plans are eligible for acupuncture for low back pain when performed by an individual licensed by New York State to perform acupuncture.

- Credentialed participating licensed acupuncturists or physicians (MD or DO) only
- Acupuncture reimbursement is limited to a maximum of four total service units in any combination, per date of service, subject to correct coding
- Either acupuncture or evaluation and management (E/M) on the same day, but not both:
  - For acupuncture with a new patient E/M (including separately identifiable service-modifier 25), EmblemHealth will reimburse only the E/M service
  - For acupuncture with established patient E/M (including separately identifiable service-modifier 25), EmblemHealth will reimburse only the acupuncture service

Acupuncture services for low back pain on or after January 21, 2020 are not covered under the supplemental benefit. Please see guidance below for coverage and criteria. All other services covered per previously issued policy (Acupuncture - EmblemHealth Medicare HMO Plans with Acupuncture Benefit).
II. All Medicare members — services performed on or after January 21, 2020

Effective for services performed on or after January 21, 2020 EmblemHealth will cover acupuncture for Medicare members with chronic low back pain under the medical benefit. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this policy, chronic low back pain (cLBP) is defined as:
  - Lasting 12 weeks or longer;
  - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
  - Not associated with surgery; and
  - Not associated with pregnancy.

- An additional eight sessions will be covered for those patients demonstrating an improvement with prior authorization. No more than 20 acupuncture treatments may be administered annually.

- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) may furnish acupuncture in accordance with applicable state requirements. Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM);
- And
- Current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist required by our regulations at 42 CFR §§ 410.26 and 410.27.

Revision History

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<tr>
<th>Date</th>
<th>Change</th>
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<tbody>
<tr>
<td>Mar. 13, 2020</td>
<td>New policy</td>
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Applicable Procedure Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>20560</td>
<td>Needle insertion(s) without injection(s); 1 or 2 muscle(s)</td>
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<tr>
<td>20561</td>
<td>Needle insertion(s) without injection(s); 3 or more muscles</td>
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<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
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<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>
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<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>
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<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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Applicable Diagnosis Codes

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<td>M54.5</td>
<td>Low back pain</td>
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References