

Acupuncture

Policy Number: PG0382
Last Review: 08/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Acupuncture is the stimulation of certain points on the surface of the body using needles to treat illness and promote health, and is one of the oldest, most commonly used medical procedures in the world. Acupuncture has become a very popular form of complementary and alternative therapy in the United States, with an estimated 3 million adults undergoing treatment annually.

Although acupuncture has been used for thousands of years in China and for decades in parts of Europe, it is still a relatively new agent of unknown use and efficacy in the United States. Even in those areas of the world where it has been widely used, its mechanism is not known.

Acupuncture theory is based on the premise that energy called “Qi,” travels along prescribed pathways or meridians within the body and is responsible for maintaining good health by providing homeostatic regulation of vital body function. Disturbances in the flow of Qi, either excesses or deficiencies, are thought to result in disease. Acupuncture is a technique that regulates this energy flow by stimulating certain points on the body, usually by insertion of thin needles into the skin. Although the exact mechanism of action of acupuncture has not been explained in Western medical terms, one theory suggests that acupuncture modulates pain transmission and the pain response by activation of the endogenous nociceptive system. The hypothesis that acupuncture activates the endogenous opioid system has led researchers to treat various pain syndromes, including headache and low back pain, with acupuncture.

Acupuncture has four components: acupuncture needle(s), a target location defined by traditional Chinese medicine, the depth of insertion and the stimulation of the inserted needle. Treatment involves inserting 4 to 15 needles at selected acupuncture points for usually 10-30 minutes. Needles are approximately 37-gauge, stainless steel, and disposable. Needles are manipulated with electricity (electroacupuncture), heat or manually. Acupuncture is felt to be helpful for patients who have unsuccessfully exhausted the conventional treatment modalities, who experience adverse consequences with conventional approaches, who prefer not to take pharmacological agents for their condition, or whose co-morbidities prevent them from utilizing certain drug therapies.

Electroacupuncture, or transcutaneous electrical nerve stimulation (TENS) acupuncture, is the practice of piercing specific body sites with needles that are stimulated by an extremely low voltage of electricity.

POLICY:

Paramount Commercial Insurance Plans

(Refer to the members Benefits of Coverage for applicable terms, conditions, and limitations)
Acupuncture (manual or electroacupuncture) (97810-97814) is non-covered.

Elite (Medicare Advantage) Plans

Effective 01/21/2020 acupuncture services are covered for chronic low back pain. **Covered ICD-10 diagnosis listed below.**

- Effective 06/01/2021 dry needling included when performed as it relates to acupuncture services, 20560, 20561
- Up to 12 visits in 90 days, no prior authorization required.
- An additional 8 visits will be covered for those patients demonstrating an improvement; a prior authorization is required, as of 5/1/2020.
- Total of 20 acupuncture treatments may be administered annually.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans

Paramount has determined that acupuncture is experimental/investigational, and therefore non-covered, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. While it may be considered safe and effective for specific treatments for selected patients, it has not been demonstrated to be more effective than conventional treatment.

Alternatives to acupuncture include, but may not be limited to, the following:

- Chiropractic Treatment (when a benefit coverage)
- Physical Therapy
- Prescription drug therapy

Elite (Medicare Advantage) Plans

Effective for services performed on or after January 21, 2020, Paramount will cover acupuncture for Medicare Advantage Plans for patients with chronic low back pain (cLBP).

- Up to 12 visits in 90 days are covered for the following circumstances:
 - cLBP 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.
- No more than 20 acupuncture treatments may be administered annually.
- Treatment must be discontinued if the patient is not improving or is regressing.

Covered Diagnosis listed below

Chronic low back pain (cLBP) for the purpose of Acupuncture coverage 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.

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.

An initial evaluation service is essential to determine whether any acupuncture services are medically necessary, to gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation service must include an appropriate level of clinical history, examination, and medical decision-making relevant and appropriate to the individual's complaint(s) and presentation.

Acupuncture should be provided in accordance with an ongoing, written plan of care, indicating the medical necessity of treatment, including:

- The diagnosis along with the date of onset or exacerbation of the disorder/diagnosis;
 - The amount, frequency, and duration of the services must be reasonable under accepted standards of practice
 - An estimate of when the goals will be reached
 - Long-term and short-term goals that are specific, quantitative, and objective
 - Acupuncture evaluation
 - The patient's progress and response to previous treatment(s)
 - Increases in functional capacity
 - Increasingly longer durations of pain relief
 - Frequency and duration of treatment
 - Visit updates on the member's condition and the treatment demonstrates reasonable expectation of improvement, achieving measurable improvements in the member's condition in a reasonable and predictable period of time
- Treatments are expected to result in significant, measurable, progressive improvement in a reasonable and generally predictable period of time. The improvement potential must be significant in relation to the extent and duration of the therapy required.

Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms.

No separate payment is made for services that are an incidental part of a visit (e.g., providing instruction on breathing techniques, diet, or exercise)

CMS requires acupuncture, (effective 06/01/2021 to include dry needling-as it relates to acupuncture services), to be covered for chronic low back pain for Medicare Advantage Plan members. Procedures 20560 and 20561

Acupuncture for any condition other than cLBP, including dry needling, is non-covered and considered experimental and investigational, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s) Medicare Advantage Plans Acupuncture Services only covered with Diagnosis M54.5 Low Back Pain
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20561	Needle insertion(s) without injection(s); 3 or more muscles Medicare Advantage Plans Acupuncture Services only covered with Diagnosis M54.5 Low Back Pain
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)

ICD-10 CODES

M40.36	Flatback syndrome lumbar region
M40.37	Flatback syndrome lumbosacral region
M40.46	Postural lordosis lumbar region
M40.47	Postural lordosis lumbosacral region
M40.56	Lordosis unspecified lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.26	Other idiopathic scoliosis lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.56	Other secondary scoliosis lumbar region
M41.57	Other secondary scoliosis lumbosacral region
M42.16	Adult osteochondrosis of spine lumbar region
M42.17	Adult osteochondrosis of spine lumbosacral region
M43.06	Spondylolysis lumbar region
M43.07	Spondylolysis lumbosacral region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis lumbosacral region
M43.26	Fusion of spine lumbar region
M43.27	Fusion of spine lumbosacral region
M43.5X6	Other recurrent vertebral dislocation lumbar region
M43.5X7	Other recurrent vertebral dislocation lumbosacral region
M43.8X6	Other specified deforming dorsopathies lumbar region
M43.8X7	Other specified deforming dorsopathies lumbosacral region
M47.16	Other spondylosis with myelopathy lumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy lumbosacral region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.896	Other spondylosis lumbar region
M47.897	Other spondylosis lumbosacral region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis lumbosacral region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier] lumbosacral region
M48.26	Kissing spine lumbar region
M48.27	Kissing spine lumbosacral region
M48.36	Traumatic spondylopathy lumbar region
M48.37	Traumatic spondylopathy lumbosacral region
M48.8X6	Other specified spondylopathies lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region

M51.A0	Intervertebral annulus fibrosus defect, lumbar region, unspecified size
M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
M51.A3	Intervertebral annulus fibrosus defect, lumbosacral region, unspecified size
M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
M51.06	Intervertebral disc disorders with myelopathy lumbar region
M51.16	Intervertebral disc disorders with radiculopathy lumbar region
M51.17	Intervertebral disc disorders with radiculopathy lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration lumbosacral region
M51.46	Schmorl's nodes lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.86	Other intervertebral disc disorders lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.86	Other specified dorsopathies lumbar region
M53.87	Other specified dorsopathies lumbosacral region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.31	Sciatic, right side
M54.32	Sciatic, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M62.5A0	Muscle wasting and atrophy, not elsewhere classified, back, cervical
M62.5A1	Muscle wasting and atrophy, not elsewhere classified, back, thoracic
M62.5A2	Muscle wasting and atrophy, not elsewhere classified, back, lumbosacral
M93.004	Unspecified slipped upper femoral epiphysis (nontraumatic), bilateral hips
M93.024	Chronic slipped upper femoral epiphysis, stable (nontraumatic), bilateral hips
S32.000A	Wedge compression fracture of unspecified lumbar vertebra initial encounter for closed fracture
S32.000B	Wedge compression fracture of unspecified lumbar vertebra initial encounter for open fracture
S32.000D	Wedge compression fracture of unspecified lumbar vertebra subsequent encounter for fracture with routine healing
S32.000G	Wedge compression fracture of unspecified lumbar vertebra subsequent encounter for fracture with delayed healing
S32.000K	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S	Wedge compression fracture of unspecified lumbar vertebra sequela
S32.001A	Stable burst fracture of unspecified lumbar vertebra initial encounter for closed fracture
S32.001B	Stable burst fracture of unspecified lumbar vertebra initial encounter for open fracture
S32.001D	Stable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with routine healing

S32.001G	Stable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with delayed healing
S32.001K	Stable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with nonunion
S32.001S	Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002A	Unstable burst fracture of unspecified lumbar vertebra initial encounter for closed fracture
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.002D	Unstable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with routine healing
S32.002G	Unstable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with delayed healing
S32.002K	Unstable burst fracture of unspecified lumbar vertebra subsequent encounter for fracture with nonunion
S32.002S	Unstable burst fracture of unspecified lumbar vertebra sequela
S32.008A	Other fracture of unspecified lumbar vertebra initial encounter for closed fracture
S32.008B	Other fracture of unspecified lumbar vertebra initial encounter for open fracture
S32.008D	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.008G	Other fracture of unspecified lumbar vertebra subsequent encounter for fracture with delayed healing
S32.008K	Other fracture of unspecified lumbar vertebra subsequent encounter for fracture with nonunion
S32.008S	Other fracture of unspecified lumbar vertebra sequela
S32.009A	Unspecified fracture of unspecified lumbar vertebra initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra initial encounter for open fracture
S32.009D	Unspecified fracture of unspecified lumbar vertebra subsequent encounter for fracture with routine healing
S32.009G	Unspecified fracture of unspecified lumbar vertebra subsequent encounter for fracture with delayed healing
S32.009K	Unspecified fracture of unspecified lumbar vertebra subsequent encounter for fracture with nonunion
S32.009S	Unspecified fracture of unspecified lumbar vertebra, sequela
S32.010A	Wedge compression fracture of first lumbar vertebra initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra initial encounter for open fracture
S32.010D	Wedge compression fracture of first lumbar vertebra subsequent encounter for fracture with routine healing
S32.010G	Wedge compression fracture of first lumbar vertebra subsequent encounter for fracture with delayed healing
S32.010K	Wedge compression fracture of first lumbar vertebra subsequent encounter for fracture with nonunion
S32.010S	Wedge compression fracture of first lumbar vertebra sequela
S32.011A	Stable burst fracture of first lumbar vertebra initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra initial encounter for open fracture
S32.011D	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.011G	Stable burst fracture of first lumbar vertebra subsequent encounter for fracture with delayed healing
S32.011K	Stable burst fracture of first lumbar vertebra subsequent encounter for fracture with nonunion
S32.011S	Stable burst fracture of first lumbar vertebra sequela
S32.012A	Unstable burst fracture of first lumbar vertebra initial encounter for closed fracture
S32.012B	Unstable burst fracture of first lumbar vertebra initial encounter for open fracture

S32.012D	Unstable burst fracture of first lumbar vertebra subsequent encounter for fracture with routine healing
S32.012G	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.012K	Unstable burst fracture of first lumbar vertebra subsequent encounter for fracture with nonunion
S32.012S	Unstable burst fracture of first lumbar vertebra sequela
S32.018A	Other fracture of first lumbar vertebra initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra initial encounter for open fracture
S32.018D	Other fracture of first lumbar vertebra subsequent encounter for fracture with routine healing
S32.018G	Other fracture of first lumbar vertebra subsequent encounter for fracture with delayed healing
S32.018K	Other fracture of first lumbar vertebra subsequent encounter for fracture with nonunion
S32.018S	Other fracture of first lumbar vertebra sequela
S32.019A	Unspecified fracture of first lumbar vertebra initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra initial encounter for open fracture
S32.019D	Unspecified fracture of first lumbar vertebra subsequent encounter for fracture with routine healing
S32.019G	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.019K	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.019S	Unspecified fracture of first lumbar vertebra, sequela
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra initial encounter for open fracture
S32.020D	Wedge compression fracture of second lumbar vertebra subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra subsequent encounter for fracture with delayed healing
S32.020K	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.021D	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.021G	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.021K	Stable burst fracture of second lumbar vertebra subsequent encounter for fracture with nonunion
S32.021S	Stable burst fracture of second lumbar vertebra sequel
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.022D	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.022G	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.022K	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.022S	Unstable burst fracture of second lumbar vertebra, sequela
S32.028A	Other fracture of second lumbar vertebra initial encounter for closed fracture
S32.028B	Other fracture of second lumbar vertebra initial encounter for open fracture

S32.028D	Other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.028G	Other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.028K	Other fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.028S	Other fracture of second lumbar vertebra, sequela
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.029D	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.029G	Unspecified fracture of second lumbar vertebra subsequent encounter for fracture with delayed healing
S32.029K	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.029S	Unspecified fracture of second lumbar vertebra, sequela
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
S32.030D	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.030G	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.030K	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.030S	Wedge compression fracture of third lumbar vertebra sequela
S32.031A	Stable burst fracture of third lumbar vertebra initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.031K	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.032D	Unstable burst fracture of third lumbar vertebra subsequent encounter for fracture with routine healing
S32.032G	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.032K	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.032S	Unstable burst fracture of third lumbar vertebra, sequela
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.038D	Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.038G	Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.038K	Other fracture of third lumbar vertebra subsequent encounter for fracture with nonunion
S32.038S	Other fracture of third lumbar vertebra, sequela
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture

S32.039D	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.039G	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.039K	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.039S	Unspecified fracture of third lumbar vertebra, sequela
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.040D	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.040G	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.040K	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.040S	Wedge compression fracture of fourth lumbar vertebra, sequela
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041D	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.041G	Stable burst fracture of fourth lumbar vertebra subsequent encounter for fracture with delayed healing
S32.041K	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.041S	Stable burst fracture of fourth lumbar vertebra, sequela
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.042D	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.042G	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.042K	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.042S	Unstable burst fracture of fourth lumbar vertebra, sequela
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048K	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.049D	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.049G	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.049K	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.049S	Unspecified fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture

S32.050D	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.050G	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.050K	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.050S	Wedge compression fracture of fifth lumbar vertebra, sequela
S32.051A	Stable burst fracture of fifth lumbar vertebra initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051D	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.051G	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.051K	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.051S	Stable burst fracture of fifth lumbar vertebra, sequel
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B	Unstable burst fracture of fifth lumbar vertebra initial encounter for open fracture
S32.052D	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.052G	Unstable burst fracture of fifth lumbar vertebra subsequent encounter for fracture with delayed healing
S32.052K	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.052S	Unstable burst fracture of fifth lumbar vertebra, sequela
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058D	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.058K	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.058S	Other fracture of fifth lumbar vertebra, sequela
S32.059A	Unspecified fracture of fifth lumbar vertebra initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059K	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.059S	Unspecified fracture of fifth lumbar vertebra, sequela
S33.0XXA	Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.0XXD	Traumatic rupture of lumbar intervertebral disc, subsequent encounter
S33.0XXS	Traumatic rupture of lumbar intervertebral disc, sequela
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
S33.100D	Subluxation of unspecified lumbar vertebra, subsequent encounter
S33.100S	Subluxation of unspecified lumbar vertebra, sequela
S33.101A	Dislocation of unspecified lumbar vertebra, initial encounter
S33.101D	Dislocation of unspecified lumbar vertebra, subsequent encounter
S33.101S	Dislocation of unspecified lumbar vertebra, sequela
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.110D	Subluxation of L1/L2 lumbar vertebra, subsequent encounter

S33.110S	Subluxation of L1/L2 lumbar vertebra, sequela
S33.111A	Dislocation of L1/L2 lumbar vertebra, initial encounter
S33.111D	Dislocation of L1/L2 lumbar vertebra, subsequent encounter
S33.111S	Dislocation of L1/L2 lumbar vertebra, sequela
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.120D	Subluxation of L2/L3 lumbar vertebra, subsequent encounter
S33.120S	Subluxation of L2/L3 lumbar vertebra, sequela
S33.121A	Dislocation of L2/L3 lumbar vertebra, initial encounter
S33.121D	Dislocation of L2/L3 lumbar vertebra, subsequent encounter
S33.121S	Dislocation of L2/L3 lumbar vertebra, sequel
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.130D	Subluxation of L3/L4 lumbar vertebra, subsequent encounter
S33.130S	Subluxation of L3/L4 lumbar vertebra, sequel
S33.131A	Dislocation of L3/L4 lumbar vertebra, initial encounter
S33.131D	Dislocation of L3/L4 lumbar vertebra, subsequent encounter
S33.131S	Dislocation of L3/L4 lumbar vertebra, sequela
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
S33.140D	Subluxation of L4/L5 lumbar vertebra, subsequent encounter
S33.140S	Subluxation of L4/L5 lumbar vertebra, sequela
S33.141A	Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141D	Dislocation of L4/L5 lumbar vertebra, subsequent encounter
S33.141S	Dislocation of L4/L5 lumbar vertebra, sequela
S33.5XXA	Sprain of ligaments of lumbar spine
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.21XS	Injury of nerve root of lumbar spine, sequela
S34.22XA	Injury of nerve root of sacral spine, initial encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter
S34.22XS	Injury of nerve root of sacral spine, sequela
S39.002A	Injury of nerve root of sacral spine, sequela
S39.002D	Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.002S	Unspecified injury of muscle, fascia and tendon of lower back, sequela
S39.012A	Strain of muscle fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.022A	Laceration of muscle fascia and tendon of lower back initial encounter
S39.022D	Laceration of muscle, fascia and tendon of lower back, subsequent encounter
S39.022S	Laceration of muscle, fascia and tendon of lower back, sequela
S39.092A	Other injury of muscle, fascia and tendon of lower back, initial encounter
S39.092D	Other injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.092S	Other injury of muscle, fascia and tendon of lower back, subsequent encounter

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 12/13/2016

Date	Explanation & Changes
12/13/16	<ul style="list-style-type: none"> Policy created to reflect most current clinical evidence per Medical Policy Steering Committee
04/11/17	<ul style="list-style-type: none"> All changes made to policy per ODM guidelines 5160-8-51 effective 10/01/17

	<ul style="list-style-type: none"> Added ICD-10 codes M53.3, M54.40-M54.42 as covered for Advantage only For Advantage, requirement for prior authorization increased from twenty (20) visits to thirty (30) visits per calendar year Acupuncture services with electrical stimulation (97813, 97814) are now covered for Advantage The following eligible providers who hold a valid certificate to practice acupuncture may render an acupuncture service: acupuncturist; chiropractor; practitioner such as an advanced practice registered nurse or physician assistant; physician Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
05/09/17	<ul style="list-style-type: none"> Per ODM guidelines effective 10/01/17 added ICD-10 codes M51.16, M62.830, M99.03, M99.04, & S39.012 as covered for Advantage only Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
06/13/17	<ul style="list-style-type: none"> Per ODM guidelines effective 10/01/17 added ICD-10 codes G43.B1, M47.817, & M51.26, S33.5XXA as covered for Advantage only Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
07/11/17	<ul style="list-style-type: none"> Per ODM guidelines effective 10/01/17 added non-covered place of service locations for non-physician practitioners Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/12/17	<ul style="list-style-type: none"> Per ODM guidelines effective 01/01/18 added ICD-10 codes M47.816, M48.061-M48.062, M51.36, M53.2X7, M54.16, S33.8XXA, S39.012A, S39.012D, S39.012S as covered for Advantage only Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
06/12/18	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
03/01/2020	<ul style="list-style-type: none"> Medical Policy review and updates completed Additional ODM criteria and diagnosis added with an effective date of 07/01/2020 CMS covered criteria as of 1/21/2020 added
03/25/2020	<ul style="list-style-type: none"> As of 5/1/2020 a prior authorization is now required for the Elite product line after the first 12 visits, for the additional 8 visits
06/01/2020	<ul style="list-style-type: none"> ODM has delayed the implementation of additional acupuncture services until January 1, 2021 Per ODM, "Due to public health emergency, the implementation date for this new coverage is currently planned for 1-1-2021."
06/03/2020	<ul style="list-style-type: none"> Added all the diagnosis codes listed in the medical policy to the coding/billing information listing
06/19/2020	<ul style="list-style-type: none"> ODM has extended the delay implementation of additional acupuncture services until April 1, 2021
12/22/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
04/26/2021	<ul style="list-style-type: none"> Updated Medical Policy to allow coverage for Dry Needling for Elite/ProMedica Medicare Plan Members with chronic lower back pain within specific guidelines in accordance with Medical Policy PG0382 Acupuncture. Per CMS: "...all types of acupuncture including dry needling for any condition other than chronic low back pain are non-covered by Medicare. Medicare will cover acupuncture for Medicare patients with chronic lower back pain within specific guidelines in accordance with NCD 30.3.3".
06/01/2021	<ul style="list-style-type: none"> ODM implementation of additional acupuncture coverage effective 4/1/2021
12/23/2021	<ul style="list-style-type: none"> Updated covered diagnosis codes for lower back pain Diagnosis M54.5 deleted as of 09/30/2021

	<ul style="list-style-type: none"> Added diagnosis M54.50, M54.51 and M54.59 effective as of 10/01/2021
05/02/2022	<ul style="list-style-type: none"> Added diagnosis M99.01 to the allowed Advantage coverage, per ODM coverage indication Rule 5160-8-51 Acupuncture services 'Cervical (neck) pain'
08/17/2022	<ul style="list-style-type: none"> Added diagnosis M51.A0, M51.A, M51.A1, M51.A2, M51.A3, M51.A4, M51.A5, M62.5A, M62.5A0, M62.5A1, M62.5A2, M93.004, M93.024 effective October 1, 2022, per CMS, supporting coverage for the Elite/ProMedica Medicare Plan products Added diagnosis G43.A1, G43.B1, G43.C1, G44.86, G89.12, G89.18, M51.A0-M51.A5, M54.10-M54.15, M54.17-M54.18, M54.30-M54.32, M54.81, M54.89, M54.9, M62.5A0-M62.5A2, M93.004, M93.024, and many S-diagnosis codes-see table above, per ODM, supporting coverage for the Advantage product.
10/01/2022	<ul style="list-style-type: none"> Updated the allowed CMS diagnosis codes as indicated in CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 10337. National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain (cLBP)
10/13/2022	<ul style="list-style-type: none"> Corrected typo, diagnosis A62.5A0 to M62.5A0 and S13.811D to S13.181D
10/25/2022	<ul style="list-style-type: none"> Corrected typo, diagnosis A32.010D to S32.010D
02/28/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
04/09/2024	<ul style="list-style-type: none"> Medical Policy placed on the new Paramount Medical Policy format
08/01/2024	<ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review

Medical Policy History – Prior to 04/01/2024

Paramount Commercial Insurance Plans

(Refer to the members Benefits of Coverage for applicable terms, conditions, and limitations)
Acupuncture (manual or electroacupuncture) (97810-97814) is non-covered.

Medicare Advantage Plans

Effective 01/21/2020 acupuncture services are covered for chronic low back pain. Covered ICD-10 diagnosis listed below.

Effective 06/01/2021 dry needling included when performed as it relates to acupuncture services, 20560, 20561)

Up to 12 visits in 90 days, no prior authorization required.

An additional 8 visits will be covered for those patients demonstrating an improvement; a prior authorization is required, as of 5/1/2020.

Total of 20 acupuncture treatments may be administered annually.

Paramount Advantage Medicaid

Acupuncture (manual or electroacupuncture) (97810-97814) up to thirty (30) visits per calendar year does not require prior authorization. Treatment is expected to result in significant therapeutic improvement over a clearly defined period of time.

Covered Conditions: see approved diagnosis listed below

- low back pain (minimum 12 weeks duration) and
- migraine (minimum 12 weeks duration)

Review by a medical director is required for:

- Treatments beyond five (5) visits without proven success
- Treatments beyond to thirty (30) visits per calendar year

Effective 04/01/2021 additional Covered Conditions: see covered diagnosis listed below

- Cervical (neck) pain
- Osteoarthritis of the hip
- Osteoarthritis of the knee
- Nausea or vomiting related to pregnancy or chemotherapy, only in an outpatient setting; and
- Acute post-operative pain, only in an inpatient hospital setting

Paramount Advantage Medicaid

Coverage and Reimbursement for acupuncture services are according to the criteria found in Ohio Administrative Code (OAC) 5160-8-51.

The following eligible providers may render an acupuncture service:

- An acupuncturist – is an individual who holds at least one of the following certificates:
 - A valid certificate to practice as an acupuncturist issued under Chapter 4762. Of the Revised Code; or
 - A valid certificate to practice as an oriental medicine practitioner issued under Chapter 4762. Of the Revised Code.
- A chiropractor who holds a valid certificate to practice acupuncture issued by the state chiropractic board
- A practitioner such as an advanced practice registered nurse or physician assistant who holds a valid certificate to practice acupuncture
- A physician who possesses the necessary training and designation in acupuncture, or an equivalent designation, as a diplomat in acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine

"Recognized acupuncture provider" is an individual Medicaid provider who may receive payment for providing covered acupuncture services, without enrolling separately in Medicaid as an acupuncturist, by virtue of holding the credential indicated in the following list:

- Chiropractor – a valid certificate to practice acupuncture issued under section 4734.283 of the Revised Code
- Physician – completion of medical training in acupuncture with a current and active designation, or an equivalent designation, as a diplomat in acupuncture from the national certification commission for acupuncture and oriental medicine; or

- Other individual Medicaid provider (e.g., acupuncturist, advanced practice registered nurse, physician assistant) – a valid certificate as an acupuncturist.

For non-physician practitioners, the place of service is none of the following locations:

- A hospital (inpatient hospital, outpatient hospital, emergency department)
- An ambulatory surgery center
- A long-term care facility
- The individual's private residence

The following eligible providers may receive Medicaid payment for submitting a claim for a covered acupuncture service:

- An acupuncturist
- A recognized acupuncture provider
- An ambulatory health care clinic
- A federally qualified health center (FQHC)
- A rural health clinic (RHC)
- A professional medical group

Acupuncture (manual or electroacupuncture) (97810-97814) up to thirty (30) visits per calendar year is covered for any of the following indications when administered by an eligible provider as listed above: covered diagnosis listed below

- Chronic (minimum 12 weeks duration) low back Diagnosis M54.5
- Chronic (minimum 12 weeks duration) migraine Diagnosis G43.001-G43.919

The following information should be documented prior to the start of acupuncture treatment in the member's medical record and available upon request:

- Member's comprehensive history to document the cause or origin of the condition being treated
- Member's chief complaint
- Subjective findings from physical examination
- Objective findings
- Diagnosis
- Treatment plan which includes the following:
 - Goals
 - Plans for continued treatment including duration and frequency of visits
 - Objective measures that will be used to evaluate the effectiveness of treatment

The following information should be documented to support each service billed and available upon request:

- Member's status on each visit date including how the member's condition has changed since the last treatment
- Review of how the chief complaint has changed since the last visit
- Results of physical exam

No payment will be made for maintenance treatment when symptoms regress or do not improve as a result of treatment.

Evaluation and management service and an acupuncture service rendered by the same provider to the same individual on the same day:

- An acupuncturist is not eligible to receive payment for an E/M service. Section 4762.10(D) of the Ohio Revised Code (ORC) states that a person certified to practice acupuncture under ORC Chapter 4762 may not make a diagnosis. "Acupuncture" is defined in in ORC Section 4762.01(A) as being a form of health care performed by the insertion and removal of needles with or without the use of supplemental techniques.
- Practitioners (e.g., physicians) who are eligible to receive Medicaid payment for an E/M service may

receive payment for an E/M service related to rendering acupuncture services. The CPT codebook states that additional E/M services may be reported separately if the patient's condition requires a separately identifiable E/M service beyond the usual pre service and post-service work associated with treatment. No separate payment, however, will be made for both an E/M service and an acupuncture service rendered by the same practitioner to the same individual on the same day. ODM considers acupuncture to be an inclusive procedure, not unlike a skin biopsy, in which limited E/M services are part of the procedure when performed on the same day.

No separate payment is made for services that are an incidental part of a visit (e.g., providing instruction on breathing techniques, diet, or exercise).

No separate payment is made to a non-physician acupuncture provider who performs an acupuncture service in a hospital setting. Instead, the provider makes payment arrangements directly with the participating hospital.

Effective 04/1/2021 additional Acupuncture services covered for the following conditions: covered diagnosis listed below

- cervical (neck) pain,
- osteoarthritis of the hip,
- osteoarthritis of the knee,
- nausea or vomiting related to pregnancy or chemotherapy, only in an outpatient setting, and
- acute post-operative pain, only in an inpatient hospital setting.

Acupuncture for all other indications, including dry needling, is non-covered and considered experimental and investigational, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary.