Prior Authorization Review Panel
MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness (PHW)	**Submission Date: 08/01/2025**
Policy Number: PA.CP.MP.92	**Effective Date: 01/01/2018** **Revision Date: 07/2025**
Policy Name: Acupuncture	

Type of Submission – Check all that apply:

- ☐ New Policy
- ☐ Revised Policy*
- ☐ Annual Review – No Revisions
- ☐ Statewide PDL
- ☒ Retiring Policy

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any clarifying information for the policy below:

Policy Retired with no replacement indicated.

Name of Authorized Individual (Please type or print):	Signature of Authorized Individual:
Dr. Craig A. Butler, MD.	Craig A Butler MD

Clinical Policy: Acupuncture

Reference Number: PA.CP.MP.92
Plan Effective Date: 01/2018
Date of Last Revision: 06/2024

Coding Implications
Revision Log

Description
Acupuncture involves the manual and/or electrical stimulation of thin, solid, metallic needles inserted into the skin.[1] Acupuncture has been studied for the treatment of many conditions, but some of the more common and studied indications include pain and nausea and vomiting, hypertension, chronic obstructive pulmonary disease, allergic rhinitis and addictive behavior.

Policy/Criteria

I. It is the policy of PA Health and Wellness® (PHW) that, when a covered benefit under the benefit plan contract, needle acupuncture is **medically necessary** when meeting all of the following:

A. Provided by a licensed acupuncturist or other appropriately licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who has specific acupuncture training or credentialing;

B. Requested for one of the following:

1. Postoperative or chemotherapy induced nausea and vomiting;
2. Nausea and vomiting of pregnancy;
3. Chronic low back, neck, or shoulder pain;
4. Chronic migraines or moderate to severe chronic tension headaches occurring ≥ 15 days per month for more than three months;
5. Pain from clinically diagnosed osteoarthritis of the knee or hip;

C. None of the following contraindications:

1. Severe neutropenia as seen after myelosuppressive chemotherapy;
2. Insertion of acupuncture needles at sites of active infection or malignancy.

An initial course of six visits over one month is considered medically necessary. If improvement in the condition occurs following the initial course of treatment, an additional six visits over two months is considered medically necessary to maintain improvement.

II. It is the policy of PHW that current evidence does not support the use of acupuncture for indications other than those listed above.

Background
Acupuncture is a form of complementary and alternative medicine (CAM) and one of the oldest medical procedures in the world.[1] It encompasses a large array of styles and techniques, however, the techniques most frequently used and studied are manual manipulation and/or electrical stimulation of thin, solid, metallic needles inserted into skin.[1]

The typical acupuncture treatment begins with evaluation of the patient through inspection, auscultation, inquiring, and palpation. Once the evaluation is complete, treatment begins with fine metal needles being inserted into precisely defined points and remaining in place anywhere from five to 20 minutes while the patient lies relaxed.[1-2] Treatments can occur one to two times a week, and the total number of sessions varies based on the patient's condition, disease severity

and chronicity.[1] There is insufficient evidence in studies to establish a defined treatment protocol for any condition.[1]

There are many proposed models for the mechanism of action of the effects of acupuncture; however, the data have been either too inconsistent or inadequate to draw significant conclusions. The theory in regards to the analgesic effect of acupuncture, associates the neurotransmitter effects such as endorphin release at both the spinal and supraspinal levels. Functional magnetic resonance imaging (MRI) studies have demonstrated various physiologic effects, associating acupuncture points with changes in brain MRI signals. Another theory is that acupuncture points are associated with anatomic locations of loose connective tissue.[1]

Evidence from a number of randomized, blinded, placebo-controlled studies indicate that acupoint stimulation can be effective in the management of postoperative nausea and vomiting, particularly in women, with mixed results in pediatric populations. Acupoint stimulation for women undergoing chemotherapy also reduced nausea and vomiting in some studies, but no effect was reported in a study involving both men and women. The evidence regarding alleviation of morning sickness by acupoint stimulation is limited, less rigorous than for postoperative nausea and vomiting, and ambiguous.[3-4]

Recent data on acupuncture for postoperative dental pain is limited, but earlier evidence indicated promising results for this use. Data was most promising for pain relief following tooth extraction.[1-2]

There are a number of randomized controlled trials that establish improvement in headache frequency, intensity, response, use of relief medication and quality of life relative to usual care and relief treatment only. An updated Cochrane Review that previously noted promising, but insufficient evidence in support of acupuncture for migraine headache indicates, “there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks only or to routine care,” following the completion of 12 additional trials.[5] However, according to Hayes, ambiguity remains due to the low quality of the evidence and the variety of the studies evaluated, considering the diversity in acupuncture technique, number of treatment sessions, and length of follow-up.[6]

Acupuncture for osteoarthritis pain appears to be effective, particularly for pain in the knee. Recent literature has shown relief of pain and improved function in osteoarthritis of the knee for patients treated with acupuncture.[1,7] According to the American College of Rheumatology/Arthritis Foundation, acupuncture is conditionally recommended for osteoarthritis in the knee, hip, or hand, but the most positive trials with the greatest effect were in relateion to knee osteoarthritis.[8]

Acupuncture has been studied for a variety of other reasons, but studies and evidence does not currently support its use for indications such as, but not limited to, arm pain, temporomandibular joint dysfunction, menstrual cramps and fibromyalgia.[1,9]

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
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 reinsertion of needles(s)
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 reinsertion of needles(s)

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy Developed	10/17	01/18
References reviewed and updated.	09/18	09/18
References reviewed and updated.	11/18	12/18
References reviewed and updated. Specialist review.	12/2020	1/28/2021
Restructured criteria with no changes to wording. Added contraindications of severe neutropenia or malignancy or infection at the site of insertion. Removed the "+" from M54.9 and R11.2 and added ".10" to R11.0. "Experimental/investigational" verbiage replaced in policy statement with "current evidence does not support the use of acupuncture for indications other than those listed above." Updated background with no impact on criteria. Replaced "member" with "member/enrollee" throughout document. Reordered background. References reviewed, updated with AMA format applied. Changed "Last Review Date" in header to "Date of Last Revision" and changed "Date" in Revision log to "Revision Date." Reviewed by specialist.	10/2021	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review completed. Updated background with no impact to clinical criteria. References reviewed and updated	2/22/2023	
Annual review. Minor rewording in Description with no impact on criteria. Criteria I.B.4. updated to headaches occurring ≥ 15 days per month for more than three months. Criteria I.B.5. updated to include osteoarthritis of the hip. Minor rewording in Criteria and Background sections with no impact on criteria. Background updated with no impact on criteria. ICD-10 codes removed. References reviewed and updated. Reviewed by external specialist.	7/2023	
Annual review. References reviewed and updated.	06/2024	08/2024
Policy Retired with no replacement indicated.	06/2025	**8/13/2025**

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