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Developed By: Medical Criteria Committee	

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Description:

Acupuncture is one of the oldest, most commonly used medical procedures in the world. Originating in China more than 2,000 years ago, acupuncture became better known in the United States in the 1970's. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) throughout the body which are essential for health. Disruptions of this flow are believed to be responsible for disease. Acupuncture may correct imbalances of flow at identifiable points close to the skin. Findings from basic research have begun to make clear the mechanisms of action of acupuncture, including the release of opioids and other peptides in the central nervous system and the periphery and changes in neuroendocrine function. Although research suggests some potential areas for the use of acupuncture, the quality or quantity of the research evidence is not sufficient to provide definite evidence of effectiveness at this time.

Criteria:

ODS will cover needle acupuncture (manual or electroacupuncture) when it is listed as a covered benefit and is administered by a healthcare provider who is a legally qualified acupuncturist practicing within the scope of his/her license.

Medical necessity review for continued acupuncture treatment will be required after the 20th visit. Acupuncture treatment performed to maintain a current level of functioning without documentation of significant improvement in symptoms will be considered not medically necessary and will not be covered. Usually a course of 10-20 treatments over two months is the standard course of therapy.

ODS does NOT cover acupuncture for ANY of the following conditions after the first 20 visits because there is inadequate scientific evidence supporting the effectiveness of acupuncture compared with placebo, sham acupuncture or other modalities of treatment in these conditions:

Addiction	Lactation
AIDS	Menstrual cramps
Allergic rhinitis	Obesity
Asthma	Psychiatric diagnoses
Dermatological conditions	Sensorineural deafness
Fibrotic contractures	Smoking cessation
Glaucoma	Stroke rehabilitation
Hypertension	Tinnitus
Induction of labor	Urinary incontinence
Infertility	

Information to be Submitted with Pre-Authorization Request:

1. Chart notes documenting diagnosis
2. Prior treatment modalities if applicable
3. Original evaluation and progress notes from the acupuncture provider including a plan for continued therapy

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Applicable CPT/HCPC codes:

Note: list is not all inclusive

97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient
97811	Without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
97813	With electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.
97814	With electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)

References:

- National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997.
- Carter, Brian B, Acupuncture Research (1996-2003) for Physicians from The Pulse of Oriental Medicine, www.pulsemed.org, January 27, 2003.
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- Smith CA, Hay PPJ. Acupuncture for depression. The Cochrane Library. 2006. Issue 2.
- Acupuncture for chronic headache. Hayes Alert. April 2004; 7(4).
- Agency for Healthcare and Quality (AHRQ). Acupuncture for fibromyalgia. Technology assessment. 2003 June. Accessed June 8, 2007. Available at URL address: <http://www.cms.hhs.gov/coverage/download/id83.pdf>.
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- Peer Specialty Review
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