

## Acupuncture

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan will be used to determine your coverage.

### Administrative Process

Prior authorization is not required for Acupuncture.

### Coverage

Acupuncture is generally covered, if the member has an acupuncture benefit, per the indications listed below. Due to variations in member contracts, please check with Member Services for information regarding specific coverage for this service.

#### Indications that are covered

1. Acupuncture treatment is generally limited to the following conditions:
  - A. As an analgesia for medical procedures;
  - B. Chronic pain syndromes, including but not limited to:
    - i. Neuromusculoskeletal conditions (e.g., neck, back, extremity pain, radicular syndromes, myofascial pain syndromes, fibromyalgia syndromes);
    - ii. Headaches (chronic or recurrent, tension or migraine)
  - C. Nausea (e.g., following chemotherapy; associated with pregnancy)
  - D. PMS or menstrual disorders
2. For patients with a new condition there should be documented improvement in the following areas that are relevant to the condition being treated. Severity/intensity, frequency and duration of main symptom; and
  - A. General fatigue, lack of energy, strength or endurance; inability to complete a normal day's obligations/tasks; and
  - B. Mobility, agility, range of motion, ability to sit/stand/walk; and
  - C. Sleep disturbance: difficulty falling or staying asleep, waking too early, not rested upon waking in the morning; and
  - D. Decreased quality of life: negative mood, poor coping ability or emotional resiliency; significant relationships strained.

#### Indications that are not covered

1. Smoking (tobacco) cessation.
2. Other conditions not listed in this policy.
3. Maintenance care is not covered per the member contract.

### Definitions

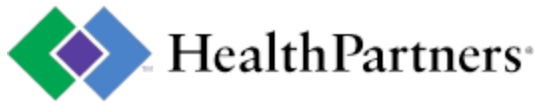
**Acupuncture** is based on the premise that energy flows within the body along channels. There are 14 main channels, some associated with a specific body organ or subsidiary channels. In acupuncture treatment, fine, thin specialized needles are inserted along the channels. The needles are manipulated, with the aim of restoring the energy flow to a state of balance. The intention is that the patient will achieve an improved state of health.

**Chronic Pain** is defined as persistent pain which can be either continuous or recurring, and of at least 3 months duration and intensity to adversely affect a patient's well-being, level of function and quality of life. The goals of treatment are an emphasis improving the patient's level of function, well being and quality of life.

**Maintenance care** related to acupuncture refers to regularly scheduled treatments for an indefinite period of time after signs and/or symptoms have been relieved or have reached a plateau. The intention of maintenance care is to prevent the condition from getting worse.

**Restorative therapy** related to acupuncture is treatment of signs or symptoms that have returned or become more severe after having been previously relieved by acupuncture treatment. The purpose of restorative treatment is to restore the therapeutic gains previously achieved.

**New condition** is one that is different from the conditions treated with acupuncture during the current year.



## Codes

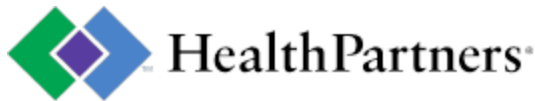
If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

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 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)

### Diagnosis (ICD-10-CM) codes appropriate to acupuncture coverage

This code list is not all-inclusive but the following are covered:

Codes	Description
A18.01	Tuberculosis of spine
E89.41	Symptomatic postprocedural ovarian failure
F45.41	Pain disorder exclusively related to psychological factors
G43.001-G43.919	Migraine
G44.00-G44.59	Other headache syndromes
G50.0	Trigeminal neuralgia
G89.0-G89.4	Pain, not elsewhere classified
G93.3	Post viral fatigue syndrome
H93.11-H93.19	Tinnitus
I73.81	Erythromelalgia
M00.09	Pyogenic arthritis, unspecified
M05.40-M05.59, M05.70-M06.09, M06.20-M06.39, M06.80-M06.9	Rheumatoid arthritides
M06.4	Inflammatory polyarthropathy
M07.60-M07.69	Enteropathic arthropathies
M08.1	Juvenile ankylosing spondylitis
M12.10-M12.19	Kaschin-Beck disease
M12.50-M12.59	Traumatic arthropathy
M12.80-M12.9	Other specific arthropathies, not elsewhere classified
M13.0	Polyarthritis, unspecified
M13.10-M13.179	Monoarthritis, not elsewhere classified
M13.80-M13.89	Other specified arthritis
M15.0-M19.93	Osteoarthritis
M25.50-M25.579	Pain in joint
M25.70-M25.776	Osteophyte
M26.60-M26.69	Temporomandibular joint disorders
M43.20-M43.28	Fusion of spine
M43.8X8	Other specified deforming dorsopathies, sacral and sacrococcygeal region
M43.8X9	Other specified deforming dorsopathies, site unspecified
M45.0-M46.1	Ankylosing spondylitis & other inflammatory spondylopathies
M46.50-M46.99	Other and unspecified infective and inflammatory spondylopathies
M47.011-M48.38	Spondylosis & other spondylopathies
M48.50A-M48.9	Spondylosis & other spondylopathies
M49.80-M49.89	Spondylopathy in diseases classified elsewhere
M50.10-M50.13, M54.11-M54.13	Cervical radiculitis
M50.20-M50.23	Other cervical disc displacement
M50.90-M50.93	Cervical disc disorder, unspecified



M51.24-M51.27	Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M51.14-M51.17	Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy
M53.2X1-M53.9	Spinal instabilities and other specified dorsopathies
M54.10-M54.18	Radiculopathy
M54.2	Cervicalgia
M54.30-M54.32	Sciatica
M54.40-M54.5	Lumbago
M54.6	Pain in thoracic spine
M54.8-M54.9	Other & unspecified dorsalgia
M62.830	Muscle spasm of back
M72.9	Fasciitis
M75.00-M75.92	Shoulder lesions
M76.00-M76.9	Enthesopathies, lower limb, excluding foot
M77.00-M77.9	Other enthesopathies
M79.1-M79.2	Myalgia & Neuralgia and neuritis, unspecified
M79.601-M79.676	Pain in limb, hand, foot, fingers and toes
M79.7	Fibromyalgia
M99.22-M99.29	Subluxation stenosis of neural canal of thoracic and lumbar regions
M99.32-M99.39	Osseous stenosis of neural canal of thoracic and lumbar regions
M99.42-M99.49	Connective tissue stenosis of neural canal of thoracic and lumbar regions
M99.52-M99.59	Intervertebral disc stenosis of neural canal of thoracic and lumbar regions
M99.62-M99.69	Osseous and subluxation stenosis of intervertebral foramina of thoracic and lumbar regions
M99.72-M99.79	Connective tissue and disc stenosis of intervertebral foramina of thoracic and lumbar regions
N30.10-N30-11	Interstitial cystitis (chronic)
N64.4	Mastodynia
N91.0-N92.6, N93.8-N94.6, N95.0-N95.9	Menstrual disorders
O21.0-O21.9	Excessive vomiting in pregnancy
R11.2	Nausea with vomiting, unspecified
R51	Headache
R52	Pain, unspecified
R53.0	Neoplastic (malignant) fatigue
R53.1	Weakness
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue

#### ICD-10-PCS Codes

Codes	Description
8E0H300	Acupuncture using Anesthesia
8E0H30Z	Acupuncture

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## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Number A004-09; Approved Benefits and Medical Directors Committees 10/31/94; Revised 5/25/05, 12/14/06, 12/26/07, 4/1/09, 11/14/16; Annual Review 12/14/06, 8/1/07, 1/1/08, 4/1/09, 10/28/10, 10/2011, 10/2012, 10/2013, 10/2014, 10/2015, 10/2016

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