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, myofacial 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.
   A. Severity/intensity, frequency and duration of main symptom; and
   B. General fatigue, lack of energy, strength or endurance; inability to complete a normal day’s obligations/tasks; and
   C. Mobility, agility, range of motion, ability to sit/stand/walk; and
   D. Sleep disturbance: difficulty falling or staying asleep, waking too early, not rested upon waking in the morning; and
   E. 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.
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.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A18.01</td>
<td>Tuberculosis of spine</td>
</tr>
<tr>
<td>E89.41</td>
<td>Symptomatic postprocedural ovarian failure</td>
</tr>
<tr>
<td>F45.41</td>
<td>Pain disorder exclusively related to psychological factors</td>
</tr>
<tr>
<td>G43.001-G43.919</td>
<td>Migraine</td>
</tr>
<tr>
<td>G44.00-G44.59</td>
<td>Other headache syndromes</td>
</tr>
<tr>
<td>G50.0</td>
<td>Trigeminal neuralgia</td>
</tr>
<tr>
<td>G89.0-G89.4</td>
<td>Pain, not elsewhere classified</td>
</tr>
<tr>
<td>G93.3</td>
<td>Post viral fatigue syndrome</td>
</tr>
<tr>
<td>H93.11-H93.19</td>
<td>Tinnitus</td>
</tr>
<tr>
<td>I73.81</td>
<td>Erythromelalgia</td>
</tr>
<tr>
<td>M00.09</td>
<td>Pyogenic arthritis, unspecified</td>
</tr>
<tr>
<td>M05.40-M05.59, M05.70-M06.09, M06.20-M06.39, M06.80-M06.9</td>
<td>Rheumatoid arthropathies</td>
</tr>
<tr>
<td>M06.4</td>
<td>Inflammatory polyarthopathy</td>
</tr>
<tr>
<td>M07.60-M07.69</td>
<td>Enteropathic arthropathies</td>
</tr>
<tr>
<td>M08.1</td>
<td>Juvenile ankylosing spondylitis</td>
</tr>
<tr>
<td>M12.10-M12.19</td>
<td>Kaschin-Beck disease</td>
</tr>
<tr>
<td>M12.50-M12.59</td>
<td>Traumatic arthropathy</td>
</tr>
<tr>
<td>M12.80-M12.9</td>
<td>Other specific arthropathies, not elsewhere classified</td>
</tr>
<tr>
<td>M13.0</td>
<td>Polyarthritides, unspecified</td>
</tr>
<tr>
<td>M13.10-M13.179</td>
<td>Monoarthritis, not elsewhere classified</td>
</tr>
<tr>
<td>M13.80-M13.89</td>
<td>Other specified arthritis</td>
</tr>
<tr>
<td>M15.0-M19.93</td>
<td>Osteoarthropathies</td>
</tr>
<tr>
<td>M25.50-M25.579</td>
<td>Pain in joint</td>
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<tr>
<td>M25.70-M25.776</td>
<td>Osteophyte</td>
</tr>
<tr>
<td>M26.60-M26.69</td>
<td>Temporomandibular joint disorders</td>
</tr>
<tr>
<td>M43.20-M43.28</td>
<td>Fusion of spine</td>
</tr>
<tr>
<td>M43.8X8</td>
<td>Other specified deforming dorsopathies, sacral and sacrococcygeal region</td>
</tr>
<tr>
<td>M43.8X9</td>
<td>Other specified deforming dorsopathies, site unspecified</td>
</tr>
<tr>
<td>M45.0-M46.1</td>
<td>Ankylosing spondylitis &amp; other inflammatory spondylopathies</td>
</tr>
<tr>
<td>M46.50-M46.99</td>
<td>Other and unspecified infective and inflammatory spondylopathies</td>
</tr>
<tr>
<td>M47.011-M48.38</td>
<td>Spondylosis &amp; other spondylopathies</td>
</tr>
<tr>
<td>M48.50A-M48.9</td>
<td>Spondylosis &amp; other spondylopathies</td>
</tr>
<tr>
<td>M49.80-M49.89</td>
<td>Spondylosis in diseases classified elsewhere</td>
</tr>
<tr>
<td>M50.10-M50.13, M54.11-M54.13</td>
<td>Cervical radiculitis</td>
</tr>
<tr>
<td>M50.20-M50.23</td>
<td>Other cervical disc displacement</td>
</tr>
<tr>
<td>M50.90-M50.93</td>
<td>Cervical disc disorder, unspecified</td>
</tr>
</tbody>
</table>
### Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement
- M51.24-M51.27

### Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
- M51.9

### Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy
- M51.14-M51.17

### Spinal instabilities and other specified dorsopathies
- M53.2X1-M53.9

### Radiculopathy
- M54.10-M54.18

### Cervicalgia
- M54.2

### Sciatica
- M54.30-M54.32

### Lumbago
- M54.40-M54.5

### Pain in thoracic spine
- M54.6

### Other & unspecified dorsalgia
- M54.8-M54.9

### Muscle spasm of back
- M62.830

### Fasciitis
- M72.9

### Shoulder lesions
- M75.00-M75.92

### Enthesopathies, lower limb, excluding foot
- M76.00-M76.9

### Other enthesopathies
- M77.00-M77.9

### Myalgia & Neuralgia and neuritis, unspecified
- M79.1-M79.2

### Pain in limb, hand, foot, fingers and toes
- M79.601-M79.676

### Fibromyalgia
- M79.7

### Subluxation stenosis of neural canal of thoracic and lumbar regions
- M99.22-M99.29

### Osseous stenosis of neural canal of thoracic and lumbar regions
- M99.32-M99.39

### Connective tissue stenosis of neural canal of thoracic and lumbar regions
- M99.42-M99.49

### Intervertebral disc stenosis of neural canal of thoracic and lumbar regions
- M99.52-M99.59

### Osseous and subluxation stenosis of intervertebral foramina of thoracic and lumbar regions
- M99.62-M99.69

### Connective tissue and disc stenosis of intervertebral foramina of thoracic and lumbar regions
- M99.72-M99.76

### Interstitial cystitis (chronic)
- N30.10-N30.11

### Mastodynia
- N64.4

### Menstrual disorders
- N91.0-N92.6, N93.8-N94.6, N95.0-N95.9

### Excessive vomiting in pregnancy
- O21.0-O21.9

### Nausea with vomiting, unspecified
- R11.2

### Headache
- R51

### Pain, unspecified
- R52

### Neoplastic (malignant) fatigue
- R53.0

### Weakness
- R53.1

### Other malaise
- R53.81

### Chronic fatigue, unspecified
- R53.82

### Other fatigue
- R53.83

### Acupuncture using Anesthesia
- 8E0H300

### Acupuncture
- 8E0H30Z

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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 952-983-7979 or 1-800-233-9645.

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References