

MEDICAL POLICY

| MEDICAL POLICY DETAILS | |
|-------------------------|--|
| Medical Policy Title | Acupuncture and Auricular Electrostimulation |
| Policy Number | 8.01.20 |
| Category | Contract Clarification |
| Original Effective Date | 11/29/01 |
| Committee Approval Date | 01/23/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 04/25/19, 04/23/20, 04/22/21, 04/21/22, 04/20/23 |
| Current Effective Date | 04/20/23 |
| Archived Date | N/A |
| Archive Review Date | N/A |
| Product Disclaimer | <ul style="list-style-type: none"> • <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i> • <i>If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</i> • <i>If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</i> • <i>If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> • <i>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</i> |

POLICY STATEMENT

- I. Based upon our criteria and assessment of peer-reviewed literature, needle acupuncture (manual or electroacupuncture) is considered **medically appropriate** when performed by an individual state licensed to perform acupuncture and when performed for the following diagnoses:
 - A. adult postoperative nausea and vomiting;
 - B. chemotherapy-related nausea and vomiting;
 - C. pregnancy-related nausea and vomiting;
 - D. carpal tunnel syndrome;
 - E. fibromyalgia;
 - F. headache;
 - G. low back pain;
 - H. menstrual pain;
 - I. myofascial pain;
 - J. osteoarthritis; or
 - K. tennis elbow.
- II. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for patients undergoing rehabilitation following cerebral vascular accidents (stroke) is considered **not medically necessary** as the efficacy of the treatment has not been proven.
- III. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for all other conditions, including, but not limited to, the following, has not been medically proven to be effective and, therefore, is considered **investigational**:
 - A. allergic rhinitis;

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- B. irritable bowel syndrome; and
- C. substance (e.g., alcohol, cocaine) use disorders.

IV. Based upon our criteria and assessment of the peer-reviewed literature, electrical stimulation of auricular acupuncture points/auricular electrostimulation has not been medically proven to be effective and, therefore, is considered **investigational**.

Refer to Corporate Medical Policy # 8.01.12 Physical Therapy (PT)

Refer to Corporate Medical Policy #11.01.03 Experimental and Investigational Services.

POLICY GUIDELINES

Coverage for acupuncture, as well as the number of covered treatments, is contract-dependent. Please refer to your Customer (Member/Provider) Service Department for determination of contract benefits.

DESCRIPTION

Acupuncture is the practice of piercing the skin with needles at specific body sites, to induce anesthesia, to relieve pain, to alleviate substance withdrawal symptoms, or to treat various non-painful disorders. The placement of needles into the skin is dictated by the location of meridians. These meridians are thought to mark patterns of energy flow throughout the human body. Acupuncture has four components—the acupuncture needle(s), the target location defined by traditional Chinese medicine, the depth of insertion, and the stimulation of the inserted needle. Acupuncture may be performed with or without electrical stimulation. Acupuncture is a traditional form of Chinese medical treatment that has been practiced for over 3,000 years. Treatment involves inserting four to 15 needles at selected acupuncture points, usually for 10 to 30 minutes. Needles are approximately 37 gauge, stainless steel, and disposable. Needles are manipulated with electricity (electroacupuncture), with heat, or manually. It is thought that acupuncture for analgesia stimulates the small-diameter nerve fibers in muscles that enter the dorsal horn of the spinal cord. An impulse is then sent to other levels within the spinal cord, the midbrain, and the hypothalamic-pituitary system, which then release neurotransmitters that cause analgesia. Thus, when practitioners place a needle in the region of pain, all three centers are activated to provide an analgesic effect. Acupuncture is felt to be helpful for patients who have unsuccessfully exhausted conventional treatment modalities, who experience adverse consequences with conventional approaches, who prefer to not take pharmacological agents for their condition, or whose co-morbidities prevent them from utilizing certain drug therapies.

Electrical stimulation of auricular acupuncture points, or auricular electrostimulation, involves the stimulation of acupuncture points on the ear. Auricular electrostimulation has been proposed for treatment of a variety of conditions, including pain, depression, and anxiety. Devices have been developed that provide electrical stimulation to auricular acupuncture sites over a period of several days.

- I. The P-Stim (NeuroScience Therapy Corporation) is a single-use, miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify three auricular acupuncture points. The P-Stim device connects to three inserted acupuncture needles with caps and wires. The device is pre-programmed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours. The P-Stim received U.S. Food and Drug Administration (FDA) marketing clearance through the 510(k) process in 2006.
- II. The E-pulse, or Electro Acupuncture device, is a microprocessor-controlled, battery-powered unit designed to administer auricular point nerve stimulation treatment for pain therapy over a 96-hour period. The E-pulse received FDA 510(k) marketing clearance in 2009.
- III. The NSS-2 Bridge device (Innovative Health Solutions, Inc.) is a small electrical nerve stimulator placed behind the ear that emits electrical pulses to stimulate branches of certain cranial nerves, which may provide relief from opioid withdrawal symptoms. The FDA cleared this device in 2017 through the *de novo* premarket review pathway for use in reducing the symptoms of opioid withdrawal.
- IV. The IB-Stim (Innovative Health Solutions, Inc.) is a disposable, battery-powered, percutaneous electrical nerve field stimulator (PENFS) system placed behind the ear. It is proposed for use in patients 11-18 years old with functional

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abdominal pain associated with irritable bowel syndrome (IBS). The device is intended for use 120 hours per week for three consecutive weeks. The FDA cleared the IB-Stim through the *de novo* premarket review pathway in June 2019.

RATIONALE

The FDA regulates the approval of acupuncture needles and requires manufacturers to label the needles for single use only.

Clinical trials have demonstrated good evidence on the effectiveness of acupuncture in studies on headache, pregnancy-induced nausea and vomiting, chemotherapy-induced nausea and vomiting, and postoperative nausea and vomiting.

The National Institutes of Health (NIH) state that there are other situations where acupuncture may be useful as an adjunct treatment or acceptable alternative, or may be included in a comprehensive management program. These include, but are not limited to menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, and carpal tunnel syndrome.

Studies investigating acupuncture for the treatment of asthma are of poor quality and have conflicting results. The efficacy of acupuncture in the treatment of asthma and in stroke rehabilitation is not supported by clinical trials. Studies investigating the use of acupuncture for substance addiction (e.g., alcohol, opioids) and allergic rhinitis have not demonstrated the efficacy of acupuncture for these conditions. Studies of acupuncture for smoking cessation found that acupuncture is not effective in maintaining abstinence from nicotine addiction. A 2018 case series (Miranda and Taca) reported successful alleviation of opioid withdrawal symptoms; however, this was an uncontrolled, retrospective study with no comparator used, and, therefore, conclusions cannot be drawn from this limited evidence.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not Medically Necessary = (NMN)*

CPT Codes

| Code | Description |
|-------------|--|
| 0720T (E/I) | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation (IB-Stim system) |
| 0783T (E/I) | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment (<i>effective 1/01/2023</i>) |
| 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 | 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) |

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| Code | Description |
|-------------|---|
| S8930 (E/I) | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient |

ICD10 Codes

| Code | Description |
|-----------------------|--|
| F10.10-F10.99 (E/I) | Alcohol related disorders (code range) |
| F11.10-F11.99 (E/I) | Opioid related disorders (code range) |
| F12.10-F12.99 (E/I) | Cannabis related disorders (code range) |
| F13.10-F13.99 (E/I) | Sedative, hypnotic, or anxiolytic related disorders (code range) |
| F14.10-F14.99 (E/I) | Cocaine related disorders (code range) |
| F15.10-F15.99 (E/I) | Other stimulant related disorders (code range) |
| F16.10-F16.99 (E/I) | Hallucinogen related disorders (code range) |
| F17.200-F17.299 (E/I) | Nicotine dependence (code range) |
| F18.10-F18.99 (E/I) | Inhalant related disorders (code range) |
| F19.10-F19.99 (E/I) | Other psychoactive substance related disorders (code range) |
| G43.001-G43.019 | Migraine without aura (code range) |
| G43.101-G43.419 | Migraine with aura (code range) |
| G43.701-G43.719 | Chronic migraine without aura (code range) |
| G43.B0-G43.B1 | Ophthalmoplegic migraine (code range) |
| G43.801-G43.919 | Other types of migraines (code range) |
| G44.1 | Vascular headache, not elsewhere classified |
| G44.201-G44.209 | Tension-type headache, unspecified (code range) |
| G44.211-G44.219 | Episodic tension-type headache (code range) |
| G44.221-G44.229 | Chronic tension-type headache (code range) |
| G44.301-G44.309 | Post-traumatic headache, unspecified (code range) |
| G44.321-G44.329 | Chronic post-traumatic headache (code range) |
| G46.0-G46.8 (NMN) | Vascular syndromes of brain in cerebrovascular diseases (code range) |
| G50.0-G50.9 | Disorders of trigeminal nerve (code range) |
| G51.2-G51.9 | Facial nerve disorders (code range) |
| G56.00-G56.03 | Carpal tunnel syndrome (code range) |
| H92.01-H92.09 | Otalgia (code range) |
| I67.2 (NMN) | Cerebral atherosclerosis |
| I67.81-I67.82 (NMN) | Other specified cerebrovascular diseases (code range) |
| I67.89 (NMN) | Other cerebrovascular disease |
| I67.9 (NMN) | Cerebrovascular disease, unspecified |
| I68.0 (NMN) | Cerebral amyloid angiopathy |
| I68.8 (NMN) | Other cerebrovascular disorders in diseases classified elsewhere |
| J30.1-J30.9 (E/I) | Allergic rhinitis (code range) |
| K58.0-K58.9 (E/I) | Irritable bowel syndrome (code range) |
| K91.0 | Vomiting following gastrointestinal surgery |

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| Code | Description |
|-------------------|---|
| M15.0-M15.9 | Polyosteoarthritis (code range) |
| M16.0-M16.9 | Osteoarthritis of hip (code range) |
| M17.0-M17.9 | Osteoarthritis of knee (code range) |
| M18.0-M18.9 | Osteoarthritis of first carpometacarpal joint (code range) |
| M19.011-M19.079 | Primary osteoarthritis (code range) |
| M19.111-M19.179 | Post-traumatic osteoarthritis (code range) |
| M19.211-M19.279 | Secondary osteoarthritis (code range) |
| M19.90-M19.93 | Osteoarthritis, unspecified site (code range) |
| M25.50-M25.579 | Pain in joint (code range) |
| M26.621-M26.629 | Arthralgia of temporomandibular joint (code range) |
| M43.26-M43.28 | Fusion of spine (code range) |
| M43.8x6-M43.8x9 | Other specified deforming dorsopathies (code range) |
| M51.16-M51.17 | Intervertebral disc disorders with radiculopathy (code range) |
| M53.1 | Cervicobrachial syndrome |
| M53.2x7 | Spinal instabilities, lumbosacral region |
| M53.2x8 | Spinal instabilities, sacral and sacrococcygeal region |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M53.86-M53.88 | Other specified dorsopathies (code range) |
| M53.9 | Dorsopathy, unspecified |
| M54.06-M54.09 | Panniculitis affecting regions of neck and back (code range) |
| M54.16-M54.18 | Radiculopathy (code range) |
| M54.30-M54.32 | Sciatica (code range) |
| M54.40-M54.42 | Lumbago with sciatica (code range) |
| M54.5 | Low back pain |
| M60.80-M60.9 | Other myositis (code range) |
| M62.830 | Muscle spasm of back |
| M77.10-M77.12 | Lateral epicondylitis (code range) |
| M79.0 | Rheumatism, unspecified |
| M79.10-M79.18 | Myalgia (code range) |
| M79.2 | Neuralgia and neuritis, unspecified |
| M79.601-M79.676 | Pain in limb, hand, foot, fingers and toes (code range) |
| M79.7 | Fibromyalgia |
| N64.4 | Mastodynia |
| N94.4-N94.6 | Dysmenorrhea (code range) |
| O21.0-O21.9 | Excessive vomiting in pregnancy (code range) |
| R51 | Headache |
| T45.1x5A-T45.1x5S | Adverse effect of antineoplastic and immunosuppressive drugs (code range) |

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*Key Article

KEY WORDS

Acupuncture, Alternative Medicine, Auricular Electrostimulation, Electroacupuncture, E-pulse, P-Stim.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There are currently three National Coverage Determinations (NCDs) for acupuncture. Please refer to the following websites for Medicare Members:

Acupuncture (30.3):

[\[NCD - Acupuncture \(30.3\) \(cms.gov\)\]](#)

Acupuncture for Fibromyalgia (30.3.1):

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[\[NCD - Acupuncture for Fibromyalgia \(30.3.1\) \(cms.gov\)\]](#)

Acupuncture for Osteoarthritis (30.3.2):

[\[NCD - Acupuncture for Osteoarthritis \(30.3.2\) \(cms.gov\)\]](#)

Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3):

[\[https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areaId=s41&docType=NCA,CAL,NC D,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=AAAAAAQAAAAA&KeyWordLookUp=Doc&KeyWordSearchType=Exact\]](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areaId=s41&docType=NCA,CAL,NC D,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=AAAAAAQAAAAA&KeyWordLookUp=Doc&KeyWordSearchType=Exact)