



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 required for Acupuncture after 12 visits in a calendar year.

NOTE: Prior authorization is only required for in network providers. It is not required for out of network providers.

Process for repeat patients with a new condition:

1. If the member has an acupuncture benefit and one of the covered conditions listed below, they must submit documentation of evaluation from a licensed physician, physician assistant, or nurse practitioner which includes the following:
 - A. Evaluation of symptoms
 - B. Duration of symptoms
 - C. Diagnosis
 - D. Failure of other approved therapies for the condition
2. Documentation of a – d above can be either:
 - A. From the medical provider; OR
 - B. Documentation from the acupuncturist that the patient has seen the treating physician
3. If prior authorization is granted, the acupuncture provider will ask the member to complete a Brief Symptom Inventory (BSI) prior to beginning acupuncture treatments.
4. After approximately 10 acupuncture treatments, the provider will ask the member to complete the BSI again to assess results of acupuncture treatment.
5. If the provider and member feel that further treatments will be medically necessary as described below to continue acupuncture treatment, the provider will submit all of the following to HealthPartners for prior authorization for future visits:
 - A. Initial BSI completed by member,
 - B. Repeated BSI completed by member and
 - C. Medical Policy Review Form, which includes space for goals for further treatment and expected outcomes.

Process for repeat patients with the same condition:

1. Restorative Therapy: applies if symptoms for the same condition recur before 12 months of the calendar year has elapsed. The provider would submit a request for restorative therapy by submitting the following:
 - A. The last BSI completed in previous course of treatment, and
 - B. A BSI completed on the day of return for more treatment.



- C. Medical Policy Review Form with expected outcomes, explaining that this is a returning patient & the comparison BSI is from previous treatment and now. The provider should also explain if improvement was experienced prior to discontinuing previous course of treatment.

Coverage

Acupuncture is generally covered for 12 visits 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. Prior authorization for patients with a new condition is limited to 12 sessions per a calendar year. Criteria (for prior authorization of more than 12 visits) are documented improvement in those of 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.
- 3. Prior authorization of continued therapy shall be granted if both of the following criteria are met:
 - A. An improvement of at least three points on the numerical scale of 1-10 on the BSI, in at least one of the three measurements in the report presenting symptoms that is, severity, frequency or duration of the symptom; AND
 - B. A total of ten points improvement of sections A through E combined.

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 are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

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 9) Codes appropriate to acupuncture coverage (ICD10 on following page)

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

307.81 - Tension headache
338.29 - Chronic pain neck
338.4 - Chronic pain syndrome
346.00-346.93 - Migraines
350.1 - Trigeminal Neuralgia
524.60 - TMJ
536.2 - Hyperemesis
625.0-625.9 - Menstrual Disorders
626.0-626.9 - Menstrual Disorders
627.0-627.9 - Menstrual Disorders
643.00-643.93 - Nausea and Pregnancy
714.0-714.9 - Arthritis
715.00-715.98 - Arthritis
716.00-716.99 - Arthritis & related
719.40-719.49 - Pain in Joint
720.0-720.9 - Ankylosing spondylitis & other
721.0-721.91 - Spondylosis & allied disorders
722.0 - Displacement of cervical intervertebral disc without myelopathy
722.10 - Displacement of lumbar intervertebral disc w/o myelopathy
722.11 - Displacement of thoracic intervertebral disc w/o myelopathy
722.2 - Displacement of unspecified intervertebral disc w/o myelopathy
723.1 - Neck Pain
723.4 - Cervical Radiculitis
724.00-724.9 - Other and Unspecified Diagnosis of Back
724.5 - Back Pain
726.0-726.91 - Peripheral enthesopathies & allied syndromes
729.1 - Fibromyalgia
729.2 - Radiculitis
729.4 - Fasciitis, unspecified
729.5 - Pain in Limb
784.0 - Headache
787.01 - Nausea and Vomiting
787.02 - Nausea alone

ICD-10-CM Code(s)	ICD-10-CM Code Descriptor
A18.01	Tuberculosis of spine
G43.001-G43.919	Migraine
G44.00-G44.59	Other headache syndromes
G50.0-G50.9	Disorders of trigeminal nerve
G89.40	Chronic pain syndrome
M00.00-M00.849	Pyogenic arthritis
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-M46.09	Ankylosing spondylitis & other inflammatory spondylopathies
M46.50-M46.89	Other and unspecified infective and inflammatory spondylopathies
M47.011-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
M51.26-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

M53.2X1-M53.9	radiculopathy Spinal instabilities and other specified dorsopathies
M54.10-M54.18	Radiculopathy
M54.2	Cervicalgia
M54.30-M4.32	Sciatica
M54.40-M54.5	Lumbago
M54.6	Pain in throacic spine
M62.830	Muscle spasm of back
M66.0-M67.99	Spontaneous rupture and other disorders of synovium and tendon
M72.9	Fasciitis