ACUPUNCTURE

Description of Procedure or Service

GEHA addresses the use of acupuncture, which is the practice of stimulating specific points on the body using needles for the purpose of treating various health conditions. Manual manipulation or electrical stimulation of the needles may or may not be incorporated into therapy. GEHA provides coverage for up to 20 treatments per calendar year for the treatment of pain and anesthesia only, where each modality used is considered a treatment.

Background

Acupuncture as a therapeutic intervention is widely practiced in the United States. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) through the body that 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 elucidate 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.

Regulatory Status

In the United States, the American Board of Medical Acupuncture (ABMA) certifies clinician acupuncturists while the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certifies non-clinician acupuncturists. Certifications require passing a standardized exam and demonstration of adequate training. The standard for an acupuncturist is usually between 2000 and 3000 hours of training in a three- or four-year program that is independently accredited.

Policy Statement

GEHA will provide coverage for acupuncture when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.

When treatment for Acupuncture is covered for any of the following indications:

1. Chronic (minimum 12 weeks duration) neck pain; or
2. Chronic (minimum 12 weeks duration) headache; or
3. Low back pain; or
4. Nausea of pregnancy; or
5. Pain from osteoarthritis of the knee or hip (adjunctive therapy); or
6. Post-operative and chemotherapy-induced nausea and vomiting; or
7. Post-operative dental pain; or

**When treatment for Acupuncture is not covered:**

1. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is considered not medically necessary. If no clinical benefit is appreciated after four weeks of acupuncture, then the treatment plan should be reevaluated. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms (i.e. measurable functional improvement as compared to the baseline measurements).

2. Acupuncture is considered not medically necessary when the criteria above are not met, and for any other indication

**Policy Guidelines**

Benefits are limited to 20 visits per person per calendar year for medically necessary acupuncture treatments for:

- Anesthesia
- Pain relief

**Physician documentation**

CPT

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)

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)

**Scientific references**


**Policy implementation and updates**

12/2017 Revised coverage criteria with clarity regarding covered and non-covered indications.