Acupuncture

CPT Codes – 97810-97814

Acupuncture is a form of complementary and alternative medicine that has been widely practiced for many centuries. It involves the stimulation of specific anatomical locations on the skin through the penetration of fine needles, with the goal of relieving pain or treating disease. Stimulation can be accomplished manually (i.e., by a twisting motion of the hand) or through such methods as electrical stimulation (electroacupuncture), heating, laser, pressure, and herbal heat therapy. **NOTE:** Most plans exclude coverage for acupuncture. Please check benefit plan descriptions for details. If covered, the following criteria will apply.

**What is it?**

Acupuncture is considered medically necessary for any of the following conditions provided the health care provider administering it is a legally qualified physician practicing within the scope of his/her license:

1) Postoperative, Pregnancy and Chemo-induced nausea & vomiting; or
2) Postoperative dental pain (only if treatment of dental condition was covered under the medical benefit plan); or
3) Migraine headache; or
4) Chronic knee pain; or
5) Chronic neck pain; or
6) Chronic low back pain.

- Continuation of treatment is not medically necessary if the member does not demonstrate meaningful improvement in symptoms. Maintenance treatment, where the member’s symptoms are neither regressing nor improving is not medically necessary.

**Acupuncture** is considered experimental and investigational for all other indications, including but not limited to any of the following:

- Acute Pain
- Addictive Behaviors (including alcohol, drug or tobacco)
- ADD/ADHD
- AIDS
- Allergies
- Asthma
- Bowel Dysfunction (including Irritable Bowel Syndrome)
- Bursitis
- Carpal Tunnel
- Chronic Pain Syndrome
- Depression
- Dermatitis
- Epicondylitis (tennis elbow)
- Fetal Breech Presentation
- Fibrotic Contractures
- Glaucoma
- Hypertension
- In lieu of Anesthesia
- Infertility
- Insomnia
- Labor
- Malignancy Pain
- Menstrual cramps
- Myofascial Pain
- Neuropathies
- Post-Stroke Rehab
- Psoriasis
- Psychiatric Disorder
- Raynaud’s disease
- RSD
- Rheumatoid Arthritis
- Rhinitis
- Shoulder Pain
- Tinnitus
- TMJ
- Urinary Incontinence

**Criteria**

Policies are designed to provide medical guidelines that are applicable for the majority of individuals with a particular disease, illness, or condition. In addition, policies are designed to supplement the medical necessity...
terms as defined in the member's Policy or Benefit Plan. Therefore, sMed policies alone can not override specific Policy or Benefit plan language regarding coverage, limitations and exclusions. In the event of conflict, the Policy or Benefit Plan shall govern. Any sMed policies included herein do not constitute medical advice or the practice of medicine. Rather, they are intended only to establish general guidelines. Application of a sMed policy to determine medical necessity in an individual instance is not intended, implied or construed to take priority over the professional judgment of a treating provider. In all situations, the treating provider must use professional judgment to provide the care believed to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

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