ACUPUNCTURE FOR FIBROMYALGIA (NCD 30.3.1)

Guideline Number: MPG004.05
Approval Date: September 12, 2018

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POLICY SUMMARY

Overview
Acupuncture has been used for thousands of years in China and for decades in parts of Europe, it is a new agent of unknown use and efficacy in the United States. Even in those areas of the world where it has been widely used, its mechanism is not known. Three units of the National Institutes of Health, the National Institute of General Medical Sciences, National Institute of Neurological Diseases and Stroke, and Fogarty International Center were designated to assess and identify specific opportunities and needs for research attending the use of acupuncture for surgical anesthesia and relief of chronic pain. Following thorough review, and pending completion of the scientific assessment and efficacy of the technique, CMS initially issued a national noncoverage determination for acupuncture in May 1980.

Guidelines
After careful reconsideration of its initial noncoverage determination for acupuncture, CMS concludes that there is no convincing evidence for the use of acupuncture for pain relief in patients with fibromyalgia. Study design flaws presently prohibit assessing acupuncture’s utility for improving health outcomes. CMS determines that acupuncture is not considered reasonable and necessary for the treatment of fibromyalgia within the meaning of §1862(a)(1) of the Social Security Act, and the national noncoverage determination for acupuncture continues.

The service for auricular peripheral nerve simulation (CPT code 64999) will be denied as non-covered. This service is not a covered Medicare benefit because acupuncture does not meet the definition of reasonable and necessary under Section 1862(a)(1) of the Act. ANSiStim, E-Pulse, Neurostim system/NSS, P-Stim, and NSS-2 Bridge, other current or future devices when used for the procedure electro-acupuncture or auricular peripheral nerve stimulation, would also be considered a non-covered service. Any ear or auricular electrical devices (e.g., DyAnsys®) are also non-covered by Medicare as electrical acupuncture.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<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 (Not Covered)</td>
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**CPT Code** | **Description**
--- | ---
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) (Not Covered)
97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (Not Covered)
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) (Not Covered)

**HCPCS Code** | **Description**
--- | ---
S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient (Invalid Code)

**ICD-10 Procedure Code** | **Description**
--- | ---
8E0H300 | Acupuncture using anesthesia
8E0H30Z | Acupuncture

**DEFINITIONS**

**Acupuncture**: The technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms. It is a type of complementary and alternative medicine.

**QUESTIONS AND ANSWERS**

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<tr>
<td>Q:</td>
<td>Acupuncture is not covered by Medicare but can members still have the treatment?</td>
</tr>
<tr>
<td>A:</td>
<td>Some Medicare Advantage members have a supplemental benefit package with coverage for acupuncture.</td>
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**PURPOSE**

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

- NCD 30.3.1 Acupuncture for Fibromyalgia
- Reference NCDs: NCD 30.3 Acupuncture; NCD 30.3.2 Acupuncture for Osteoarthritis

**CMS Local Coverage Determinations (LCDs)**

<table>
<thead>
<tr>
<th><strong>LCD</strong></th>
<th><strong>Medicare Part A</strong></th>
<th><strong>Medicare Part B</strong></th>
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<tbody>
<tr>
<td>A55240 (Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)) Novitas</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
<tr>
<td>LCD</td>
<td>Medicare Part A</td>
<td>Medicare Part B</td>
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<tr>
<td>A56062 (Percutaneous Electrical NERVE Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)) WPS</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>

**MLN Matters**

*Article MM3870, July Update to the 2005 Medicare Physician Fee Schedule Database*

**Others**

*Items and Services Not Covered Under Medicare, Department of Health and Human Services, CMS Website*

**GUIDELINE HISTORY/REVISION INFORMATION**

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>04/01/2019</td>
<td>• Reorganized policy template; relocated Terms and Conditions and Purpose section</td>
</tr>
<tr>
<td>09/12/2018</td>
<td>• Updated CPT coding; added 64999</td>
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**TERMS AND CONDITIONS**

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

*For more information on a specific member’s benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.*