

# Acupuncture for Osteoarthritis (NCD 30.3.2)

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[Terms and Conditions](#)

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**Related Medicare Advantage Coverage Summary**

- [Complementary and Alternative Medicine](#)

**Related Medicare Advantage Policy Guidelines**

- [Acupuncture \(NCD 30.3\)](#)
- [Acupuncture for Fibromyalgia \(NCD 30.3.1\)](#)
- [Acupuncture for Chronic Lower Back Pain \(cLBP\) \(NCD 30.3.3\)](#)

## Policy Summary

[See Purpose](#)

### Item/Service Description

#### *General*

Acupuncture is the selection and manipulation of specific acupuncture points by a variety of needling and non-needling techniques.

### Indications and Limitations of Coverage

#### *Nationally Covered Indications*

N/A for acupuncture for osteoarthritis.

#### *Nationally Non-Covered Indications*

Effective for claims with dates of service on and after April 16, 2004, after careful reconsideration of its initial non-coverage determination for acupuncture, the Centers for Medicare & Medicaid Services (CMS) concludes that there is no convincing evidence for the use of acupuncture for pain relief in patients with osteoarthritis. Study design flaws presently prohibit assessing acupuncture’s utility for improving health outcomes. Accordingly, CMS determines that acupuncture is not considered reasonable and necessary for the treatment of osteoarthritis within the meaning of §1862(a)(1) of the Social Security Act, and the national non-coverage determination for acupuncture for osteoarthritis continues.

## 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.

CPT Code	Description
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles
64999	Unlisted procedure, nervous system
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)

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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

1	Q:	Acupuncture is not covered by Medicare but can members still have the treatment?
	A:	Some Medicare Advantage members have a supplemental benefit package with coverage for acupuncture.
2	Q:	Does CMS have new limited coverage for acupuncture?
	A:	A new NCD 30.3.3 Acupuncture for Chronic Lower Back Pain (cLBP) has coverage only for chronic low back pain, effective January 21,2020.
3	Q:	Is auricular peripheral nerve simulation covered?
	A:	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.

## References

### CMS National Coverage Determinations (NCDs)

[NCD 30.3.2 Acupuncture for Osteoarthritis](#)

Reference NCDs: [NCD 30.3 Acupuncture](#); [NCD 30.3.1 Acupuncture for Fibromyalgia](#); [NCD 30.3.3 Acupuncture for Chronic Lower Back Pain \(cLBP\)](#)

## CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33622 Pain Management</a>	<a href="#">A52863 Billing and Coding: Pain Management</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
N/A	<a href="#">A55240 Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	<a href="#">A56062 Billing and Coding: Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</a>	WPS	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	IA, IN, KS, MI, MO, NE
<a href="#">L36850 Peripheral Nerve Blocks</a>	<a href="#">A57452 Billing and Coding: Peripheral Nerve Blocks</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

## CMS Transmittal(s)

[Transmittal 11, Change Request 3250, Dated 04/16/2004 \(Medicare National Coverage Determinations\)](#)

[Transmittal 4525, Change Request 11661, Dated 02/14/2020 \(Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) – April 2020 Update\)](#)

[Transmittal 10128, Change Request 11755, Dated 05/08/2020 \(National Coverage Determination \(NCD 30.3.3\): Acupuncture for Chronic Low Back Pain \(cLBP\)\)](#) NCD

[Transmittal 10128, Change Request 11755, Dated 05/08/2020 \(National Coverage Determination \(NCD 30.3.3\): Acupuncture for Chronic Low Back Pain \(cLBP\)\)](#) Claims Processing

[Transmittal 10337, Change Request 11755, Dated 08/27/2020 \(National Coverage Determination \(NCD30.3.3\): Acupuncture for Chronic Low Back Pain \(cLBP\)\)](#)

## MLN Matters

[Article MM11661, Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) – April 2020 Update](#)

[Article MM11755 Revised, National Coverage Determination \(NCD 30.3.3\): Acupuncture for Chronic Low Back Pain \(cLBP\)](#)

## UnitedHealthcare Commercial Reimbursement Policy

[Acupuncture Policy, Professional](#)

## Other(s)

[Items and Services Not Covered Under Medicare, Department of Health and Human Services, CMS Website Decision Memo for Acupuncture for Chronic Low Back Pain \(CAG-00452N\)](#)

## 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.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
10/14/2020	<b>Policy Summary</b> <ul style="list-style-type: none"><li>Reorganized and revised language to indicate:<ul style="list-style-type: none"><li><b>Item/Service Description</b><ul style="list-style-type: none"><li>Acupuncture is the selection and manipulation of specific acupuncture points by a variety of needling and non-needling techniques</li></ul></li><li><b>Nationally Covered Indications</b><ul style="list-style-type: none"><li>N/A; Acupuncture for osteoarthritis is not a covered indication</li></ul></li><li><b>Nationally Non-Covered Indications</b><ul style="list-style-type: none"><li>Effective for claims with dates of service on and after Apr. 16, 2004, after careful reconsideration of its initial non-coverage determination for acupuncture, the Centers for Medicare &amp; Medicaid Services (CMS) concludes that there is no convincing evidence for the use of acupuncture for pain relief in patients with osteoarthritis</li><li>Study design flaws presently prohibit assessing acupuncture's utility for improving health outcomes</li><li>CMS determines that acupuncture is not considered reasonable and necessary for the treatment of osteoarthritis within the meaning of <i>Section §1862(a)(1) of the Social Security Act</i> and the national non-coverage determination for acupuncture for osteoarthritis continues</li></ul></li></ul></li></ul> <b>Questions and Answers</b> <ul style="list-style-type: none"><li>Added Q&amp;A #3 pertaining to non-coverage of auricular peripheral nerve simulation and electro-acupuncture procedures and related devices</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated References section to reflect the most current information</li><li>Archived previous policy version MPG005.07</li></ul>

## 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 NCDs, LCDs, LCAs, 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.

## 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 healthcare 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.

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\*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](#).