



## Review Criteria Georgia Region

DEPARTMENT	CRITERIA NUMBER	
<b>Acupuncture Guidelines</b>		
SECTION	EFFECTIVE DATE	January 2021
TITLE	REVIEW DATES	1/5/2022 1/30/23
	REVISION DATE	11/2021
POLICY TYPE	PAGE NUMBER	
<b>New                      X Reviewed                      Revised</b>		

**Purpose:**

**DIAGNOSIS/CONDITION:**

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS

**1.0    INDICATIONS**

1 QRM is reviewing for acupuncture **ONLY** for Medicare members.

2) If the patient is non-Medicare, then the referral should be closed out with the note:  
*"The acupuncture request received for the non-Medicare "name of plan" does not require QRM review. The member will be advised to contact Kaiser Customer Service for assistance "*

3) *Medicare only covers acupuncture for low back pain.*

4) The Soteria Healthcare Network has been contracted to provide this service.

5) **The Medicare National Coverage Determination (NCD) guidelines for acupuncture for low back pain can be found in MCG ([www.mcg.com](http://www.mcg.com)) and are copied below.**

**The Medicare NCG Guidelines for Acupuncture (from MCG)**

MCG also provides the Medicare recommendations for the qualifications of those administering acupuncture. This will be determined through the Provider Contracting credentialing process.

**NCD: N3032v2    Acupuncture for Osteoarthritis**    Not approved by Medicare

**NCD: N3031v2    Acupuncture for Fibromyalgia**    Not approved by Medicare

**NCD: N3033v1    Acupuncture for Chronic Low Back Pain (cLBP)**

2.0    Acupuncture for Chronic Lower Back Pain (cLBP) may be covered (effective January 21, 2020) for **ALL** of the following:

DEPARTMENT	CRITERIA NUMBER	02-00
<b>QUALITY RESOURCE MANAGEMENT</b>		
TITLE	PAGE NUMBER	Page 2 of 2

2.1 Patient with cLBP, as indicated by **ALL** of the following:

2.1.1 Pain lasting 12 weeks or longer

2.1.2 Nonspecific pain, with no identifiable systemic cause (ie, not associated with metastatic, inflammatory, infectious, etc. disease)

2.1.3 Pain not associated with surgery

2.1.4 Pain not associated with pregnancy

Course of treatment is appropriate, as indicated by **1 or more** of the following:

2.1.5 Initial treatment: up to 12 visits in 90 days

2.1.6 Continued treatment: additional 8 sessions for patient demonstrating improvement

- Acupuncture for Chronic Lower Back Pain (cLBP) is **NOT COVERED** for **ANY** of the following:
  - Treatment in excess of 20 treatments per year
  - Continued treatment for patient who is not improving or is regressing
  - Any type of acupuncture, including dry needling, for any condition other than cLBP

- The following are previous review/revision of this review criteria: NA
- The following is most recent review/revision: 1/5/2022

**5.0 REFERENCES: Medicare NCD Coverage- NCD: N3033v1 Acupuncture for Chronic Low Back Pain (cLBP)**

**Reviewed on 1/30/23 by Karen Goodlett MD**  
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