

Acupuncture

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Acupuncture has been widely practiced for many years in various parts of the world. It involves the stimulation of specific body areas by penetrating the skin with fine needles. Stimulation can be accomplished electrically or manually.

Acupuncture has been suggested as a viable treatment option for a wide variety of acute and chronic pain conditions in both children and adults. However, determining the clinical utility of acupuncture has been challenging, largely related to the difficulties in designing studies with adequate blinding, controls, size and uniform outcome measures.

Oscar members may be eligible for acupuncture depending on their plan. Acupuncture is a covered service only when used as a substitute for traditional anesthesia and for the treatment of certain conditions. The acupuncture must be provided by a provider practicing within the scope of his or her license, or state licensing requirements for practicing acupuncture. Oscar does not cover acupuncture for all other common indications, unless otherwise directed by state regulation.

Definitions

"Acupuncture" is one technique, within a family of procedures in traditional Chinese medicine, which involves the manual or electrical stimulation of a sterilized, single-use needle used to penetrate the skin, thereby activating the body's own self-repair mechanisms.

"Maintenance Therapy" is the use of acupuncture as therapy in a member whose symptoms or condition is neither worsening nor improving, or is being maintained after treating the acute pain.

Clinical Indications and Coverage

Oscar covers acupuncture as medically necessary if ALL of the following criteria are met:

1. Acupuncture is prescribed by and will be performed by an appropriately licensed provider practicing within the scope of his or her license; *and*
2. Medical records indicate ALL of the following criteria:
 - a. Diagnosis with date of onset or exacerbation of the disorder; *and*
 - b. Quantitative and objective short-term and long-term goals, which should include a reasonable estimate of when the goals will be reached and the frequency and expected duration of treatment.
3. Medical records indicate that ONE of the following criteria are met:
 - a. Acupuncture is being provided as an alternative to traditional perioperative anesthesia, including but not limited to: normal childbirth, dental procedures, and minor surgical procedures; *or*
 - b. The member has ONE of the following conditions:
 - i. Nausea and vomiting associated with pregnancy and childbirth; *or*
 - ii. Nausea and vomiting associated with chemotherapy or anti-neoplastic therapy; *or*
 - iii. Postoperative nausea and vomiting; *or*
 - iv. Postoperative dental pain; *or*
 - v. One of the following chronic pain conditions that has lasted a minimum of 12 weeks duration:
 1. Headaches or temporomandibular disorder; *or*
 2. Osteoarthritic knee or hip pain; *or*
 3. Chronic cervical, thoracic and/or lumbosacral back pain.

Continuation of Services

After 4 visits of acupuncture therapy, a patient must show meaningful and considerable improvement (i.e., pain decreased by 50% or more and/or functional improvement) to continue therapy.

After 4 weeks of acupuncture therapy, alternative treatments should be evaluated. Acupuncture has only demonstrated efficacy for short-term improvement in symptoms, and maintenance therapy for any condition remains experimental.

Coverage Exclusions

Maintenance therapy for any condition is considered not medically necessary and is NOT covered by Oscar.

Acupuncture point injections for any indication are NOT covered by Oscar. Acupuncture point injections are considered experimental and investigational as there is insufficient evidence in the peer-reviewed

literature documenting their effectiveness and long term outcomes relative to established therapies.

Acupuncture for any other indication is NOT covered by Oscar, as it is considered experimental investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Acute conditions or injuries [including whiplash]
- Addiction
- Allergies
- Asthma
- Autism spectrum disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetic gastroparesis
- Erectile dysfunction
- Facial spasms
- Fatigue
- Fibromyalgia
- Hypertension
- Infantile colic and diarrhea
- Infertility
- Inflammatory Bowel Disease
- Insomnia
- Irritable Bowel Syndrome
- Mental disorders
- Obesity
- Muscle weakness and/or myalgias
- Neuropathic pain
- Peripheral neuropathy
- Post Traumatic Stress Disorder (PTSD)
- Raynaud's disease
- Smoking cessation
- Tennis elbow
- Tic disorders
- Tinnitus
- Urinary incontinence
- Xerostomia

Evidence for Non-Coverage of Above Indications:

Acute conditions or injuries (including whiplash)

A 2016 Cochrane Database Review by Trinh and colleagues found that although the quality of randomized, controlled trials regarding acupuncture and acute conditions such as whiplash have

improved over the past decade, they continue to show only modest short-term improvement in pain. And a 2014 review by Moon and colleagues found that acupuncture provided no additional benefit to usual care in whiplash injury in terms of disability and function.

Addiction

A 2006 review by Jordan found that when only randomized, controlled, blinded studies were included, acupuncture offered no improvement in the treatment of cocaine and/or opiate addiction when compared to controls. This review highlighted that numerous published studies supporting the use of acupuncture in the treatment of addiction suffered from a lack of adequate controls. The studies with sound methodologic clearly quality showed no benefit from acupuncture in the treatment of cocaine and/or opiate addiction.

Allergies

There have been few studies documenting benefit of acupuncture in the treatment and prevention of allergic conditions. Allergic rhinitis has been the most well-studied of the allergic conditions with respect to acupuncture, but results remain inconclusive. A 2015 systematic review and meta-analysis by Feng and colleagues did show a reduction in nasal symptom scores, medication use and serum IgE levels in the acupuncture group compared to controls. This analysis included 13 studies, but these studies did not have a sham or placebo group, thus limiting the conclusions that can be drawn.

Asthma

A 2004 Cochrane Database Systematic Review by McKarney and colleagues found insufficient evidence to make recommendations regarding acupuncture in the treatment of asthma. This review included 11 studies and 324 patients. Since that time, numerous conflicting studies have been published regarding acupuncture for asthma. One methodologic problem that plagues many of the studies is that sham acupuncture shows improvement in asthma symptoms similar to actual acupuncture. In 2015, Pai and colleagues performed a crossover study in patients with mild and moderate asthma for acupuncture and sham acupuncture. This RCT was not effective because both arms of the crossover study saw similar improvements.

A prospective study by Karlson and colleagues in 2013 in asthmatic children did show an improvement in asthma symptoms during the 3 month treatment period but not at 8 months. However, this study lacked a placebo treatment in the control group. Recent reviews find evidence lacking to support the use of acupuncture for asthma, and even more recent clinical trials do not offer sufficient evidence to alter this stance.

Autism Spectrum Disorder (ASD)

A 2011 Cochrane Database Systematic Review performed by Cheuk and colleagues evaluated 10 clinical trials that included 390 children. They found no difference between acupuncture and sham or placebo in core autistic features. These studies suffered from small numbers of patients, non-standardized outcome measures and a short duration of follow-up. There are studies that have found small improvements in

specific areas of behavior and function in patients with ASD, but replicating these findings has proven difficult. And when the data are evaluated as a whole, the positive effects of acupuncture on ASD are not evident.

COPD

A 2014 literature review of 16 studies by Coyle and colleagues found that acupuncture had no effect on lung function in patients with COPD. These authors did find that acupuncture improved health-related quality of life. A 2016 randomized, controlled trial by Feng and colleagues also found that acupuncture improved health-related quality of life compared to sham acupuncture. The evidence for acupuncture in the treatment of COPD has certainly improved in recent years. However, as Coyle and colleagues noted in their review, more high-quality randomized, controlled trials are needed to confirm the evidence that acupuncture is superior to sham in the treatment of COPD.

Depression

A 2010 Cochrane Database Systematic Review by Smith and colleagues found insufficient data to support the use of acupuncture in the treatment of depression. This review included 30 clinical trials and 2,812 patients. When compared to medication, acupuncture offered no additional benefit. Two of these trials did show some benefit of acupuncture plus antidepressants compared to antidepressants alone, but these studies had a high risk of bias and were potentially too small from which to draw generalizations.

A specific area of interest is the treatment of depression in pregnant patients as this is a commonly encountered comorbid condition that has been historically treated with acupuncture. A 2013 review by Sniezek and colleagues found some evidence from 3 blinded, randomized controlled trials that acupuncture does offer some benefit for depression in this patient population. However, a 2013 Cochrane Database Systematic Review by Dennis and Dowswell found that there was not a reduction in the number of women with clinical depression or in depression symptomatology with acupuncture when compared to sham or placebo. When evaluating the totality of the evidence for or against the use of acupuncture in this patient population, the authors found insufficient evidence to support its use in the treatment of depression.

Diabetic Gastroparesis

Yang and colleagues performed a meta-analysis that ultimately included 14 randomized, controlled trials evaluating acupuncture in the treatment of diabetic gastroparesis. While most of the studies reported an improvement in dyspeptic symptoms, gastric emptying times remained unchanged. Furthermore, the authors cite poor methodologic quality and a high risk of bias in the studies that prevented a conclusion regarding the effectiveness of acupuncture in the treatment of diabetic gastroparesis.

Erectile Dysfunction

A 2016 systematic review by Cui and colleagues found insufficient evidence to support acupuncture in the treatment of erectile dysfunction. Only 3 randomized, controlled trials with 183 patients were

included and only 1 of the 3 studies found evidence of benefit. The authors of the review note that the overall quality of the studies reviewed was low. For these reasons they found the evidence insufficient to support the use of acupuncture for erectile dysfunction. Earlier reviews such as one done by Lee and colleagues in 2009 met with similar results.

Facial Spasms

In 2012 Wang and colleagues performed a meta-analysis of 13 studies (1262 patients) evaluating the use of acupuncture for facial spasm. All 13 of the included studies were performed in China and were of low quality. All 13 studies reported that acupuncture was superior to other treatments including medications and massage therapy. However, because of the poor quality of the studies and the possible lack of generalizability (all patients were Chinese), the authors were unable to find evidence to support the use of acupuncture for facial spasms. The authors called for high quality, international, randomized, controlled trials.

Fatigue

There is a paucity of randomized, sham-controlled trials evaluating the use of acupuncture in the treatment of fatigue. A 2013 systematic review by Posadzki and colleagues found insufficient evidence to determine the efficacy of acupuncture in cancer-related fatigue, which is the most commonly studied form of fatigue with respect to acupuncture. A 2014 meta-analysis by Zeng and colleagues also found insufficient evidence for its use in cancer-related fatigue. Similarly, Yeun found insufficient evidence in a 2014 systematic review for the use of acupuncture for fatigue in patients with systemic lupus erythematosus.

A 2015 randomized, controlled trial by Kim and colleagues evaluated acupuncture in the treatment of chronic fatigue syndrome and idiopathic chronic fatigue. This study did show a difference between total body acupuncture and usual care alone with a modest improvement in fatigue with acupuncture. However, this study suffered from a lack of a sham or placebo group, and further studies are needed.

Fibromyalgia

A 2013 Cochrane Database Systematic Review by Deare and colleagues found that larger, high-quality studies are needed before acupuncture can be conclusively deemed an effective therapy for fibromyalgia. Compared to control only, acupuncture was superior to controls with regards to pain and stiffness. But when evaluating acupuncture versus sham, neither pain, fatigue, sleep or global well-being were superior in the acupuncture group. The authors state that a number of factors, including small sample sizes in the studies, limit clinical application. An earlier 2003 statement by the Agency for Healthcare Research and Quality came to similar conclusions.

Hypertension

A 2013 statement by the American Heart Association directly addressed the use of acupuncture in the treatment of hypertension. The authors stated that acupuncture is not recommended due to a lack of benefit. The statement addressed the questionable methodologic quality of many of the studies that

previously found acupuncture to be beneficial, the small effect size demonstrated in these positive trials (typically only 3-5 mmHg on either systolic or diastolic blood pressure) and the negative results found from the large United States trial, Stop Hypertension with the Acupuncture Research Program. This was a sham-controlled study that found no difference between the treatment arm and the sham group in blood pressure reduction. Similar results were found by a 2009 review and meta-analysis by Lee and colleagues.

Infantile Colic and Diarrhea

There are few well-designed studies evaluating the use of acupuncture in the treatment of infantile colic and diarrhea. One 2013 study by Kjeie randomized 90 patients to either acupuncture or usual care. There was no statistically significant difference between the two groups in crying time, the primary outcome. There was a trend to less crying (13 minutes) in the acupuncture group that was determined by the authors to not be a clinically meaningful difference. An important methodologic piece that is present in this study and noticeably absent in older studies is the demonstration of successful blinding of the parents.

Infertility

Acupuncture for the treatment of infertility has shown mixed results in the literature. Despite these mixed results, acupuncture remains a widespread treatment for infertility, especially in cases of in vitro fertilization. In a 2013 Cochrane Database Systematic Review by Cheong and colleagues, acupuncture was found to provide no improvement in live birth rates or pregnancy rates in assisted conception. This review included 20 randomized controlled trials and found that acupuncture was ineffective. Acupuncture near the time of egg retrieval and near the time of embryo placement both failed to show benefit.

A meta-analysis by Jerng and colleagues in 2014 evaluated the effect of acupuncture on semen quality in infertile males. This analysis included four randomized controlled trials and did show improved semen quality overall, although the results were highly variable across the 4 studies. This improvement in semen quality did not translate into any difference in pregnancy rate between acupuncture and control groups. At this time there is insufficient evidence to support the use of acupuncture in the treatment of infertility.

Inflammatory Bowel Disease

A 2013 systematic review and meta-analysis by Ji and colleagues found insufficient evidence for the use of acupuncture in the treatment of Inflammatory Bowel Disease and highlighted the need for well-designed studies in the future. The analysis found that compared to sulphasalazine, acupuncture and/or moxibustion demonstrated better efficacy. However, these 10 randomized, controlled studies suffered from low methodologic quality such as lacking sham controls. One well-designed, sham-controlled study by Joos and colleagues found no difference between acupuncture and sham for the treatment of Ulcerative Colitis. A 2014 study of patients with Crohn's Disease by Bao and colleagues found that the acupuncture plus moxibustion group and the sham group both demonstrated improvement in symptoms and that the treatment group experienced effects beyond that of the placebo

effect. Given the mixed results of recent controlled studies, more high-quality evidence is needed to determine the efficacy of acupuncture in the treatment of Inflammatory Bowel Disease.

Insomnia

A 2012 Cochrane Database Systematic Review by Cheuk and colleagues that included 33 studies and a total of 2,293 patients found insignificant evidence to support acupuncture for insomnia. Many studies did suggest a trend that favored acupuncture over no treatment or placebo. However, the authors note that after including study dropouts in the sensitivity analysis, this trend was no longer present. These studies also suffered from variable methodological rigor and the authors of the review highlight the need for well-controlled studies in the future to establish or refute the efficacy of acupuncture in the treatment of insomnia.

A more recent study evaluated the effects of acupuncture specifically in patients with Major Depressive Disorder, as insomnia is frequently a comorbid condition with depression. Chung and colleagues used both sham and placebo groups to compare to acupuncture. They found that the effects of acupuncture on sleep in this patient population were mild and no different than sham or placebo in the primary outcome measure evaluated in the study.

Irritable Bowel Syndrome (IBS)

A May 2012 Cochrane Database Systematic Review performed by Manheimer and colleagues demonstrated no improvement in symptom severity or quality of life in patients with Irritable Bowel Syndrome (IBS) who received acupuncture compared to sham interventions. A total of 5 randomized controlled trials that included a sham group were included in this review. The authors highlight that many of the studies showing a positive benefit in IBS lack a control group and suffer from significant bias.

A slightly more recent trial was published in October 2012 that compared acupuncture plus usual management to usual management alone. 116 patients received acupuncture weekly for 10 weeks in addition to usual care, and 117 patients receive usual care alone. In this trial, there was a small improvement in symptom severity and an even smaller improvement in quality of life. However this study lacked a sham or placebo arm which limits the conclusions that can be drawn. There remains insufficient evidence to support the use of acupuncture in the treatment of IBS.

Mental Disorders

A 2014 Cochrane Database Systematic Review by Shen and colleagues found that better designed studies are needed to evaluate the efficacy of acupuncture in the treatment of schizophrenia. While the adverse effect profile appeared to favor acupuncture compared to antipsychotic medications, the improvement in mental state seen with acupuncture was of only modest effect size. Acupuncture plus a low-dose antipsychotic medication produced favorable relapse rates compared to standard doses of antipsychotics, but this was demonstrated in only one controlled trial and found to offer very low quality evidence. Overall, the evidence for the use of acupuncture in the treatment of schizophrenia is lacking.

The use of acupuncture in the treatment of depression has been more promising in experiments, but conclusive data are still lacking. Please see above for full discussion of acupuncture for depression.

Use of acupuncture for mental disorders other than depression and schizophrenia has been much less studied. It was found by Cao and colleagues to be ineffective in the treatment of vascular mild cognitive impairment. There is an ongoing study evaluating its use in attention deficit hyperactivity disorder, but these results are currently unavailable.

Muscle Weakness and/or Myalgias

Kim and colleagues performed a 2016 systematic review evaluating acupuncture's effect on local blood flow as a potential mechanism to treat myalgias. The authors found insufficient evidence that acupuncture alters microcirculation in the eight randomized, controlled trials they evaluated. There is very limited evidence only in the form of narrative case reports that acupuncture improves muscle weakness, and high quality studies are needed before it can be recommended as a non-experimental treatment. There are also case reports of acupuncture actually causing weakness, in one case as a result of an acute spinal subdural hematoma.

Neuropathic Pain

Acupuncture has been utilized clinically as an adjunct in the management of numerous neuropathic pain states. The often severe and debilitating nature of neuropathic pain, the difficulty in adequately treating it and the unfavorable side effect profile of many of the medications routinely used all have led to clinicians and patients alike seeking alternative therapies such as acupuncture. However, there is little evidence to suggest that acupuncture has a meaningful effect in neuropathic pain and even less evidence that this effect exists beyond a placebo effect. Chemotherapy-induced peripheral neuropathy is the most-studied condition with respect to acupuncture, and the results are mixed. A 2013 review by Franconi and colleagues found insufficient evidence to support the use of acupuncture in chemotherapy-induced peripheral neuropathy but highlighted the need for future studies. In a 2016 study by Greenlee and colleagues, acupuncture was not found to be superior to sham acupuncture in the prevention and treatment of taxane-induced peripheral neuropathy in patients with breast cancer.

Similarly, there is insufficient evidence to recommend the non-experimental use of acupuncture in other neuropathic pain states such as diabetic painful neuropathy and spinal cord injury due to a lack of methodologically sound clinical trials.

Obesity

Cho and colleagues conducted a Cochrane Database Systematic Review in 2009 on acupuncture in the treatment of obesity. While the results were positive in favor of acupuncture compared to control or sham, the effect size was small (approximately 3 pounds). However, the authors highlight numerous methodologic issues with the 29 randomized controlled trials that were ultimately included in the final

meta-analysis, calling the quality “poor.” The authors note the need for higher quality, long-term trials to truly evaluate the effectiveness of acupuncture in the treatment of obesity.

Peripheral Neuropathy

A 2017 systematic review and meta-analysis by Dimitrova and colleagues evaluated the use of acupuncture in the treatment of numerous peripheral neuropathies: diabetic peripheral neuropathy, Bell’s palsy, HIV-induced peripheral neuropathy and idiopathic peripheral neuropathy. The authors found that acupuncture produced improvement in symptoms compared to usual care in all but idiopathic peripheral neuropathy. However, due to a lack of sham controls in existing clinical trials, definitive evidence is still lacking. These findings were similar to an earlier review by Chen and colleagues in 2013, and these authors highlighted the need for researchers in China to be trained in conducting unbiased trials.

Post-Traumatic Stress Disorder (PTSD)

A 2016 systematic review by Metcalf and colleagues found insufficient evidence to support the use of acupuncture in the treatment of PTSD. The authors did cite moderate quality evidence that acupuncture may improve some symptoms of PTSD but noted that large clinical trials are needed. A 2013 systematic review by Kim and colleagues also found evidence lacking in the use of acupuncture in the treatment of PTSD. Both reviews noted that there does exist some encouraging evidence that acupuncture may play some role in the management of PTSD, but future studies are required.

Raynaud's Disease

A 2011 systematic review by Huisstede and colleagues found that while calcium channel blockers and iloprost were effective treatments for Raynaud’s disease, acupuncture was not. While there is currently a clinical trial underway evaluating acupuncture in the treatment of Raynaud’s disease, there exists a lack of data to support its use in the literature. Only one randomized, controlled trial has been performed, and Hahn and colleagues found no difference in symptoms between acupuncture and control groups at 8 weeks.

Smoking Cessation

A 2014 Cochrane Database Systematic Review by White and colleagues found insufficient evidence to support the use of acupuncture for smoking cessation. Acupuncture was found to be inferior compared to nicotine replacement therapy and no more effective than psychological treatment. The authors noted that the 38 studies included suffered from methodologic issues and limit the conclusions that can be drawn. The authors cited the need for large, high-quality randomized controlled trials in the future before acupuncture can be recommended as a therapy for smoking cessation.

Tennis Elbow

A 2002 Cochrane Database Systematic Review found no evidence for or against the use of acupuncture in the treatment of lateral epicondylitis (also commonly known as tennis elbow). This review included four trials and found no benefit beyond 24 hours. A more recent 2011 review by Bisset and colleagues found

conflicting evidence for acupuncture in the treatment of tennis elbow. The authors did find some low-quality evidence that acupuncture may work in the very short-term (i.e. 2 weeks) but not at 3 months.

Tic Disorders

There are only a few studies and case reports describing the use of acupuncture in the management of tic disorders such as Tourette Syndrome. A 2016 review by Yu and colleagues found seven randomized, controlled trials of varying quality. These trials included 564 patients and found that acupuncture may have similar results to usual care for tic disorders. However, the existing studies are fraught with biases that prevented the authors from recommending acupuncture. They stated the need for future studies if acupuncture is to be used in the usual care for tic disorders.

Tinnitus

A 2016 review including five studies and 322 patients by He and colleagues found that electroacupuncture was not effective in treating tinnitus. The authors were unable to perform a pooled analysis of these trials because the methods and outcomes were so variable. The authors of another 2016 systematic review and meta-analysis, Liu and colleagues, also found evidence lacking. They noted that studies published in English were likely to yield negative results while studies published in Chinese were likely to yield positive results. The authors noted that the Western studies were of higher methodologic quality.

Urinary Incontinence

A 2013 Cochrane Database Systematic Review by Wang and colleagues was only able to include one study that met review criteria, demonstrating the paucity of trials from which to draw conclusions. This one study included 60 patients but had a high risk of bias due to lack of blinding between the acupuncture and medication groups. Although more women improved in the acupuncture group, there was no difference in cure rates. Due to the small amount of evidence available and the high risk of bias present in this trial, the authors agreed that there is insufficient information to determine if acupuncture is effective in the treatment of urinary incontinence. A 2013 review by Paik and colleagues agreed with that conclusion.

Olivera and colleagues suggested that acupuncture is a reasonable treatment option in a 2016 review. And while there is promise that it may be effective and remains an attractive experimental option given the favorable side effect profile, evidence remains lacking to recommend acupuncture in the usual care of urinary incontinence.

Xerostomia

A 2017 review and meta-analysis by Mercadante and colleagues found that the medications pilocarpine and cevimeline should be first-line therapy for treatment of xerostomia caused by radiation. Only studies comparing at least one of these medications to placebo were included in the meta-analysis. The authors found no convincing evidence for any other therapy to include in a formal analysis. As part of the systematic review, they found that the evidence for both acupuncture and acupuncture-like

transcutaneous electrical nerve stimulation were lacking. A 2011 review by Lee and colleagues also found evidence limited for acupuncture in xerostomia treatment. A 2015 review by Hackett and colleagues found that further studies are also needed prior to recommending acupuncture in the treatment of primary Sjogren’s Syndrome.

Applicable Billing Codes

Codes covered if clinical criteria are met:

| <i>Code</i> | <i>Description</i> |
|-----------------------|--|
| 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) |
| S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient |
| ICD-10 codes covered: | |
| G43.001 - G43.919 | Chronic Migraine |
| G44.00 - G44.09 | Cluster headaches and other trigeminal autonomic cephalgias (TAC) |
| G44.221 - G44.229 | Chronic tension-type headache |
| G44.321 - G44.329 | Chronic post-traumatic headache |
| G44.51 - G44.52 | Complicated headache syndromes |
| M16.0 - M16.9 | Osteoarthritis of hip |
| M17.0 - M17.9 | Osteoarthritis of knee |
| M26.601 - M26.69 | Temporomandibular joint disorders |
| M54.2 | Cervicalgia |
| M54.4 - M54.9 | Back pain |

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| O21.1 - O21.9 | Excessive vomiting in pregnancy |
| R11.2 | Nausea with vomiting [when used for postoperative, chemotherapy-induced or due to anti-neoplastic therapy] |
| R51 | Headache [when used for chronic headache] |
| T45.1x5A - T45.1x5S | Adverse effect of antineoplastic and immunosuppressive drugs [chemotherapy-induced nausea and vomiting] |
| ICD-10 codes <i>not</i> covered: | |
| B33.0 | Epidemic myalgia |
| E08.43, E09.43, E10.43, E11.43, E13.43 | Diabetes mellitus due to/with underlying condition with diabetic autonomic (poly)neuropathy [Diabetes mellitus due to underlying condition with diabetic gastroparesis] |
| E66.01 - E66.9 | Overweight and obesity |
| F32.0 - F34.9 | Major depressive and persistent mood [affective] disorders |
| F43.10 - F43.12 | Post Traumatic Stress Disorder (PTSD) |
| F84.0 - F84.9 | Pervasive developmental disorders [autism spectrum disorders] |
| F95.0 - F95.9 | Tic disorders |
| G47.00 - G47.09 | Insomnia |
| G50.0 - G59 | Nerve, nerve root and plexus disorders |
| G51.2 - G51.8 | Facial spasms |
| G60 - G64 | Polyneuropathies and disorders of the peripheral nervous system |
| H93.11 - H93.19 | Tinnitus |
| H93.A1 - H93.A9 | Pulsatile tinnitus |
| I10 - I16.9 | Hypertension |
| I73.00 - I73.01 | Raynaud's disease |
| J30.1 - J30.9 | Allergic rhinitis |
| J44.0 - J44.9 | Chronic Obstructive Pulmonary Disease (COPD) |
| J45.20 - J45.998 | Asthma |
| K11.7 | Disturbance of salivary secretion [xerostomia] |

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|---------------------------------|--|
| K31.84 | Gastroparesis |
| K50.0 - K52.9 | Inflammatory bowel disease |
| K58.0 - K58.9 | Irritable Bowel Syndrome |
| M60.80 - M60.9 | Myositis |
| M62.81 | Muscle weakness (generalized) |
| M77.10 - M77.12 | Tennis elbow |
| M79.1 | Myalgia |
| M79.7 | Fibromyalgia |
| N39.3 - N39.8 | Urinary incontinence |
| N46.0 - N46.9, N97.0 - N97.9 | Infertility |
| N52.01 - N52.9 | Erectile dysfunction |
| O99.210 - O99.215 | Obesity complicating pregnancy, childbirth, and the puerperium |
| R10.83 | Colic [infantile] |
| R19.7 | Diarrhea [infantile] |
| R53.83 | Fatigue |
| S13.4xxA - S13.4xxS | Whiplash Injury |
| T78.40xA - T78.49xS | Other and unspecified allergy |

Codes not covered for indications listed in this Guideline:

| <i>Code</i> | <i>Description</i> |
|-------------|---|
| 20550 | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") |
| 20551 | Injection(s); single tendon origin/insertion |
| 20552 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) |
| 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscle(s) |

References

1. Rosted P. The use of acupuncture in dentistry: A review of the scientific validity of published papers. *Oral Diseases*. 1998;4(2):100-104.
2. Rosted P. The use of acupuncture in dentistry: A systematic review. *Acupuncture Med*. 1998;16(1):43-48
3. Lee A, Fan LTY. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. *Cochrane Database Syst Rev*. 2009;(2):CD003281.
4. Lee A, Done ML. The use of nonpharmacologic techniques to prevent postoperative nausea and vomiting: A meta-analysis. *Anesthesia Analgesia*. 1999;88(6):1362-1369.
5. Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. *Cochrane Database Syst Rev*. 2016 Jun 28.
6. Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Shin BC, Vickers A, White AR. "Acupuncture for the prevention of tension-type headache." *Cochrane Database Syst Rev*. 2016 Apr 19;4:CD007587.
7. Vernon H, McDermaid CS, Hagino C. Systematic review of randomized clinical trials of complementary/alternative therapies in the treatment of tension-type and cervicogenic headache. *Complementary Therapies Med*. 1999;7(3):142-155.
8. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ). Acupuncture for osteoarthritis. Technology Assessment. Rockville, MD: AHRQ: June 17, 2003.
9. Manheimer E, Cheng K, Linde K, et al. Acupuncture for peripheral joint osteoarthritis. *Cochrane Database Syst Rev*. 2010;(1):CD001977.
10. Berman BM, Lao L, Langenberg P, et al. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: A randomized, controlled trial. *Ann Intern Med*. 2004;141(12):901-910.
11. Vas J, Mendez C, Perea-Milla E, et al. Acupuncture as a complementary therapy to the pharmacological treatment of osteoarthritis of the knee: Randomised controlled trial. *BMJ*. 2004;329(7476):1216.
12. Ezzo J, Hadhazy V, Birch S, et al. Acupuncture for osteoarthritis of the knee: A systematic review. *Arthritis Rheum*. 2001;44(4):819-825.
13. Stener-Victorin E, Kruse-Smidje C, Jung K. Comparison between electro-acupuncture and hydrotherapy, both in combination with patient education and patient education alone, on the symptomatic treatment of osteoarthritis of the hip. *Clin J Pain*. 2004;20(3):179-185.
14. Institute for Clinical Systems Improvement (ICSI). Acupuncture for chronic osteoarthritis pain, headache and low back pain. Technology Assessment Report. Bloomington, MN: ICSI; 2000.
15. Zhang Y, Wang C, Guo Y. Of clinical research on cervical spondylosis treated with acupoint injection in recent five years. *Zhongguo Zhen Jiu*. 2012;32(5):477-479.
16. Thomas KJ, MacPherson H, Ratcliffe J, et al. Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. *Health Technol Assess*. 2005;9(32):iii-iv, ix-x, 1-109.
17. Manheimer E, White A, Berman B, et al. Meta-analysis: Acupuncture for low back pain. *Ann Intern Med*. 2005;142(8):651-663.

18. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev.* 2005;(1):CD001351.
19. Ezzo J, Berman B, Hadhazy VA, et al. Is acupuncture effective for the treatment of chronic pain: A systematic review. *Pain.* 2000;86(3):217-225.
20. Trinh K, Graham N, Irnich D, Cameron ID, Forget M. Acupuncture for neck disorders. *Cochrane Database Syst Rev.* 2016 May 4.
21. Moon TW, Posadzki P, Choi TY, Park TY, Kim HJ, Lee MS, Ernst E. Acupuncture for treating whiplash associated disorder: a systematic review of randomised clinical trials. *Evid Based Complement Alternat Med.* 2014.
22. Jordan JB. "Acupuncture treatment for opiate addiction: a systematic review." *J Subst Abuse Treat.* 2006 Jun;30(4):309-14.
23. Feng S, Han M, Fan Y, Yang G, Liao Z, Liao W, Li H. "Acupuncture for the treatment of allergic rhinitis: a systematic review and meta-analysis." *Am J Rhinol Allergy.* 2015 Jan-Feb;29(1):57-62.
24. McCarney RW, Brinkhaus B, Lasserson TJ, Linde K. "Acupuncture for chronic asthma." *Cochrane Database Syst Rev.* 2004;(1):CD000008.
25. Pai HJ, Azevedo RS, Braga AL, Martins LC, Saraiva-Romanholo BM4, Martins Mde A5, Lin CA1. "A randomized, controlled, crossover study in patients with mild and moderate asthma undergoing treatment with traditional Chinese acupuncture." *Clinics (Sao Paulo).* 2015 Oct;70(10):663-9.
26. Karlson G, Bennicke P. "Acupuncture in asthmatic children: a prospective, randomized, controlled clinical trial of efficacy." *Altern Ther Health Med.* 2013 Jul-Aug;19(4):13-9.
27. Cheuk DK, Wong V, Chen WX. Acupuncture for autism spectrum disorders (ASD). *Cochrane Database Syst Rev.* 2011 Sep 7.
28. Coyle ME, Shergis JL, Huang ET, Guo X, Di YM, Zhang A, Xue CC. Acupuncture therapies for chronic obstructive pulmonary disease: a systematic review of randomized, controlled trials. *Altern Ther Health Med.* 2014 Nov-Dec.
29. Feng J, Wang X, Li X, Zhao D, Xu J. Acupuncture for chronic obstructive pulmonary disease (COPD): A multicenter, randomized, sham-controlled trial. *Medicine (Baltimore).* 2016 Oct.
30. Smith CA, Hay PP, Macpherson H. "Acupuncture for depression." *Cochrane Database Syst Rev.* 2010 Jan 20;(1):CD004046.
31. Sniezek DP, Siddiqui IJ. "Acupuncture for Treating Anxiety and Depression in Women: A Clinical Systematic Review." *Med Acupunct.* 2013 Jun;25(3):164-172.
32. Dennis CL, Dowswell T. "Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression." *Cochrane Database Syst Rev.* 2013 Jul 31;(7):CD006795.
33. Yang M, Li X, Liu S, Li Z, Xue M, Gao D, Li X, Yang S. Meta-analysis of acupuncture for relieving non-organic dyspeptic symptoms suggestive of diabetic gastroparesis. *BMC Complement Altern Med.* 2013 Nov 9.
34. Cui X, Zhou J, Qin Z, Liu Z. Acupuncture for Erectile Dysfunction: A Systematic Review. *Biomed Res Int.* 2016.

35. Lee MS, Shin BC, Ernst E. Acupuncture for treating erectile dysfunction: a systematic review. *BJU Int.* 2009 Aug.
36. Wang QP, Bai M, Lei D. Effectiveness of acupuncture in treatment of facial spasm: a meta-analysis. *Altern Ther Health Med.* 2012 May-Jun;18(3):45-52.
37. Posadzki P, Moon TW, Choi TY, Park TY, Lee MS, Ernst E. Acupuncture for cancer-related fatigue: a systematic review of randomized clinical trials. *Support Care Cancer.* 2013 Jul;21(7):2067-73.
38. Zeng Y, Luo T, Finnegan-John J, Cheng AS. Meta-analysis of randomized controlled trials of acupuncture for cancer-related fatigue. *Integr Cancer Ther.* 2013;13(3):193-200.
39. Yuen HK, Cunningham MA. Optimal management of fatigue in patients with systemic lupus erythematosus: a systematic review. *Ther Clin Risk Manag.* 2014 Oct 1;10:775-86.
40. Kim JE, Seo BK, Choi JB, Kim HJ, Kim TH, Lee MH, Kang KW, Kim JH, Shin KM, Lee S, Jung SY, Kim AR, Shin MS, Jung HJ, Park HJ, Kim SP, Baek YH, Hong KE, Choi SM. Acupuncture for chronic fatigue syndrome and idiopathic chronic fatigue: a multicenter, nonblinded, randomized controlled trial. *Trials.* 2015 Jul 26;16:314.
41. Deare JC, Zheng Z, Xue CC, Liu JP, Shang J, Scott SW, Littlejohn G. "Acupuncture for treating fibromyalgia." *Cochrane Database Syst Rev.* 2013 May 31.
42. U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality (AHRQ). Acupuncture for the treatment of fibromyalgia. *Technology Assessment.* AHRQ Center for Practice and Technology Assessment. Rockville, MD: AHRQ; June 5, 2003.
43. Brook RD, Appel LJ, Rubenfire M, Ogedegbe G, Bisognano JD, Elliott WJ, Fuchs FD, Hughes JW, Lackland DT, Staffileno BA, Townsend RR, Rajagopalan S; American Heart Association Professional Education Committee of the Council for High Blood Pressure Research, Council on Cardiovascular and Stroke Nursing, Council on Epidemiology and Prevention, and Council on Nutrition, Physical Activity. Beyond medications and diet: alternative approaches to lowering blood pressure: a scientific statement from the American Heart Association. *Hypertension.* 2013 Jun.
44. Lee H, Kim SY, Park J, et al. Acupuncture for lowering blood pressure: Systematic review and meta-analysis. *Am J Hypertens.* 2009;22(1):122-128.
45. Skjeie H, Skonnord T, Fetveit A, Brekke M. Acupuncture for infantile colic: a blinding-validated, randomized controlled multicentre trial in general practice. *Scand J Prim Health Care.* 2013 Dec.
46. Cheong YC, Dix S, Hung Yu Ng E, Ledger WL, Farquhar C. "Acupuncture and assisted reproductive technology." *Cochrane Database Syst Rev.* 2013 Jul 26;(7):CD006920.
47. Jerng UM, Jo JY, Lee S, Lee JM, Kwon O. "The effectiveness and safety of acupuncture for poor semen quality in infertile males: a systematic review and meta-analysis." *Asian J Androl.* 2014 Nov-Dec;16(6):884-91.
48. Ji J1, Lu Y, Liu H, Feng H, Zhang F, Wu L, Cui Y, Wu H. Acupuncture and moxibustion for inflammatory bowel diseases: a systematic review and meta-analysis of randomized controlled trials. *Evid Based Complement Alternat Med.* 2013.

49. Joos S, Wildau N, Kohnen R, Szecsenyi J, Schuppan D, Willich SN, Hahn EG, Brinkhaus B. Acupuncture and moxibustion in the treatment of ulcerative colitis: a randomized controlled study. *Scand J Gastroenterol.* 2006 Sep;41(9):1056-63.
50. Bao CH, Zhao JM, Liu HR, Lu Y, Zhu YF, Shi Y, Weng ZJ, Feng H, Guan X, Li J, Chen WF, Wu LY, Jin XM, Dou CZ, Wu HG. Randomized controlled trial: moxibustion and acupuncture for the treatment of Crohn's disease. *World J Gastroenterol.* 2014 Aug 21;20(31):11000-11.
51. Cheuk DK, Yeung WF, Chung KF, Wong V. "Acupuncture for insomnia." *Cochrane Database Syst Rev.* 2012 Sep 12;(9):CD005472.
52. Chung KF, Yeung WF, Yu YM, Yung KP, Zhang SP, Zhang ZJ, Wong MT, Lee WK, Chan LW. "Acupuncture for residual insomnia associated with major depressive disorder: a placebo- and sham-controlled, subject- and assessor-blind, randomized trial." *J Clin Psychiatry.* 2015 Jun;76(6):e752-60.
53. Manheimer E, Cheng K, Wieland LS, Min LS, Shen X, Berman BM, Lao L. "Acupuncture for treatment of irritable bowel syndrome." *Cochrane Database Syst Rev.* 2012 May 16;(5):CD005111.
54. MacPherson H, Tilbrook H, Bland JM, Bloor K, Brabyn S, Cox H, Kang'ombe AR, Man MS, Stuardi T, Torgerson D, Watt I, Whorwell P. "Acupuncture for irritable bowel syndrome: primary care based pragmatic randomised controlled trial." *BMC Gastroenterol.* 2012 Oct 24;12:150. doi: 10.1186/1471-230X-12-150.
55. Shen X, Xia J, Adams CE. Acupuncture for schizophrenia. *Cochrane Database Syst Rev.* 2014;10:CD005475.
56. Cao H, Wang Y, Chang D, Zhou L, Liu J. Acupuncture for vascular mild cognitive impairment: a systematic review of randomised controlled trials. *Acupunct Med.* 2013 Dec;31(4):368-74.
57. Kim SY, Min S, Lee H, Cheon S, Zhang X, Park JY, Song TJ, Park HJ. Changes of Local Blood Flow in Response to Acupuncture Stimulation: A Systematic Review. *Evid Based Complement Alternat Med.* 2016.
58. Franconi G, Manni L, Schröder S, Marchetti P, Robinson N. A systematic review of experimental and clinical acupuncture in chemotherapy-induced peripheral neuropathy. *Evid Based Complement Alternat Med.* 2013.
59. Greenlee H, Crew KD, Capodice J, Awad D, Buono D, Shi Z, Jeffres A, Wyse S, Whitman W, Trivedi MS, Kalinsky K, Hershman DL. Randomized sham-controlled pilot trial of weekly electro-acupuncture for the prevention of taxane-induced peripheral neuropathy in women with early stage breast cancer. *Breast Cancer Res Treat.* 2016 Apr;156(3):453-64.
60. Cho SH, Lee JS, Thabane L, Lee J. "Acupuncture for obesity: a systematic review and meta-analysis." *Int J Obes (Lond).* 2009 Feb;33(2):183-96.
61. Dimitrova A, Murchison C, Oken B. Acupuncture for the Treatment of Peripheral Neuropathy: A Systematic Review and Meta-Analysis. *J Altern Complement Med.* 2017 Jan 23.
62. Chen W, Yang GY, Liu B, et al. Manual acupuncture for treatment of diabetic peripheral neuropathy: A systematic review of randomized controlled trials. *PLoS One.* 2013;8(9):e73764.

63. Metcalf O, Varker T, Forbes D, Phelps A, Dell L, DiBattista A, Ralph N, O'Donnell M. Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. *J Trauma Stress*. 2016 Feb;29(1):88-92.
64. Kim YD, Heo I, Shin BC, et al. Acupuncture for posttraumatic stress disorder: A systematic review of randomized controlled trials and prospective clinical trials. *Evid Based Complement Alternat Med*. 2013;2013:615857.
65. Huisstede BM, Hoogvliet P, Paulis WD, van Middelkoop M, Hausman M, Coert JH, Koes BW. Effectiveness of interventions for secondary Raynaud's phenomenon: a systematic review. *Arch Phys Med Rehabil*. 2011 Jul;92(7):1166-80.
66. Hahn M, Steins A, Möhrle M, Blum A, Jünger M. Is there a vasospasmodic effect of acupuncture in patients with secondary Raynaud phenomenon? *J Dtsch Dermatol Ges*. 2004 Sep;2(9):758-62.
67. White AR, Rampes H, Liu JP, Stead LF, Campbell J. "Acupuncture and related interventions for smoking cessation." *Cochrane Database Syst Rev*. 2014 Jan 23;(1):CD000009.
68. Green S, Buchbinder R, Barnsley L, et al. Acupuncture for lateral elbow pain. *Cochrane Database Syst Rev*. 2002;(1):CD003527.
69. Bisset L, Coombes B, Vicenzino B. Tennis elbow. *BMJ Clin Evid*. 2011 Jun 27;2011. pii: 1117.
70. Yu J, Ye Y, Liu J, Wang Y, Peng W, Liu Z. Acupuncture for Tourette Syndrome: A Systematic Review. *Evid Based Complement Alternat Med*. 2016.
71. He M, Li X, Liu Y, Zhong J, Jiang L, Liu Y, Chen Q, Xie Y, Zhang Q. Electroacupuncture for Tinnitus: A Systematic Review. *PLoS One*. 2016 Mar 3.
72. Liu F, Han X, Li Y, Yu S. Acupuncture in the treatment of tinnitus: a systematic review and meta-analysis. *Eur Arch Otorhinolaryngol*. 2016 Feb.
73. Wang Y, Zhishun L, Peng W, Zhao J, Liu B. Acupuncture for stress urinary incontinence in adults. *Cochrane Database Syst Rev*. 2013 Jul 1.
74. Paik SH, Han SR, Kwon OJ, et al. Acupuncture for the treatment of urinary incontinence: A review of randomized controlled trials. *Exp Ther Med*. 2013;6(3):773-780.
75. Olivera CK, Meriwether K, El-Nashar S, Grimes CL, Chen CC, Orejuela F, Antosh D, Gleason J, Kim-Fine S, Wheeler T, McFadden B, Balk EM, Murphy M; Systematic Review Group for the Society of Gynecological Surgeons. Nonantimuscarinic treatment for overactive bladder: a systematic review. *Am J Obstet Gynecol*. 2016 Jul.
76. Mercadante V, Al Hamad A, Lodi G, Porter S, Fedele S. Interventions for the management of radiotherapy-induced xerostomia and hyposalivation: A systematic review and meta-analysis. *Oral Oncol*. 2017 Mar;66:64-74.
77. Lee MS, Shin BC, Choi TY, Ernst E. Acupuncture for treating dry eye: A systematic review. *Acta Ophthalmol*. 2011;89(2):101-106.
78. Hackett KL, Deane KH, Strassheim V, Deary V, Rapley T, Newton JL, Ng WF. A systematic review of non-pharmacological interventions for primary Sjögren's syndrome. *Rheumatology (Oxford)*. 2015 Nov.

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