

**Subject: Acupuncture for Chronic Lower Back Pain, (Dry Needling)**
**Medical Policy #: 57.0**
**Original Effective Date: 07-26-2023**
**Status: New**
**Last Review Date: N/A**

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

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

Dry needling is a skilled mediation by which thin filiform needles are applied to penetrate the skin and stimulate underlying trigger points, muscle, and connective tissues to manage chronic low back pain.

## Coverage Determination

**Prior Authorization is not required.**

**For Medicare**, PHP follows CMS Acupuncture for Chronic Lower Back Pain (cLBP), National Coverage Determination ([NCD 30.3.3](#)).

**For Medicaid**, this service is only covered under the Self-Directed Community Benefit, see [NMAC \(8.308.12.18\(N\)\(1\)\)](#) and only for CPT code **97810**. PHP follows ([NCD 30.3.3](#)) for criteria and covered ICD-10 CM.

**For Medicaid**, for dry needling (20560 and 20561) follows NCD 30.3.3.

**Coverage for Commercial members depends on members benefit plan or evidence of coverage.**

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
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)
20560	Needle insertion(s) <b>without</b> injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) <b>without</b> injection(s); 3 or more muscles

ICD-10 CM	Access the most current CMS change request (CR) transmittals weblink for covered ICD-10 mentioned per NCD 30.3.3
	Please follow the link below for the NCD spreadsheets included in NCD: Transmittal 11545 dated August 5, 2022, is being rescinded and replaced by Transmittal 11584, dated, August 31, 2022. ( <a href="#">TN 11584</a> ) (CR12822)

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

## References

1. CMS, Acupuncture- chronic LBP, NCD- 30.3.3, effective Jan 21, 2020. [Cited 05-30-2023]
2. CMS, Acupuncture Fibromyalgia, NCD 30.3.1, effective Jan 21, 2020. [Cited 05-30-2023]
3. CMS, Acupuncture Osteoarthritis, NCD 30.3.2, effective Jan 21, 2020. [Cited 05-30-2023]
4. NMAC 16.20.13.8 – Occupational and Professional Licensing, Requirements for Physical Therapist To Provide Dry Needling, [16.20.13 NMAC - N, 7/28/2019]. [Cited 05-30-2023]
5. Hayes, Dry Needling for Mechanical Neck and/or Trapezius Muscle Pain in Adults, Health Technology Assessment, May 18, 2023. [Cited 05-30-2023]
6. Hayes, Comparative Effectiveness Review Of Dry Needling For Indications Other Than Neck Or Trapezius Muscle Pain In Adults, Health Technology Assessment, Jun 22, 2017, Annual review: Jun 30, 2021. [Cited 05-30-2023]
7. Hayes, Dry Needling of Painful Myofascial Trigger Points in Adults, Evidence Analysis Research Brief, Nov 15, 2022. [Cited 05-30-2023]
8. Aetna, Acupuncture and Dry Needling, No. 0135, Last review: 04/05/2023. [Cited 05-30-2023]
9. Cigna, Chiropractic Care, No. CPG 278, Effective date: 12/15/2022. [Cited 05-30-2023]
10. Humana, Injections for Chronic Pain Conditions, No. HUM-0486-031, effective date: July 27, 2022. [Cited 05-30-2023]
11. HSD, Centennial Care Managed Care Policy Manual, effective Oct 01, 2020 [Cited 05/30/2023]
12. HSD, NMAC 8.308.12, Managed Care Program Community Benefit, (see section SELF-DIRECTED COMMUNITY BENEFIT (see 18(P)(1) for Acupuncture). [Cited 11/15/2023]

## Publication History

- 07-26-2023 Original effective date. Reviewed by PHP Medical Policy Committee on 05/31/2023. Coverage is for Medicare and Medicaid members only. Non covered for commercial but depending on the benefit plan description it may be allowed for commercial.
- Configuration is pending. No PA to be required for codes (97810, 97811, 97813, 97814, 20560, and 20561) for ALOB, instead will work on configuration of frequency, utilization and diagnoses restriction for these codes as outlined in Change Request (CR12822) set forth by CMS NCD 30.3.3.
- o Acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services with one of the ICD-10 dx listed under NCD 30.3.3 - no more than 20 times per annum.
  - o Codes 20560 and 20561 shall not be reported on the same DOS regardless of what modifier is attached.
- Update on 11/15/2023:** Correction to Medicaid. Acupuncture is only covered under the SDCB for code 97810.
- Updated 05/17/2024:** Additional language added for Medicaid to follow NCD 30.3.3 for payable diagnosis and criteria. And for Medicaid, for dry needling (20560 and 20561) follows NCD 30.3.3

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

### **Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*