

**Subject: Acupuncture for Chronic Lower Back Pain, (Dry Needling)**

**Medical Policy #: 57.0**

**Status: Reviewed**

**Original Effective Date: 07-26-2023**

**Last Annual Review Date: 08-21-2024**

## 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 depend on members benefit plan or evidence of coverage.**

**Coverage for dry needling for Commercial members is considered experimental.**

## 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	<b>Access the most current CMS change request (CR) transmittals weblink for covered ICD-10 mentioned per NCD 30.3.3</b>
	<a href="#">Links related to ICD-10 NCDs</a>

## Reviewed by / Approval Signatures

**Population Health & Clinical Quality Committee (PHCQC):** Clinton White MD

**Senior Medical Director:** Jim Romero MD

**Medical Director:** Ana Maria Rael MD

**Date Approved:** 08/21/2024

## References

1. CMS, Acupuncture- chronic LBP, NCD- 30.3.3, effective Jan 21, 2020. [Cited 05-16-2024]
2. CMS, Acupuncture Fibromyalgia, NCD 30.3.1, effective Jan 21, 2020. [Cited 05-16-2024]
3. CMS, Acupuncture Osteoarthritis, NCD 30.3.2, effective Jan 21, 2020. [Cited 05-16-2024]
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 04/24/2024]
5. NMAC, Title 16, Ch2, Part 2 - OCCUPATIONAL AND PROFESSIONAL LICENSING, CHAPTER 2- ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS, PART 2 SCOPE OF PRACTICE, ISSUING AGENCY: New Mexico Board of Acupuncture and Oriental Medicine.[16.2.2.1 NMAC - Rp, 16.2.2.1 NMAC, 02-15-05]. [Cited 04/24/2024]
6. NMAC Title 16. Ch4. Part 18.9 - OCCUPATIONAL AND PROFESSIONAL LICENSING, CH-4 Chiropractic Practitioners, MERIDIAN THERAPY, ISSUING AGENCY: New Mexico Chiropractic Board, PO Box 25101, Santa Fe, New Mexico 87504, [16.4.18.1 NMAC - Rp 16 NMAC 4.18.1, 8/10/2019]. [Cited 04/24/2024]
7. Hayes, Dry Needling for Mechanical Neck and/or Trapezius Muscle Pain in Adults, Health Technology Assessment, May 13,2024. [Cited 05-16-2024]
8. Hayes, Comparative Effectiveness Review Of Acupuncture For The Treatment Of Chronic Lower Back Pain: A Review Of Reviews, Health Technology Assessment, Jun 28, 2018, Annual review: Jun 10,2022. [Cited 05-16-2024]
9. Hayes, Dry Needling of Painful Myofascial Trigger Points in Adults, Evidence Analysis Research Brief, Nov 15, 2022. [Cited 05-16-2024]
10. Hayes, Dry Needling for Knee Osteoarthritis in Adults, Health Technology Assessment, June 29, 2023 [Cited 05-30-2024]
11. Hayes, Dry Needling for Pelvic Floor Muscle Dysfunction or Pain, Evidence Analysis Research Brief, Jun 23, 2021. [Cited 05/30/2024]
12. Hayes, Acupuncture For The Prevention Or Treatment Of Nausea And Vomiting: A Review Of Reviews, Health Technology Assessment, Sep 19, 2018, Annual Review: Sep 28, 2022. [Cited 05/30/2024]
13. Hayes, Acupuncture for Treatment of Postoperative Pain: A Review of Reviews, Health Technology Assessment, May 25, 2018, Annual Review: May 11, 2022. [Cited 05/30/2024]
14. Hayes, Acupuncture for the Treatment of Knee Osteoarthritis: Review of Reviews, Health Technology Assessment, Jul 24, 2018, Annual Review: Jul 22, 2022. [Cited 05/30/2024]
15. Hayes, Acupuncture For The Treatment Of Shoulder Pain Or Chronic Neck Pain: A Review Of Reviews, Health Technology Assessment, Aug 22, 2018, Annual Review: Aug 18, 2022. [Cited 05/30/2024]
16. Hayes, Acupuncture for Treatment of Fibromyalgia, Health Technology Assessment, Aug 28, 2018, Annual Review: Aug 19, 2022 [Cited 05/30/2024]
17. Hayes, Acupuncture for Treatment of Temporomandibular Disorders, Evidence Analysis Research Brief, Jun 8, 2023. [Cited 05/30/2024]
18. Hayes, Acupuncture for the Treatment of Episodic and Chronic Tension-Type Headache and Episodic Migraine: A Review of Reviews, Health Technology Assessment- Sep 10, 2018, Annual Review: Sep 21, 2022. [Cited 05/30/2024]
19. Aetna, Acupuncture and Dry Needling, No. 0135, Last review: 04/02/2024.Next review: 02/13/2025 [Cited 05-16-2024]
20. Cigna, Medical Coverage Policy:
  - a. Chiropractic Care, No. CPG 278, Effective date: 04/15/2024. [Cited 05-16-2024]
  - b. Therapy Services, Occupational Therapy, Effective Date: 04/15/2024, Next Review Date: 12/15/2024. [Cited 05-16-2024]
  - c. Therapy Services, Physical Therapy, effective date: 04/15/2024, Next Review Date: 12/15/2024. [Cited 05/30/2024]
21. Cigna, Medical Coverage Policy- Therapy Services Acupuncture, (CPG 024), Effective Date: 4/15/2023, Next Review Date: 4/15/2024, [Cited 05/30/2024]
22. Humana, Acupuncture, Effective Date: 12/14/2023 Revision Date: 12/14/2023 Review Date: 12/14/2023 Policy Number: HUM-0373-018. [Cited 05-16-2024]
23. Humana, Physical Therapy and Occupational Therapy, Effective Date: 01/01/2024, Revision Date: 01/01/2024, Review Date: 06/22/2023, Policy Number: HUM-0366-034 [Cited 05-16-2024]
24. BCBS of New Mexico, Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence, Policy #SUR 702.2005, Effective Date: 10/15/2023. [Cited 05/30/2024]
25. BCBS of New Mexico, Dry Needling of Trigger Points for Myofascial Pain, Policy #SUR702.018, Effective date: 09/15/2023. [Cited 05/30/2024]
26. HSD, Centennial Care Managed Care Policy Manual, effective Oct 01, 2020 [Cited 05-16-2024]
27. HSD, NMAC 8.308.12, Managed Care Program Community Benefit, (see section SELF-DIRECTED COMMUNITY BENEFIT (see 18(P)(1) for Acupuncture), EFF:1/1/2019 [Cited 05-16-2024]

## 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 Medicaid, for dry needling (20560 and 20561) follows NCD 30.3.3.
- 08-21-2024 Annual review. Reviewed by PHP Medical Policy Committee on 05/22/2023, 05/31/2024 & 06/07/2024.
- For Medicare: Continue to follow CMS Acupuncture for Chronic Lower Back Pain (cLBP), National Coverage Determination (NCD 30.3.3).
- For Medicaid: Continue coverage for Acupuncture for Self-Directed Community Benefit [NMAC (8.308.12.18(N)(1))] for CPT code 97810. For criteria, PHP follows (NCD 30.3.3).
- For Medicaid: dry needling (codes 20560 and 20561), PHP will follow NCD 30.3.3 for criteria.
- For Commercial, the policy will continue with the language that coverage for acupuncture is dependent on the benefit plan; and no criteria will be stated since the benefit description is unknown for each benefit plan. However, PHP has added language for dry needling for commercial is considered experimental.
- Configuration:  
For Medicare and Medicaid, CPT codes (97810 (\*SDCB), 97811, 97813, 97814, 20560, 20561) will be configured to map to pay for ICD-10 listed in Transmittal 11584, CR12822, dated, August 31, 2022, of the 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.*