

# Clinical Policy: Acupuncture

Reference Number: IL.CP.MP.560

Date of Review: 11/2024

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

Acupuncture involves the manual and/or electrical stimulation of thin, solid, metallic needles inserted into the skin.

## Policy/Criteria

Coverage of acupuncture services is limited to treatment of specific diagnoses relating to chronic low back pain and breech baby presentation as listed in the Acupuncture Fee Schedule. Acupuncture services must have been ordered by a physician, advance practice registered nurse, or physician assistant operating within their scope of practice.

Contraindications:

1. Severe neutropenia as seen after myelosuppressive chemotherapy;
2. Insertion of acupuncture needles at sites of active infection or malignancy.

## Background

Acupuncture is a form of complementary and alternative medicine (CAM) and one of the oldest medical procedures in the world.<sup>1</sup> It encompasses a large array of styles and techniques, however, the techniques most frequently used and studied are manual manipulation and/or electrical stimulation of thin, solid, metallic needles inserted into skin.<sup>1</sup>

The typical acupuncture treatment begins with evaluation of the patient through inspection, auscultation, inquiring, and palpation. Once the evaluation is complete, treatment begins with fine metal needles being inserted into precisely defined points and remaining in place anywhere from five to 20 minutes while the patient lies relaxed.<sup>1-2</sup> Treatments can occur one to two times a week, and the total number of sessions varies based on the patient's condition, disease severity and chronicity.<sup>1</sup> There is insufficient evidence in studies to establish a defined treatment protocol for any condition.<sup>1</sup>

There are many proposed models for the mechanism of action of the effects of acupuncture; however, the data have been either too inconsistent or inadequate to draw significant conclusions. The theory in regards to the analgesic effect of acupuncture, associates the neurotransmitter effects such as endorphin release at both the spinal and supraspinal levels. Functional magnetic resonance imaging (MRI) studies have demonstrated various physiologic effects, associating acupuncture points with changes in brain MRI signals. Another theory is that acupuncture points are associated with anatomic locations of loose connective tissue.<sup>1</sup>

Acupuncture has been studied for a variety of other reasons, but studies and evidence does not currently support its use for indications such as, but not limited to, arm pain, temporomandibular joint dysfunction, menstrual cramps and fibromyalgia.<sup>1,9</sup>

**General Notice:**

Pursuant to Public Act 102-1037, this notice announces coverage of acupuncture services for dates of service on or after April 1, 2023. This notice applies to the Medicaid fee-for-service (FFS) program and the HealthChoice Illinois (HCI) managed care organizations (MCOs).

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed	12/23	01/24
Annual Review	11/24	01/25

**References**

1. Yang E, Yeh GH. Overview of the clinical uses of acupuncture. UpToDate. [www.uptodate.com](http://www.uptodate.com). Updated June 09, 2023. Accessed 11/1/2024
2. Provider notice issued by HFS.GOV on 10/18/23023 <https://hfs.illinois.gov/medicalproviders/notices/notice.prn231018a.html>
3. Allowable Diagnosis Codes for Acupuncture Services.  
To support medical necessity for acupuncture services, providers must report one of the diagnosis codes listed on the second tab of the Acupuncture Fee Schedule.  
<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/04012023acupuncturefeeschedule10182023.pdf>  
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering

benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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