Medical Policy
Complementary Medicine

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Policy History
- Authorization Information
- Information Pertaining to All Policies
- References

Policy Number: 178
BCBSA Reference Number: NA
NCD/LCD:
- National Coverage Determination (NCD) for Acupuncture (30.3)
- National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)
- National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

The following services are considered **NOT MEDICALLY NECESSARY**:
- Acupressure
- Acupuncture (except for members of accounts who have added a special addition (rider) to their subscriber certificate to cover this service)
- Antioxidant therapy and nutritional supplements (except vitamin B12 for vitamin B12 deficient patients)
- Aromatherapy
- Ayurvedic Medicine
- Colon Hydrotherapy
- Cupping
- Herbal Therapy
- Holistic Medicine
- Homeopathy
- Hypnotherapy
- Infratonic sound therapy (i.e., Infratonic QGM Machine, Infratonic Qi-Gong Machine)
- Iridology
- Naturopathic Medicine
- On-site massage (in the home or work setting)
- Oxidative Therapy
- Polarity Therapy
- Qi Gong
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

The following Medicare NCDs list acupuncture as not medically necessary:

National Coverage Determination (NCD) for Acupuncture (30.3)

National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)

National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Managed Care (HMO and POS)</strong></td>
</tr>
<tr>
<td><strong>Commercial PPO and Indemnity</strong></td>
</tr>
<tr>
<td><strong>Medicare HMO Blue℠</strong></td>
</tr>
<tr>
<td><strong>Medicare PPO Blue℠</strong></td>
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</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

According to the policy statement above, the following CPT and HCPCS codes are considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:
### CPT Codes

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90880</td>
<td>Hypnotherapy</td>
</tr>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>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)</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97814</td>
<td>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)</td>
</tr>
</tbody>
</table>

### HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS code</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>S8930</td>
<td>Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient</td>
</tr>
</tbody>
</table>

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>4/2015</td>
<td>Massage therapy statement removed; Coverage for massage therapy is determined by the subscriber certificate. Non-coverage of acupuncture clarified. Effective 4/1/2015.</td>
</tr>
</tbody>
</table>

### Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

### References

1. 1996 TEC Assessments Tab 22.


