Prior Authorization Review Panel
MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
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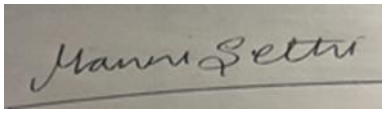
Plan: AmeriHealth Caritas Pennsylvania Community HealthChoices/Keystone First Community HealthChoices	Submission Date: 6/1/2026
Policy Number: CCP.1155	Effective Date: 4/1/2015 Revision Date: 5/1/2026
Policy Name: Acupuncture	

Type of Submission:

☐ New Policy	☒ Prior Authorization Policy
☒ Revised Policy*	☐ Base Policy
☐ Annual Review- no revisions	☐ Experimental/Investigational Policy
	☐ Statewide PDL
	☐ Other:

*All revisions to the policy must be highlighted using track changes throughout the document.

Please provide any clarifying information for the policy below:

Name of Authorized Individual (Please type or print): Manni Sethi, MD, MBA, CHCQM	Signature of Authorized Individual: 

Keystone First
Community HealthChoices

Acupuncture

Clinical Policy ID: CCP.1155

Recent review date: 5/2026

Next review date: 9/2027

Policy contains: Chronic migraine; knee osteoarthritis; low back pain; nausea and vomiting; temporomandibular disorders.

Keystone First Community HealthChoices has developed clinical policies to assist with making coverage determinations. Keystone First Community HealthChoices' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First Community HealthChoices, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First Community HealthChoices' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First Community HealthChoices' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First Community HealthChoices will update its clinical policies as necessary. Keystone First Community HealthChoices' clinical policies are not guarantees of payment.

Coverage policy

Acupuncture is clinically proven and, therefore, may be medically necessary when performed by a qualified practitioner who is appropriately trained and licensed in acupuncture and when all of the following criteria are met:

- As adjunctive treatment when standard treatment inadequately controls symptoms, is not tolerated, or is refused.
- For members age 18 years or older, one of the following medical conditions:
    - Chemotherapy-induced or postoperative nausea and vomiting (Gan, 2025; National Comprehensive Cancer Network, 2025a).
    - Chronic (lasting more than three months) non-specific lower back pain (North American Spine Society, 2020).
    - Chronic migraine or tension-type headache (National Institute for Health and Care Excellence, 2025).
    - Chronic pain caused by osteoarthritis of the knee (American College of Rheumatology [Kolasinski, 2020]; American Academy of Orthopaedic Surgeons, 2021).
    - Temporomandibular disorders (Busse, 2023).
    - Chronic pain, fatigue, or vasomotor symptoms (e.g., hot flashes or night sweating) disruptive to quality of life caused by cancer or cancer-related treatment (Mao, 2022; National Comprehensive Cancer Network, 2025b, 2026a, 2026b).
- For members age seven to 17 (National Institute for Health and Care Excellence, 2025):
    - Chronic tension-type headache.
    - Migraine prophylaxis.

- For members age one and older (Gan, 2025):
  - Postoperative pain.
  - Postoperative nausea and vomiting.

Limitations

All other uses of acupuncture are investigational/not clinically proven and, therefore, not medically necessary.

Treatment beyond five visits without meaningful improvement in symptoms requires review by a medical director.

Maintenance treatment, when the member's symptoms are neither regressing nor improving, is not medically necessary.

Children should not be treated with acupuncture for nausea and vomiting while under anesthesia.

Alternative covered services

Standard medical management of chronic pain syndromes or nausea and vomiting due to chemotherapy or anesthesia.

Background

Acupuncture is one of the practices of traditional Chinese medicine, which considers energy known as "qi" to flow throughout the body along patterns known as meridians (National Center for Complementary and Integrative Health, 2022). Disturbances in the flow of qi are believed to result in disease. Acupuncture is based on the theory that stimulating specific points on the body corrects imbalances in the flow of qi, thereby improving health. The approach has four components:

- Acupuncture needle(s).
- Target location mapped by traditional Chinese medicine.
- Depth of needle insertion.
- Stimulation of the inserted needle.

Traditional acupuncture uses thin needles, but it may also apply manual pressure, electrical stimulation, magnets, low-power lasers, heat, and ultrasound. The U.S. Food and Drug Administration regulates acupuncture needles as Class II medical devices with special controls. Acupuncture needles must be labeled for single use only, biocompatible and sterile, and administered by qualified practitioners only (21 CFR 880.5580).

The professional credentials of an acupuncture practitioner can range from none to licensed medical doctor. Licensure laws and scope-of-practice guidelines regulating acupuncture practitioners vary by state. Board certification in medical acupuncture is granted by the American Board of Medical Acupuncture (2026).

Findings

Given the substantial volume of literature on acupuncture, AmeriHealth Caritas considered only the most comprehensive evidence published in the last ten years.

Guidelines

Guidelines view acupuncture as a safe, noninvasive, adjunctive treatment that may improve symptoms, most notably pain, yet the recommendations often conflict, reflecting the inherent uncertainty in the supportive evidence. In a review of guideline recommendations, acupuncture was most frequently recommended for musculoskeletal and connective tissue diseases, neurological disorders, and obstetrics/gynecology/women's health (Zhang, 2022). Some notable guidelines that address acupuncture are discussed in the following paragraphs.

For treatment of chronic low back pain, the North American Spine Society (2020) issued several recommendations supporting the adjunctive role of acupuncture, while acknowledging the limited and conflicting evidence of benefit. Laser acupuncture provides no short-term or medium-term benefit over sham treatment (Grade of Recommendation A). The combination of laser therapy (low-level or high level) with exercise may provide better short-term relief of pain than either exercise or laser therapy alone (B). There is conflicting evidence that the combination of laser therapy with exercise provides better short-term improvement in function compared to exercise or laser therapy alone (I). Finally, laser therapy alone (low-level or high level) provides no short-term benefit when compared with exercise alone (B).

There is conflicting evidence that acupuncture provides improvements in pain and function as compared to sham acupuncture (I). The addition of acupuncture to usual care is recommended for short-term improvement of pain and function compared to usual care alone (A). Acupuncture-based therapy may be cost-effective when compared with other medical/ interventional treatments (B). There is insufficient evidence to determine the comparative effectiveness of acupuncture techniques or the appropriate timing, frequency, and duration of treatment (I) (North American Spine Society, 2020).

In persons older than 12 years of age, the National Institute for Health and Care Excellence (2025) suggests considering a course of up to 10 sessions of acupuncture over five to eight weeks for chronic tension-type headaches and for migraine prophylaxis if propranolol, topiramate, and amitriptyline have not worked or are not tolerated or are unsuitable because of safety concerns.

For tobacco smoking cessation, the U.S. Preventive Services Task Force (2021) found insufficient evidence to analyze acupuncture as a behavioral health intervention. The National Comprehensive Cancer Network (2025c) recommends against acupuncture as a treatment for smoking cessation, citing limited evidence.

The American College of Rheumatology issued conditional recommendations for acupuncture for osteoarthritis of the hand, hip, or knee based on an assessment of greater potential benefit outweighing the minimal harms of treatment, acknowledging that the greatest number of positive trials with the largest effect sizes have been carried out in knee osteoarthritis (Kolasinski, 2020). The American Academy of Orthopaedic Surgeons (2021) issued a downgraded, limited strength of recommendation for acupuncture to improve pain and function in patients with knee osteoarthritis based on inconsistent evidence and a lack of internal consistency with recommendations of equal supporting evidence.

In an international consensus guideline, evidence supported by at least one meta-analysis of randomized controlled trials (graded as A1) suggests adjunctive acupuncture, particularly at PC6, may provide relief from early post-operative nausea and vomiting in pediatric patients. In adults, acupoint stimulation (including acupuncture and electrostimulation) may be considered as prophylaxis for post-operative nausea and vomiting when used as monotherapy or in combination with other pharmacologic options, based on evidence from a limited number of randomized controlled trials (graded as A2) (Gan, 2025).

Several guidelines by the National Comprehensive Cancer Network recommend considering acupuncture as a non-pharmacological treatment option in cancer care for the following indications:

- Anticipatory nausea and/or vomiting related to cancer treatment (2025a).
- Cancer pain in conjunction with pharmacologic interventions, especially in vulnerable populations in whom standard pharmacologic interventions may be less tolerated or less preferred (2026a).
- Cancer-related fatigue administered during or following active cancer treatment (2025b).
- Vasomotor symptoms (e.g., hot flashes or night sweating) disruptive to quality of life (2026b).

In addition, the American Society of Clinical Oncology issued weak recommendations for offering acupuncture to patients experiencing chemotherapy-induced peripheral neuropathy from cancer treatment and to patients experiencing surgical or procedural pain (Mao, 2022).

For nausea and vomiting of pregnancy, the American College of Obstetricians and Gynecologists (2018) suggests considering pericardium 6 acupressure with wrist bands as a first-line nonpharmacologic option. The College did not recommend for or against pericardium 6 acupuncture, citing evidence of limited benefit. A recent clinical consensus found insufficient evidence for using acupuncture as pain management for in-office uterine and cervical procedures (American College of Obstetricians and Gynecologists, 2025).

A multidisciplinary international guideline development panel issued a conditional recommendation in favor of acupuncture for temporomandibular disorders, based on the results of a systematic review by Yao (2023) and a consensus that the potential benefit outweighed the likelihood of minor harms (Busse, 2023).

Evidence review

In recent decades, the quantity of acupuncture research has increased, and secondary analyses such as systematic and meta-analyses are needed to objectively appraise safety and effectiveness for a range of medical conditions. Yet, even among comparative reviews of randomized controlled trials for specific conditions, there is often disagreement about the direction and magnitude of the effect and its clinical relevance.

A comprehensive overview by Hempen (2025) provides a reasonable guide for tracking the best available evidence that would support this policy's recommendations. Hempen (2025) identified several medical conditions for which the evidence from systematic reviews of randomized controlled trials is of sufficient quality to support a positive, clinically significant effect when used as part of a multimodal treatment approach. The conditions include: low-back pain; knee osteoarthritis; chronic nonspecific back, neck, or shoulder pain, chronic headache, or pain from osteoarthritis; postoperative nausea and vomiting; migraine prophylaxis; tension-type headache; cancer-related fatigue; menopausal symptoms; and chronic prostatitis/chronic pelvic pain syndrome in men. However, not all of these conditions are addressed in current guidelines.

Adverse effects associated with acupuncture are poorly reported in the literature but appear to be few in the hands of a qualified and experienced practitioner. They are similar to any procedure that involves needles: infection, disease transmission, trauma, nerve injury, and bleeding. There is a risk of pneumothorax and pneumoperitoneum or even organ puncture depending on the location of the procedure. There are few absolute contraindications to acupuncture, and it can be performed in patients with coagulation disorders and pregnancy. Most practitioners caution using acupuncture if experiencing an active infection, especially cutaneous malignancy, due to the risk of spread of neoplastic cells and severe neutropenia secondary to the risk of infection. Patients with an automatic implantable cardioverter defibrillator should avoid any electromagnetic stimulation used as a form of acupuncture, and patients who suffer or are predisposed to suffer from psychosis or delusions should avoid the procedure (Van Hal, 2023).

Systematic reviews and meta-analyses

- Systematic reviews found evidence supporting the use of acupuncture for postoperative or chemotherapy-induced nausea and vomiting (Lee, 2025; Yuan, 2025).
- For chronic pain conditions, results of systematic reviews suggest acupuncture may be effective as a prophylaxis for episodic migraine (Linde, 2016b) and tension-type headache (Linde, 2016a).. Recent large meta-analyses found that acupuncture significantly: reduced lower back pain compared to no treatment or sham acupuncture (Mu, 2020; Su, 2021; Wang, 2021; Wu, 2021); reduced the frequency of migraine attacks and headache intensity compared to prophylactic drugs (Fan, 2021; Giovanardi, 2020; Naguit, 2022); and reduced pain and improved function in knee osteoarthritis, especially when combined

with other therapies such as massage or Chinese herbal medicine (Lee, 2023; Shi, 2021; Wang, 2022; Yang, 2025),

- Reviews also support the use of acupuncture for managing chronic pain associated with temporomandibular disorders, especially in those with myofascial pain. Although much of the data examined feature small sample sizes and short-term follow-up periods, conventional acupuncture may result in statistically significant pain reduction and improved physical functioning compared with placebo (Mohamad, 2024; Yao, 2023). Meta-analyses showed improved pain intensity and mouth opening in temporomandibular disorders (Liu, 2021; Peixoto, 2021; Sung, 2021).
- For acute pain management in perioperative, emergency department, and urgent care settings, evidence from 22 systematic reviews and meta-analyses (n = 13,065) suggests acupuncture therapy is feasible and may be effective, either as a standalone treatment or as an adjunct to standard care. Benefits to acupuncture include reduced acute pain intensity, decreased the need for opioid and non-steroidal anti-inflammatory drug analgesics, and improved patient satisfaction compared to sham acupuncture, standard care, or pharmaceutical pain management alone. Acupuncture was a safe treatment with a low risk of adverse events. The magnitude of these benefits requires further study, as does the integration of acupuncture into acute care management (Nielsen, 2022).
- In children, the strongest evidence for acupuncture's efficacy and safety is for headache, migraine, postoperative nausea and vomiting, and postoperative pain. Children should not be treated with acupuncture for nausea and vomiting while under anesthesia (Brittner, 2016; Lee, 2015).
- Acupressure and, to a lesser extent, acupuncture may be effective for pain relief in adult cancer survivors. Their effects on fatigue and quality of life require further study (Zhang, 2025; 23 and 14 randomized controlled trials for acupuncture and acupressure, respectively).
- For women with menopausal insomnia, acupuncture may improve sleep quality measured by the Pittsburgh Sleep Quality Index and perimenopausal-related symptoms using the Kupperman index better than sham acupuncture, standard care, or no treatment. The authors concluded women with menopausal insomnia who experience no or a limited effect from standard care may benefit from acupuncture alone or as an adjunct, and it may prevent medication addiction or overuse. However, the overall high risk of bias, high heterogeneity, and short follow up in the studies prevented conclusions regarding efficacy (Zhang, 2025; 28 randomized controlled trials).
- For treating chronic prostatitis/chronic pelvic pain syndrome, compared to sham or standard medical treatment, acupuncture may produce clinically meaningful reductions in prostatitis symptoms, particularly pain, without an associated increase in the incidence of adverse events. The overall quality of the evidence was very low to low. The evidence of an effect on sexual dysfunction was inconclusive (Franco, 2019; Qin, 2022). In women with chronic pelvic pain, higher quality evidence supported multimodal physical therapy as more effective in reducing pain intensity than that of acupuncture, which favored controls (Starzec-Proserpio, 2025).
- For nausea and vomiting of pregnancy, acupuncture is safe and may be as effective as conventional Western medicine at reducing symptoms. However, the quality of the evidence was rated very low to moderate with presence of publication bias. It may be most beneficial for patients who experience limited relief from, or contraindications to, conventional medications, but large-scale, rigorously designed studies are needed to confirm the findings (Jin, 2024; 24 randomized controlled trials, n = 2,390).
- For Parkinson’s disease, acupuncture-related therapies (manual, electro-, warm, and fire acupuncture, and moxibustion), used alone or in combination with conventional medication or Chinese herbal medicine, may provide added benefits over conventional medication in terms of improving overall

therapeutic effectiveness, motor symptoms, Webster scores (symptom severity), and depressive symptoms. The certainty of evidence ranged from low to moderate, and confirmation in rigorously designed trials is needed (Mao, 2026).

In 2021, we removed nine references from the policy. No other policy changes are warranted.

In 2024, we reorganized the findings section and removed 12 references older than 2014. We also added a new systematic review (Nielsen, 2022). acu

In 2025, we updated the references and coverage to include indications for pain associated with cancer or cancer treatment based on guideline recommendations, and to emphasize acupuncture as an adjunctive treatment in the setting of standard treatment failure, intolerance, or refusal by the member for all indications.

In 2026, we updated the references and deleted several older references. We added indications for acupuncture in cancer care recommended by the National Comprehensive Cancer Network, and revised guidance for headache and low back pain based on updated guidance.

References

On March 31, 2026, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “acupuncture” (MeSH), “acupuncture therapy” (MeSH), and “acupuncture.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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Policy updates

1/2015: initial review date and clinical policy effective date: 4/2015

2016: Policy references updated.

2017: Policy references updated.

2/2018: Policy references updated. Coverage changed to include acute or subacute lower back pain.

4/2019: Policy references updated. Policy ID changed. Coverage expanded.

2/2020: Policy references updated.

4/2021: Policy references updated. Medicare coverage expanded.

5/2022: Policy references updated.

5/2023: Policy references updated.

5/2024: Policy references updated.

5/2025: Policy references updated. Coverage modified.

5/2026: Policy references updated. Coverage modified.

Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1155. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with 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 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) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles [dry needling]