



Cigna Medical Coverage Policy

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Subject Acupuncture

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2017 Cigna

Coverage Policy

Acupuncture is specifically excluded under many benefit plans. Some plans that provide coverage for acupuncture include a maximum allowable benefit for duration of treatment or number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met. In addition, maintenance care is excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage is available for acupuncture, the following conditions of coverage apply.

Cigna covers acupuncture as medically necessary when ALL of the following criteria have been met:

- treatment is expected to result in significant therapeutic improvement over a clearly defined period of time

- individualized treatment plan with identification of treatment goals, frequency and duration
- any of the following indications:
 - nausea and vomiting associated with pregnancy
 - nausea and vomiting associated with chemotherapy
 - postoperative nausea and vomiting
 - postoperative dental pain
 - the treatment of pain associated with ANY of the following chronic conditions:
 - migraine or tension headache
 - osteoarthritic knee pain
 - neck pain
 - low back pain

Cigna does not cover acupuncture for the following services because it is excluded from many benefit plans and considered not medically necessary when used for these purposes:

- treatment intended to improve or maintain general physical condition
- maintenance acupuncture services, when significant therapeutic improvement is not expected

Cigna does not cover EITHER of the following, because each is considered experimental, investigational or unproven:

- acupuncture point injection for any indication
- acupuncture for any other indication, including infertility and recurrent pregnancy loss

General Background

Acupuncture is a form of complementary and alternative medicine that has been widely practiced for many centuries. It involves the stimulation of specific anatomical locations on the skin through the penetration of fine needles, with the goal of relieving pain or treating disease. Stimulation can be accomplished manually (i.e., by a twisting motion of the hand) or through such methods as electrical stimulation (i.e., electroacupuncture).

Acupuncture has been proposed as a treatment for acute and chronic pain conditions, including surgical analgesia, postoperative, musculoskeletal, neurological, vascular, and craniomandibular pain as well as the pain of malignancy. It has also been investigated as a treatment modality for a wide variety of other conditions, such as asthma, addictive behavior, nausea, vomiting, infertility, allergic rhinitis, depression, and bowel dysfunction, and as a weight-reduction method.

The clinical utility of acupuncture is widely debated. Evaluating the clinical efficacy of acupuncture in the context of clinical trials is challenging primarily because of the difficulty of designing randomized trials with appropriate blinding of both subjects and providers. Many studies lack appropriate controls, adequate study size, randomization and/or consistent outcome measures.

Study controls for comparing real acupuncture (also referred to as verum acupuncture) typically include a placebo, sham acupuncture, standard treatment, or no treatment. Sham acupuncture is the most often used control in studies evaluating the efficacy of acupuncture. However, there is no standardized method for employing sham acupuncture and no consensus on needle placement, making it difficult to generalize findings across studies. The goal of applying sham acupuncture is to refrain from stimulating acupuncture points. In many studies, sham is done at irrelevant acupuncture sites; however, evidence has shown sham acupuncture evokes physiological responses. Because the evidence suggests that sham acupuncture is not truly a physiologically neutral event, its use as a control in clinical trials is debatable. It is difficult to distinguish between the specific effects of treatment versus that of the placebo. It has been reported that the ratio of improvement in sham groups was substantially higher than in truly inert placebo groups (Madsen, et al., 2009; Ezzo, et al., 2000). Although initially believed to have no effect, some researchers contend that needle placement in any position invokes a biological response that may interfere with the interpretation of findings.

A majority of states provide licensure or registration for acupuncture practitioners, although the scope of practice allowed under state requirements varies. The National Institutes of Health (NIH) Consensus Panel and the U.S. Food and Drug Administration (FDA) consider acupuncture safe when performed by qualified practitioners using sterile needles. The FDA requires that sterile, nontoxic needles be used and that they be labeled for single use by qualified practitioners. Acupuncture appears to be a relatively safe treatment with rare serious adverse side effects when performed by qualified practitioners who consistently adhere to the recommendations of the FDA regarding the use of sterile needles.

In addition to adults, acupuncture is being performed to treat a variety of conditions in children. Treatment of children is more complex compared to adults, mainly due to physiological differences and fear of needles. As a result, instead of inserting needles a technique such as applied pressure, electricity or laser may be used (Libonate, et al., 2008) and is better tolerated. The amount of evidence to support safety and efficacy for use in children is limited and primarily focuses on post-operative nausea and vomiting and acute and chronic pain. Similar to adults, much of the data is limited by small sample size, lack of randomization, and mixed clinical outcomes. When used to treat postoperative and chemotherapy induced nausea and vomiting there is sufficient evidence to support safety and efficacy of acupuncture in children (Jindal, et al., 2008; Libonate, et al., 2008). There is limited data supporting efficacy for acupuncture when used to treat headaches in adolescents (Gottschling, et al., 2008; Kemper, et al., 2008 [Task Force on Complementary and Alternative Medicine and the Provisional Section on Complementary, Holistic, and Integrative Medicine, American Academy of Pediatrics]; Kundu, et al., 2007) and clinical outcomes are mixed (Jindal, et al., 2008). Additional applications may include nausea, pain and allergy (Kemper, et al., 2008), however further data from large well-designed clinical studies are needed to support safety and efficacy for these and a variety of other pediatric conditions such as asthma, allergic rhinitis, neurological disorders, gastrointestinal disorders, cancer pain, and addictions (Jindal, et al., 2008).

The published, peer-reviewed scientific literature provides sufficiently strong evidence to indicate that acupuncture is safe and effective in adults for the treatment of postoperative nausea and vomiting, nausea and vomiting associated with pregnancy or chemotherapy, and postoperative dental pain (Smith, et al., 2002; Smith and Crowther, 2002; Knight, et al., 2001; Lao, et al., 1999; Dundee, et al., 1989; National Institute of Health, [NIH], 1997; Lao, et al., 1995). Treatment duration for these conditions is generally short-term as a result of the condition being treated. There is also sufficient data in the peer-reviewed, published scientific literature supporting safety and efficacy for the use of acupuncture as an adjunctive treatment modality for chronic pain conditions including headaches (i.e., migraine, tension), low back pain, neck pain, and osteoarthritic knee pain. Depending on the pain condition being treated, a course of acupuncture may last several weeks. Although there is no consensus in the scientific literature regarding the optimal number of acupuncture treatments to administer or the duration of treatment for any condition, in general, there should be a reasonable expectation for clinical improvement. If no improvement is documented after an initial trial of two-four weeks treatment, an alternative treatment plan should be considered. If lack of clinical improvement continues following subsequent treatments re-evaluation by the referring provider may be indicated. If measurable objective improvement is made, then progress towards identified goals should be clearly documented and the treatment plan updated accordingly. The necessity of continued care beyond a therapeutic trial is dependent upon objective evidence of improvement (i.e., functional gain).

Headaches

Evidence in the medical literature evaluating the safety and effectiveness of acupuncture as a treatment for chronic headaches consists largely of randomized controlled trials, case reports/series, and systematic reviews. Although the clinical trials have limitations and do not lead to strong, definitive conclusions, they are suggestive of improved clinical outcomes for chronic migraine and tension headaches (Wang, et al., 2012; Sun and Gan, 2008; Endres, et al., 2007; Alecrim-Adrade, et al., 2007; Diener, et al., 2006; Coeytaux, et al., 2005; Vickers, et al., 2004; Malchert, et al., 2003; Allais, et al., 2003; Malchert, et al., 2001). The number of treatment sessions and duration of treatment within these studies vary; the total treatment sessions ranged from one to 16 while the duration of treatment ranged from one single treatment (prevention at onset) to 24 weeks.

Pain Conditions

Acupuncture has also been investigated for the treatment of pain conditions such as chronic neck and low back pain; although some of the evidence supporting the efficacy of acupuncture for these treatments has been contradictory. Various studies have compared the effectiveness of acupuncture to that of sham acupuncture, placebo, and massage therapy, as well as to the effectiveness of self-care for low back pain and neck pain.

Neck Pain: Chronic neck pain is a common condition with multiple etiologies, and is often treated with acupuncture. Although the evidence evaluating acupuncture as an alternative or adjunctive form of treatment for chronic neck pain is limited, some authors report that acupuncture is beneficial in the treatment of this condition (Blossfeldt, 2004; Irnich et al., 2001) while others claim there is a lack of evidence to support acupuncture as an effective treatment modality (White and Ernst, 1999). Nonetheless, while more robust research may be useful, the available evidence does suggest that acupuncture is a worthy option as an adjunct to other neck pain treatments. In general, the average number of acupuncture treatment sessions varies as well as the duration of treatment across clinical trials, however, the average number of treatment sessions for treating chronic neck pain range from one to two sessions per week provided over a range of three to 12 weeks.

Published evidence evaluating acupuncture for the treatment of neck pain is primarily in the form of systematic reviews and meta analysis (with some overlapping of studies) (Leaver, et al., 2010; Fu, et al., 2009; White and Ernst, 2009; Trinh, et al., 2007[Cochrane], Birch, et al., 2004) randomized controlled trials (Sun, et al., 2010; Vas, et al., 2006; Witt, et al., 2006; White, et al., 2004; Irnich, et al., 2001), and prospective clinical trials (Franca, et al., 2003; Zhu, et al., 2002, David, et al., 1999).

Back Pain: Evidence in the form of systematic reviews, randomized controlled trials, meta-analyses and observational studies evaluate the use of acupuncture for treating low back pain. While the etiology of back pain is not specified, the subjects enrolled in the majority of clinical trials were experiencing chronic low back pain. Few authors have evaluated the efficacy of acupuncture for treatment of acute episodes of back pain (Lee, et al., 2013; Vas, et al., 2012; Furlan, et al., 2005, Manheimer, et al., 2005). In general the published evidence is conflicting/contradictory with some authors reporting acupuncture may be beneficial (Liu, et al., 2015; Cho, et al., 2012; Trigkilidas, 2010; Yuan, et al., 2008; Haake, et al., 2007; Weidenhammer et al., 2007; Brinkhaus, et al., 2006; Inoue et al., 2006; Hsieh, et al., 2006; Thomas, et al., 2005; Furlan, et al., 2004; Meng, et al., 2003; Molsberger, et al., 2002; Leibing, et al., 2002; Carlsson, et al., 2001) while others report a benefit is unclear (Cherkin, et al., 2003; Kerr, et al., 2003; van Tulder, et al., 1999; Ernst and White, 1998). In May 2009 the National Institute for Health and Clinical Excellence (NICE) published guidelines for back pain which included a course of acupuncture as a treatment option. Some authors do not define the number of treatment sessions and/or duration of treatment although similar to other pain conditions, treatment sessions in these studies ranged from one to five times per week, (averaging one to two treatments), over a duration of four to 12 weeks.

Osteoarthritic Knee Pain: Researchers also suggest that acupuncture is an effective complement to standard care for chronic osteoarthritis of the knee. Some of the conclusions are limited by the poor quality of the study design. In a majority of the studies osteoarthritis was confirmed by radiographs. Although clinical trials have yielded inconsistent results for a variety of reasons, there is some evidence supporting the efficacy of acupuncture as an adjunct or alternative treatment for osteoarthritis of the knee (Lin, et al., 2016; Hou, et al., 2015; Mavrommatis, et al., 2012; Manheimer, et al., 2010; Suarez – Almazor, et al., 2010; Miller, et al., 2009; Jubb, et al., 2008; Manheimer, et al., 2007; White, et al., 2007; Williamson, et al., 2007; Scharf, et al., 2006; Witt, et al., 2006; Witt, et al., 2005; Berman, et al., 2004; Vas, et al., 2004; Sandee, et al., 2002; Ezzo, et al., 2001). Treatment sessions within these studies ranged from one to two treatment sessions per week, for an average of eight to 12 weeks.

Other Indications

The volume of literature reporting on the efficacy of acupuncture for other indications is extensive and includes conditions such as menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, carpal tunnel, temporomandibular joint pain, and correction of breech presentation. However, the overall body of evidence for these indications is generally of poor quality, consisting of numerous uncontrolled studies, small case series, case reports, and anecdotal information. Sample sizes are generally inadequate to identify real differences between treatment and control groups, data on long-term outcomes are lacking, there is no consensus regarding patient selection criteria and well-designed, large-population, randomized, controlled clinical trials are lacking. Several systematic reviews of the literature involving acupuncture have concluded that, while acupuncture may be superior to various controls, there is insufficient evidence to conclude that it is better than placebo for most indications. In addition, technology assessments conducted by the Agency for Healthcare Quality and Research (AHRQ) concluded there is insufficient evidence to support the efficacy of acupuncture for the treatment of fibromyalgia and osteoarthritis (AHRQ, 2003a; AHRQ, 2003b). Acupuncture has not been proven effective in the peer-reviewed published scientific literature for the treatment of any of the following conditions, including but not limited to:

- acute pain
- addictive behaviors, including chemical and tobacco addictions
- allergies
- as a weight reduction modality
- asthma
- attention-deficit/hyperactivity disorder
- autism spectrum disorders
- bowel dysfunction
- bursitis
- carpal tunnel syndrome
- correction of breech presentation
- depression
- dermatitis or psoriasis
- dysmenorrhea
- epicondylitis (tennis elbow)
- fibromyalgia
- hypertension
- in lieu of traditional anesthesia
- infertility
- labor
- myofascial pain syndrome
- neuropathies
- nocturnal enuresis
- pain of malignancy
- plantar fasciitis
- post-stroke rehabilitation
- reflex sympathetic dystrophy
- recurrent pregnancy loss
- temporomandibular joint disorders (TMJ)
- tinnitus
- urinary incontinence (all types)

Acupuncture Point Injection Therapy

Acupuncture point injection therapy is a procedure where pharmaceuticals and natural biologic products such as vitamins, herbal extracts and other homeopathics, are injected into the body at acupuncture points to prevent or treat disease. One solution in particular, isotonic saline, when injected theoretically allows activation of the acupuncture point for a longer period of time enhancing the therapeutic effect. There is insufficient evidence in the peer-reviewed published scientific literature to support safety and efficacy at this time, data comparing the effectiveness of different products, methods of stimulation and overall clinical utility is lacking.

Professional Societies/Organizations

Professional societies and organizations have studied and commented on the safety and efficacy of acupuncture for various diseases and conditions. Recommendations from initial reports were based on varying levels of evidence and there was little consensus regarding what conditions acupuncture may be considered effective for (National Institute of Health [NIH], 1997; United Kingdom National Health Service [Vickers, 2001]; Alberta Heritage Foundation for Medical Research [Tait, et al.] 2002; World Health Organization [WHO], 2003).

Consensus statements or formal recommendations regarding acupuncture are lacking in the published literature, however some professional societies have addressed the use of acupuncture in other guidelines. The American College of Physicians (ACP) and American Pain Society developed evidence-based clinical practice guidelines for diagnosing and treating low back pain in the primary care setting. According to the guideline recommendations, acupuncture is considered a moderately effective nonpharmacologic therapy for treating chronic low back pain (Chou, et al., 2007).

The American Academy of Orthopaedic Surgeons (AAOS) published an update to their clinical practice guidelines for the treatment of osteoarthritis of the knee (AAOS, 2013). Within these guidelines the AAOS does not recommend acupuncture for the treatment of osteoarthritis of the knee due to lack of evidence supporting efficacy. The AAOS noted the review consisted of five high quality and five moderate quality studies that compared acupuncture to subjects receiving sham, usual care, or education. The committee concluded a majority of studies were not statistically significant, many were not clinically significant, and that some outcomes were associated with clinical significance but not statistical significance.

Use Outside of the US: Acupuncture is performed in several countries outside the United States and the World Health Organization (WHO, 2003) has identified more than 40 conditions for which acupuncture may be considered effective. For example, treatment guidelines are available from the United Kingdom for the use of acupuncture as treatment for pain and other conditions. Singapore only considers needle acupuncture as an approved service whereas other acupuncture modalities are not supported. In addition, although high quality evidence in the peer reviewed scientific English literature is limited, the use of acupuncture as a treatment modality for many conditions is widely accepted in the Chinese culture where acupuncture is often considered part of Traditional Chinese Medicine (TCM).

Summary

Despite the lack of strong scientific evidence, acupuncture is accepted as a form of complementary and alternative medicine for selected conditions, including treatment of postoperative nausea and vomiting, nausea and vomiting associated with pregnancy or chemotherapy, and postoperative dental pain. Treatment for these conditions is generally of short duration. Clinical studies provide some evidence to support the effectiveness of acupuncture for the treatment of chronic headaches, low back and neck pain and osteoarthritis of the knee. Acupuncture may be a viable option as an adjunctive method of treatment for these conditions, when other conventional modalities have failed, and when there is reasonable expectation treatment will result in significant therapeutic improvement over a clearly defined period of time. While there is no consensus regarding the number of treatment sessions or duration of treatment, published scientific evidence suggests acupuncture is effective for pain relief, when performed one to two times weekly for 10 to 12 weeks on average. Acupuncture is considered not medically necessary when treatment is unlikely to result in sustained clinical improvement or when there is no defined endpoint for treatment, such as when provided for preventive, maintenance or supportive treatment. Acupuncture as a treatment for any other condition, including acupuncture point injection therapy, has not been proven effective in the published peer-reviewed scientific literature.

Coding/Billing Information

- Note:** 1) This list of codes may not be all-inclusive.
 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Acupuncture

Covered when medically necessary:

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)

ICD-9-CM Diagnosis Codes	Description
307.81	Tension headache
338.12	Acute post-thoracotomy pain
338.18	Other acute postoperative pain
338.28	Other chronic postoperative pain
339.10- 339.12	Tension type headache
346.00- 346.93	Migraine
353.2	Cervical root lesions, not elsewhere classified
353.4	Lumbosacral root lesions, not elsewhere classified
564.3	Vomiting following gastrointestinal surgery
643.00	Mild hyperemesis gravidarum, unspecified as to episode of care or not applicable
643.03	Mild hyperemesis gravidarum, antepartum condition or complication
643.10	Hyperemesis gravidarum with metabolic disturbance, unspecified as to episode of care or not applicable
643.13	Hyperemesis gravidarum with metabolic disturbance, antepartum condition or complication
643.20	Late vomiting of pregnancy, unspecified as to episode of care or not applicable
643.23	Late vomiting of pregnancy, antepartum condition or complication
643.80	Other vomiting complicating pregnancy, unspecified as to episode of care or not applicable
643.83	Other vomiting complicating pregnancy, antepartum condition or complication
643.90	Unspecified vomiting of pregnancy, unspecified as to episode of care or not applicable
643.93	Unspecified vomiting of pregnancy, antepartum condition or complication
715.16	Osteoarthritis, localized, primary, lower leg
715.26	Osteoarthritis, localized, secondary, lower leg
715.36	Osteoarthritis, localized, not specified whether primary or secondary, lower leg
715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg
721.0	Cervical spondylosis without myelopathy
721.1	Cervical spondylosis with myelopathy
721.3	Lumbosacral spondylosis without myelopathy
721.42	Lumbar spondylosis with myelopathy
722.0	Displacement of cervical intervertebral disc without myelopathy
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.4	Degeneration of cervical intervertebral disc
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
722.71	Intervertebral disc disorder with myelopathy, cervical region
722.73	Intervertebral disc disorder with myelopathy, lumbar region
722.93	Other and unspecified disc disorder , lumbar region
723.0	Spinal stenosis in cervical region
723.1	Cervicalgia
723.2	Cervicocranial syndrome
723.3	Cervicobrachial syndrome (diffuse)
723.8	Other syndromes affecting cervical region
723.9	Unspecified musculoskeletal disorders and symptoms referable to neck
724.02	Spinal stenosis, lumbar region without neurogenic claudication
724.2	Lumbago
724.3	Sciatica
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.5	Backache, unspecified
724.6	Disorders of sacrum

724.70	Unspecified disorder of coccyx
724.79	Other disorder of coccyx
724.9	Ankylosis of spine, NOS
739.1	Nonallopathic lesions, cervical region
739.3	Nonallopathic lesions, lumbar region
739.4	Nonallopathic lesions, sacral region
739.6	Nonallopathic lesions, lower extremities
787.01- 787.03	Nausea and vomiting

ICD-10-CM Diagnosis Codes	Description
G43.001- G43.919	Migraine
G44.221- G44.229	Chronic tension-type headache
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
K91.0	Vomiting following gastrointestinal surgery
M17.0-M17.9	Osteoarthritis of knee
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.01	Cervical disc disorder with myelopathy, high cervical region
M50.02	Cervical disc disorder with myelopathy, mid-cervical region (Code invalid 09/30/2016)
M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level (Code effective 10/01/2016)
M50.021	Cervical disc disorder at C4-C5 level with myelopathy (Code effective 10/01/2016)

M50.022	Cervical disc disorder at C5-C6 level with myelopathy (Code effective 10/01/2016)
M50.023	Cervical disc disorder at C6-C7 level with myelopathy (Code effective 10/01/2016)
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
M50.20	Other cervical disc displacement, unspecified cervical region
M50.21	Other cervical disc displacement, high cervical region
M50.22	Other cervical disc displacement, mid-cervical region (Code invalid 09/30/2016)
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level (Code effective 10/01/2016)
M50.221	Other cervical disc displacement at C4-C5 level (Code effective 10/01/2016)
M50.222	Other cervical disc displacement at C5-C6 level (Code effective 10/01/2016)
M50.223	Other cervical disc displacement at C6-C7 level (Code effective 10/01/2016)
M50.23	Other cervical disc displacement, cervicothoracic region
M50.30	Other cervical disc degeneration, unspecified cervical region
M50.31	Other cervical disc degeneration, high cervical region
M50.32	Other cervical disc degeneration, mid-cervical region (Code invalid 09/30/2016)
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level (Code effective 10/01/2016)
M50.321	Other cervical disc degeneration at C4-C5 level (Code effective 10/01/2016)
M50.322	Other cervical disc degeneration at C5-C6 level (Code effective 10/01/2016)
M50.323	Other cervical disc degeneration at C6-C7 level (Code effective 10/01/2016)
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.3.	Sacrococcygeal disorders, not elsewhere classified
M54.2	Cervicalgia
M54.30- M54.32	Sciatica
M54.40- M54.42	Lumbago with sciatica
M54.5	Low back pain
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M99.01	Segmental and somatic dysfunction of cervical region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.11	Subluxation complex (vertebral) of cervical region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.31	Osseous stenosis of neural canal of cervical region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.41	Connective tissue stenosis of neural canal of cervical region

M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
O21.0-O21.9	Mild hyperemesis gravidarum
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified

Experimental, investigational or unproven and not covered when used to report acupuncture for any other indication (including infertility and recurrent pregnancy loss):

ICD-9-CM Diagnosis Codes	Description
	All other codes

ICD-10-CM Diagnosis Codes	Description
	All other codes

Acupuncture Point Injection

Experimental, investigational or unproven and not covered when used to report acupuncture point injection therapy:

CPT®*	Description
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	Injection(s); single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

***Current Procedural Terminology (CPT®) © 2016 American Medical Association: Chicago, IL.**

References

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