

# MEDICAL POLICY

| MEDICAL POLICY DETAILS  |  |
|-------------------------|--|
| Medical Policy Title    | Acupuncture and Auricular Electrostimulation   |
| Policy Number           | 8.01.20  |
| Category                | Contract Clarification   |
| Original Effective Date | 11/29/01   |
| Committee Approval Date | 01/23/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 04/25/19, 04/23/20, 04/22/21, 04/21/22, 04/20/23, 04/18/24   |
| Current Effective Date  | 04/18/24   |
| Archived Date           |  |
| Archive Review Date     | N/A  |
| Product Disclaimer      | <ul style="list-style-type: none"> <li>• Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul> |

## POLICY STATEMENT

- I. Based upon our criteria and assessment of peer-reviewed literature, needle acupuncture (manual or electroacupuncture) is considered **medically appropriate** when performed by an individual state licensed to perform acupuncture and when performed for **ANY** of the following diagnoses:
  - A. adult postoperative nausea and vomiting;
  - B. chemotherapy-related nausea and vomiting;
  - C. pregnancy-related nausea and vomiting;
  - D. carpal tunnel syndrome;
  - E. fibromyalgia;
  - F. headache;
  - G. low back pain;
  - H. menstrual pain;
  - I. myofascial pain;
  - J. osteoarthritis;
  - K. tennis elbow.
- II. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for patients undergoing rehabilitation following cerebral vascular accidents (stroke) is considered **not medically necessary** as the efficacy of the treatment has not been proven.
- III. Based upon our criteria and assessment of the peer-reviewed literature, acupuncture for **ALL** other conditions, including, but not limited to, the following, has not been medically proven to be effective and, therefore, is considered **investigational**:
  - A. allergic rhinitis;

## Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION

Policy Number: 8.01.20

Page: 2 of 10

- B. irritable bowel syndrome;
- C. substance (e.g., alcohol, cocaine) use disorders.

- IV. Based upon our criteria and assessment of the peer-reviewed literature, electrical stimulation of auricular acupuncture points/auricular electrostimulation has not been medically proven to be effective and, therefore, is considered **investigational**.
- V. Based upon our criteria and assessment of the peer-reviewed literature, percutaneous electrical nerve field stimulation, has not been medically proven to be effective and, therefore, is considered **investigational** for all indications, including but not limited to irritable bowel syndrome.

*Refer to Corporate Medical Policy #8.01.12 Physical Therapy (PT)*

*Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services*

### **POLICY GUIDELINES**

Coverage for acupuncture, as well as the number of covered treatments, is contract dependent.

### **DESCRIPTION**

Acupuncture is the practice of piercing the skin with needles at specific body sites, to induce anesthesia, to relieve pain, to alleviate substance withdrawal symptoms, or treat various non-painful disorders. The placement of needles into the skin is dictated by the location of the meridians. These meridians are thought to mark patterns of energy flow throughout the human body. Acupuncture has four components—the acupuncture needle(s), the target location defined by traditional Chinese medicine, the depth of insertion, and the stimulation of the inserted needle. Acupuncture may be performed with or without electrical stimulation. Acupuncture is a traditional form of Chinese medical treatment that has been practiced for over 3,000 years. Treatment involves inserting four to 15 needles at selected acupuncture points, usually for 10 to 30 minutes. Needles are approximately 37-gauge, stainless steel, and disposable. Needles are manipulated with electricity (electroacupuncture), with heat, or manually. It is thought that acupuncture for analgesia stimulates the small-diameter nerve fibers in muscles that enter the dorsal horn of the spinal cord. An impulse is then sent to other levels within the spinal cord, the midbrain, and the hypothalamic-pituitary system, which then release neurotransmitters that cause analgesia. Thus, when practitioners place a needle in the region of pain, all three centers are activated to provide an analgesic effect. Acupuncture is felt to be helpful for patients who have unsuccessfully exhausted conventional treatment modalities, who experience adverse consequences with conventional approaches, who prefer not to take pharmacological agents for their condition, or whose co-morbidities prevent them from utilizing certain drug therapies.

Electrical stimulation of auricular acupuncture points, or auricular electrostimulation, involves the stimulation of acupuncture points on the ear. Auricular electrostimulation has been proposed for the treatment of a variety of conditions, including pain, depression, and anxiety. Devices have been developed that provide electrical stimulation to auricular acupuncture sites over a period of several days.

- I. The P-Stim (NeuroScience Therapy Corporation) is a single-use, miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify three auricular acupuncture points. The P-Stim device connects to three inserted acupuncture needles with caps and wires. The device is pre-programmed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours. The P-Stim received U.S. Food and Drug Administration (FDA) marketing clearance through the 510(k) process in 2006.
- II. The E-pulse, or Electro Acupuncture device, is a microprocessor-controlled, battery-powered unit designed to administer auricular point nerve stimulation treatment for pain therapy over a 96-hour period. The E-pulse received FDA 510(k) marketing clearance in 2009.

### **Percutaneous Electrical Nerve Field Stimulation (PENFS)**

PENFS is a variation of PENS in that it uses a low-frequency electrical current to stimulate the skin and underlying tissues in a general area of pain rather than targeting a specific nerve. PENFS devices are thought to work by sending electrical

## **Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION**

**Policy Number: 8.01.20**

**Page: 3 of 10**

stimulation of peripheral cranial neurovascular bundles in the external ear to help modulate central pain pathways, however, the exact mechanism responsible for the analgesic effects remains unknown. PENFS involves a non-implantable device that stimulates nerves remotely from the site of pain and has been studied for a variety of musculoskeletal and neuropathic pain conditions, and patients with opioid withdrawal.

Auricular percutaneous electrical nerve field stimulation uses an FDA-approved device for pain to deliver stimulation to the auricular branches of the cranial nerves, including the vagus nerve. The vagus nerve mediates the sensation of the auricular tissue that makes up the ear; therefore, auricular stimulation has been used to modulate its activity and treat pain. PENFS is an emerging minimally invasive approach to treat patients with chronic abdominal pain. It modulates central pain pathways through stimulation of the auricular branches of cranial nerves after 4-weeks of treatment, with sustained efficacy (Santucci et al., 2023). Several pediatric studies have demonstrated the benefits of PENFS in children with functional abdominal pain disorders (FAPD). Limitations of these studies include small sample sizes and lack of control groups, resulting in insufficient power to make major inferences from some of the studies finding.

The NSS-2 Bridge device (Innovative Health Solutions, Inc.) is a small electrical nerve stimulator placed behind the ear that emits electrical pulses to stimulate branches of certain cranial nerves, which may provide relief from opioid withdrawal symptoms. The FDA cleared this device in 2017 through the *de novo* premarket review pathway for use in reducing the symptoms of opioid withdrawal.

The IB-Stim (Innovative Health Solutions, Inc.) is a disposable, battery-powered, percutaneous electrical nerve field stimulator (PENFS) system placed behind the ear. The device has four percutaneously placed electrodes (three frontal and one dorsal) applied to auricular areas innervated by branches of four cranial nerves (CN V, VII, IX, and X). It is proposed for use in patients 11-18 years old with functional abdominal pain associated with irritable bowel syndrome (IBS). The device is intended for use 120 hours per week for three consecutive weeks. The FDA cleared the IB-Stim through the *de novo* premarket review pathway in June 2019. Because there are few pharmacologic treatments for children and adolescents with IBS, nonpharmacologic options are commonly explored. PENFS is a potential treatment option for these patients.

### **RATIONALE**

The FDA regulates the approval of acupuncture needles and requires manufacturers to label the needles for single use only.

Clinical trials have demonstrated good evidence on the effectiveness of acupuncture in studies on headache, pregnancy-induced nausea and vomiting, chemotherapy-induced nausea and vomiting, and postoperative nausea and vomiting.

The National Institutes of Health (NIH) state that there are other situations where acupuncture may be useful as an adjunct treatment or acceptable alternative, or may be included in a comprehensive management program. These include, but are not limited to menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, and carpal tunnel syndrome.

Studies investigating acupuncture for the treatment of asthma are of poor quality and have conflicting results. The efficacy of acupuncture in the treatment of asthma and in stroke rehabilitation is not supported by clinical trials. Studies investigating the use of acupuncture for substance addiction (e.g., alcohol, opioids) and allergic rhinitis have not demonstrated the efficacy of acupuncture for these conditions. Studies of acupuncture for smoking cessation found that acupuncture is not effective in maintaining abstinence from nicotine addiction. A 2018 case series (Miranda and Taca) reported successful alleviation of opioid withdrawal symptoms; however, this was an uncontrolled, retrospective study with no comparator used, and, therefore, conclusions cannot be drawn from this limited evidence.

Kovacic et al. (2017) conducted an RCT comparing the Neuro-Stim PENFS device with a sham device in adolescent patients with abdominal pain-related functional gastrointestinal disorders including IBS. Patients 11 to 18 years of age with abdominal pain (pain score  $\geq 3$  on an 11-point scale) occurring at least twice weekly for at least two (2) months were included. The devices were worn for five (5) days each week for four (4) weeks. Baseline medications were continued except for antispasmodics which were not allowed during the study period. Enrolled patients were primarily female (91%) and White (90%). Pain, as measured on the Pain Frequency-Severity-Duration (PFSD), was the primary outcome. The

## Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION

Policy Number: 8.01.20

Page: 4 of 10

PFSD scale incorporates several aspects of the pain experience and is generally calculated over 14 days, but was modified as a weekly score in this trial with a high composite score of 70. Both "worst pain" and median PFSD composite scores were better with PENFS than placebo. The Symptom Response Scale (-7 to +7 [with negative scores as worse and positive scores as better]) was used to assess the overall symptoms. Although the authors reported statistically significantly improved scores with the Neuro-Stim device at 3 weeks, numerical differences between groups were small. Longer-term pain scores obtained at a median of 9.2 weeks after treatment remained improved from baseline in the active treatment group with a decrease of composite PFSD scores of -8.4 compared with 0.0 in the sham group. Adverse events including ear discomfort and adhesive allergy were similar between groups. The study is limited by the small sample size, the heterogeneous population of gastrointestinal disorders, the lack of bowel habit measurement, and the short duration of follow-up. Krasaelap et al. (2020) evaluated a subgroup of 50 patients with IBS from the Kovacic et al. (2017) RCT. At three (3) weeks there were more responders with the active treatment (response defined as  $\geq 30\%$  reduction in worst abdominal pain) than with the sham device. At the extended follow-up (8-12 weeks), the percentage of responders was similar between groups (32% vs. 18%;  $p=.33$ ).

### CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not Medically Necessary = (NMN)

#### CPT Codes

| Code        | Description  |
|-------------|--|
| 0720T (E/I) | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation (e.g., IB-Stim system)   |
| 0783T (E/I) | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment  |
| 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       | 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)                                    |

Copyright © 2024 American Medical Association, Chicago, IL

#### HCPCS Codes

| Code        | Description   |
|-------------|---|
| S8930 (E/I) | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient |

#### ICD10 Codes

| Code                | Description                            |
|---------------------|--|
| F10.10-F10.99 (E/I) | Alcohol related disorders (code range) |
| F11.10-F11.99 (E/I) | Opioid related disorders (code range)  |

**Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION****Policy Number: 8.01.20****Page: 5 of 10**

| <b>Code</b>           | <b>Description</b>   |
|-----------------------|--|
| F12.10-F12.99 (E/I)   | Cannabis related disorders (code range)                              |
| F13.10-F13.99 (E/I)   | Sedative, hypnotic, or anxiolytic related disorders (code range)     |
| F14.10-F14.99 (E/I)   | Cocaine related disorders (code range)                               |
| F15.10-F15.99 (E/I)   | Other stimulant related disorders (code range)                       |
| F16.10-F16.99 (E/I)   | Hallucinogen related disorders (code range)                          |
| F17.200-F17.299 (E/I) | Nicotine dependence (code range)                                     |
| F18.10-F18.99 (E/I)   | Inhalant related disorders (code range)                              |
| F19.10-F19.99 (E/I)   | Other psychoactive substance related disorders (code range)          |
| G43.001-G43.019       | Migraine without aura (code range)                                   |
| G43.101-G43.419       | Migraine with aura (code range)                                      |
| G43.701-G43.719       | Chronic migraine without aura (code range)                           |
| G43.B0-G43.B1         | Ophthalmoplegic migraine (code range)                                |
| G43.801-G43.919       | Other types of migraines (code range)                                |
| G44.1                 | Vascular headache, not elsewhere classified                          |
| G44.201-G44.209       | Tension-type headache, unspecified (code range)                      |
| G44.211-G44.219       | Episodic tension-type headache (code range)                          |
| G44.221-G44.229       | Chronic tension-type headache (code range)                           |
| G44.301-G44.309       | Post-traumatic headache, unspecified (code range)                    |
| G44.321-G44.329       | Chronic post-traumatic headache (code range)                         |
| G46.0-G46.8 (NMN)     | Vascular syndromes of brain in cerebrovascular diseases (code range) |
| G50.0-G50.9           | Disorders of trigeminal nerve (code range)                           |
| G51.2-G51.9           | Facial nerve disorders (code range)                                  |
| G56.00-G56.03         | Carpal tunnel syndrome (code range)                                  |
| H92.01-H92.09         | Otalgia (code range)   |
| I67.2 (NMN)           | Cerebral atherosclerosis   |
| I67.81-I67.82 (NMN)   | Other specified cerebrovascular diseases (code range)                |
| I67.89 (NMN)          | Other cerebrovascular disease  |
| I67.9 (NMN)           | Cerebrovascular disease, unspecified                                 |
| I68.0 (NMN)           | Cerebral amyloid angiopathy  |
| I68.8 (NMN)           | Other cerebrovascular disorders in diseases classified elsewhere     |
| J30.1-J30.9 (E/I)     | Allergic rhinitis (code range)                                       |
| K58.0-K58.9 (E/I)     | Irritable bowel syndrome (code range)                                |
| K91.0                 | Vomiting following gastrointestinal surgery                          |
| M15.0-M15.9           | Polyosteoarthritis (code range)                                      |
| M16.0-M16.9           | Osteoarthritis of hip (code range)                                   |
| M17.0-M17.9           | Osteoarthritis of knee (code range)                                  |
| M18.0-M18.9           | Osteoarthritis of first carpometacarpal joint (code range)           |
| M19.011-M19.079       | Primary osteoarthritis (code range)                                  |
| M19.111-M19.179       | Post-traumatic osteoarthritis (code range)                           |
| M19.211-M19.279       | Secondary osteoarthritis (code range)                                |
| M19.90-M19.93         | Osteoarthritis, unspecified site (code range)                        |

**Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION****Policy Number: 8.01.20****Page: 6 of 10**

| <b>Code</b>       | <b>Description</b>  |
|-------------------|---|
| M25.50-M25.579    | Pain in joint (code range)  |
| M26.621-M26.629   | Arthralgia of temporomandibular joint (code range)                        |
| M43.26-M43.28     | Fusion of spine (code range)  |
| M43.8x6-M43.8x9   | Other specified deforming dorsopathies (code range)                       |
| M51.16-M51.17     | Intervertebral disc disorders with radiculopathy (code range)             |
| M53.1             | Cervicobrachial syndrome  |
| M53.2x7           | Spinal instabilities, lumbosacral region                                  |
| M53.2x8           | Spinal instabilities, sacral and sacrococcygeal region                    |
| M53.3             | Sacrococcygeal disorders, not elsewhere classified                        |
| M53.86-M53.88     | Other specified dorsopathies (code range)                                 |
| M53.9             | Dorsopathy, unspecified   |
| M54.06-M54.09     | Panniculitis affecting regions of neck and back (code range)              |
| M54.16-M54.18     | Radiculopathy (code range)  |
| M54.30-M54.32     | Sciatica (code range)   |
| M54.40-M54.42     | Lumbago with sciatica (code range)  |
| M54.5             | Low back pain   |
| M60.80-M60.9      | Other myositis (code range)   |
| M62.830           | Muscle spasm of back  |
| M77.10-M77.12     | Lateral epicondylitis (code range)  |
| M79.0             | Rheumatism, unspecified   |
| M79.10-M79.18     | Myalgia (code range)  |
| M79.2             | Neuralgia and neuritis, unspecified                                       |
| M79.601-M79.676   | Pain in limb, hand, foot, fingers and toes (code range)                   |
| M79.7             | Fibromyalgia  |
| N64.4             | Mastodynia  |
| N94.4-N94.6       | Dysmenorrhea (code range)   |
| O21.0-O21.9       | Excessive vomiting in pregnancy (code range)                              |
| R51               | Headache  |
| T45.1x5A-T45.1x5S | Adverse effect of antineoplastic and immunosuppressive drugs (code range) |

**REFERENCES**

\*Agency for Healthcare Research and Quality. Complementary and alternative therapies for back pain II. Evidence report/technology assessment, number 194. 2010 Oct

[<http://www.ahrq.gov/downloads/pub/evidence/pdf/backpaincam/backcam2.pdf>] accessed 03/13/24.

Armour M, et al. Acupuncture for depression: A systematic review and meta-analysis. J Clin Med 2019 Jul 31;8(8).

Borlack RE, et al. Electrodermal activity of auricular acupoints in pediatric patients with functional abdominal pain disorders. JPGN 2021 August;73(2):184-191.

Chen C, et al. Acupuncture for type 2 diabetes mellitus: a systematic review and meta-analysis of randomized controlled trials. Complement Ther Clin Pract 2019 Aug;36:100-112.

\*Chen HY, et al. Auricular acupuncture treatment for insomnia: a systematic review. J Altern Complement Med 2007 Jul-Aug;13(6):669-76.

\*Chen N, et al. Acupuncture for Bell's palsy. Cochrane Database Syst Rev 2010 Aug 4;(8):CD002914.

## Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION

Policy Number: 8.01.20

Page: 7 of 10

- Chen Z, et al. Acupuncture for rehabilitation after total knee arthroplasty: A systematic review and meta-analysis of randomized controlled trials. Front Med (Lausanne) 2021 Jan 18;7:602564.
- Chogle A, et al. A multicenter registry study on percutaneous electrical nerve field stimulation for pediatric disorders of gut-brain interaction. Journal of Pediatric Gastroenterology and Nutrition 2024 Mar; Epub ahead of print.
- \*Cui Y, et al. Acupuncture for restless legs syndrome. Cochrane Database Syst Rev 2008 Oct 8;(4):CD006457.
- DeVon HA, et al. Feasibility and preliminary efficacy of acupuncture for angina in an underserved diverse population. Acupunct Med 2022 APR;40(2):152-159.
- \*Ee C, et al. Acupuncture for menopausal hot flashes: a randomized trial. Ann Intern Med 2016 Feb 2;164(3):146-54.
- Fan W, et al. Acupuncture therapy for poststroke spastic hemiplegia: A systematic review and meta-analysis of randomized controlled trials. Complement Ther Clin Pract 2020 Aug;40:101176.
- Fernández-Jané C, et al. Acupuncture techniques for COPD: a systematic review. BMC Complement Med Ther 2020 May 6;20(1):138.
- \*Furlan AD, et al. Acupuncture and dry-needling for low back pain. Cochrane Database Syst Rev 2005 Jan 25;(1):CD001351.
- \*Gates S, et al. Auricular acupuncture for cocaine dependence. Cochrane Database Syst Rev 2006 Jan 25;(1):CD005192.
- Giovanardi CM, et al. Acupuncture vs. pharmacological prophylaxis of migraine: A systematic review of randomized controlled trials. Front Neurol 2020 Dec 15;11:576272.
- \*Green S, et al. Acupuncture for shoulder pain. Cochrane Database Syst Rev 2005 Apr 18;(2):CD005319.
- Hargreaves E, et al. Acupuncture for treating overactive bladder in adults. Cochrane Database Syst Rev. 2020 Jan; 10;2020(1):CD013519. doi: 10.1002/14651858.CD013519. PMCID: PMC6956661.
- Heo I, et al. Multicentre randomised controlled clinical trial of electroacupuncture with usual care for patients with non-acute pain after back surgery. Br J Anaesth 2021 Mar;126(3):692-699.
- Jiao R, et al. The effectiveness and safety of acupuncture for patients with atopic eczema: a systematic review and meta-analysis. Acupunct Med 2020 Feb;38(1):3-14.
- \*Kim JI, et al. Acupuncture for the treatment of tinnitus: a systematic review of randomized clinical trials. BMC Complement Altern Med 2012 Jul 17;12:97.
- Kong DZ, et al. Acupuncture for chronic hepatitis B. Cochrane Database Syst Rev 2019 Aug 22;(8):CD013107.
- Kong JT, et al. Effect of electroacupuncture vs sham treatment on change in pain severity among adults with chronic low back pain: A randomized clinical trial. JAMA Netw Open 2020 Oct 1;3(10):e2022787.
- \*Kovacic K, et al. Neurostimulation for abdominal pain-related functional gastrointestinal disorders in adolescents: a randomised, double-blind, sham-controlled trial. Lancet Gastroenterol Hepatol. 2017 Oct;2(10):727-737.
- \*Krasaelap A, et al. Efficacy of auricular neurostimulation in adolescents with irritable bowel syndrome in a randomized, double-blind trial. Clin Gastroenterol Hepatol 2020 Aug; 18(9):1987-1994.
- \*Law SK, et al. Acupuncture for glaucoma. Cochrane Database Syst Rev 2020 Feb 7;(2):CD006030.
- \*Lee A, et al. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. Cochrane Database Syst Rev 2015 Nov 2;(11):CD003281.
- Lim CED, et al. Acupuncture for polycystic ovarian syndrome. Cochrane Database Syst Rev 2019 Jul 2;(7):CD007689.
- \*Linde K, et al. Acupuncture for patients with migraine: a randomized controlled trial. JAMA 2005 May 4;293(17):2118-25.

## Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION

Policy Number: 8.01.20

Page: 8 of 10

\*Linde K, et al. Acupuncture for the prevention of episodic migraine. *Cochrane Database Syst Rev* 2016 Jun 28;(6):CD001218.

\*Linde K, et al. Acupuncture for tension-type headache. *Cochrane Database Syst Rev* 2016 Apr 19;(4): CD007587.

Liu C, et al. Scalp acupuncture treatment for children's autism spectrum disorders: a systematic review and meta-analysis. *Medicine (Baltimore)* 2019 Mar;98(13):e14880.

Liu S, et al. Acupuncture for post-stroke shoulder-hand syndrome: a systematic review and meta-analysis. *Front Neurol* 2019 Apr 26;10:433.

\*Manheimer E, et al. Acupuncture for peripheral joint osteoarthritis. *Cochrane Database Syst Rev* 2010 Jan 20;(1): CD001977.

\*Manheimer E, et al. Acupuncture for treatment of irritable bowel syndrome. *Cochrane Database Syst Rev* 2012 May 16;(5):CD005111.

Mendonça CR, et al. Effects of auriculotherapy on weight and body mass index reduction in patients with overweight or obesity: systematic review and meta-analysis. *Complement Ther Clin Pract* 2020 Feb;38:101069.

\*Miranda A and Taca A. Neuromodulation with percutaneous electrical nerve field stimulation is associated with reduction in signs and symptoms of opioid withdrawal: a multisite, retrospective assessment. *Am J Drug Alcohol Abuse* 2018;44(1):56-63.

Mu J, et al. Acupuncture for chronic nonspecific low back pain. *Cochrane Database Syst Rev* 2020 Dec 11;12:CD013814.

Pei L, et al. Effect of acupuncture in patients with irritable bowel syndrome: A randomized controlled trial. *Mayo Clin Proc* 2020 Aug;95(8):1671-1683.

Santucci NR, et al. Effect of percutaneous electrical nerve field stimulation on mechanosensitivity, sleep and psychological comorbidities in adolescents with functional abdominal pain disorders. *Neurogastroenterology and Motility* 2022 [ePub ahead of print].

Santucci NR, et al. Percutaneous electrical nerve field stimulation compared to standard medical therapy in adolescents with functional abdominal pain disorders. *Front Pain Res (Lausanne)* 2023 Sep;4:1251932.

\*Sator-Katzenschlager SM, et al. Electrical stimulation of auricular acupuncture points is more effective than conventional manual auricular acupuncture in chronic cervical pain: a pilot study. *Anesth Analg* 2003 Nov;97(5):1469-73.

\*Sator-Katzenschlager SM and Michalek-Sauberer A. P-Stim auricular electroacupuncture stimulation device for pain relief. *Expert Rev Med Devices* 2007 Jan;4(1):23-32.

\*Sator-Katzenschlager SM, et al. The short- and long-term benefit in chronic low back pain through adjuvant electrical versus manual auricular acupuncture. *Anesth Analg* 2004 May;98(5):1359-64, table of contents.

\*Smith CA, et al. Complementary and alternative therapies for pain management in labour. *Cochrane Database Syst Rev* 2006 Oct 18;(4):CD003521.

\*Smith CA, et al. Acupuncture for primary dysmenorrhoea. *Cochrane Database Syst Rev* 2016 Apr 18;(4):CD007854.

\*Smith CA, et al. Acupuncture for depression. *Cochrane Database Syst Rev* 2018 Mar 4;3:CD004046.

Smith CA, et al. The effects of acupuncture on the secondary outcomes of anxiety and quality of life for women undergoing IVF: a randomized controlled trial. *Acta Obstet Gynecol Scand* 2019 Apr;98(4):460-469.

Smith CA, et al. Acupuncture or acupressure for pain management during labour. *Cochrane Database Syst Rev* 2020 Feb 7;(2):CD009232.

\*Thomas KJ, et al. Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. *Health Technol Assess* 2005 Aug;9(32):iii-iv, ix-x, 1-109.

## **Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION**

**Policy Number: 8.01.20**

**Page: 9 of 10**

Wang JH, et al. Acupuncture for smoking cessation: a systematic review and meta-analysis of 24 randomized controlled trials. Tob Induc Dis 2019 Jun 4;17:48.

Wang L, et al. The effectiveness of acupuncture in management of functional constipation: A systematic review and meta-analysis. Evid Based Complement Alternat Med 2020 Jun 17;2020:6137450.

\*White AR, et al. Acupuncture and related interventions for smoking cessation. Cochrane Database Syst Rev 2014(1):CD000009.

Wu IX, et al. Acupuncture and related interventions for carpal tunnel syndrome: systematic review. Clin Rehabil 2020 Jan;34(1):34-44.

Wu J, et al. Effectiveness of acupuncture in polycystic ovary syndrome: A systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore) 2020 May 29;99(22):e20441.

Xiao X, et al. Effectiveness and safety of acupuncture for perimenopausal depression: a systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med 2020 Jan 19;2020:5865697.

\*Xie Y, et al. Acupuncture for dysphagia in acute stroke. Cochrane Database Syst Rev 2008 Jul 16;(3):CD006076.

Xie ZY, et al. The effects of acupuncture on pregnancy outcomes of in vitro fertilization: a systematic review and meta-analysis. BMC Complement Altern Med 2019 Jun 14;19(1):131.

Yang J, et al. Battlefield acupuncture for adult pain: a systematic review and meta-analysis of randomized controlled trials American Journal Chinese Medicine 2021 Dec;49(1):25-40.

Yang JW, et al. Effect of acupuncture for postprandial distress syndrome: A randomized clinical trial. Ann Intern Med 2020 Jun 16;172(12):777-785.

Yun JM, et al. The effects of acupuncture on occipital neuralgia: a systematic review and meta-analysis. BMC Complement Med Ther 2020 Jun 3;20(1):171.

Yun L, et al. Acupuncture for infertile women without undergoing assisted reproductive techniques (ART): A systematic review and meta-analysis. Medicine (Baltimore) 2019 Jul;98(29):e16463.

Zhang R, et al. Compare the efficacy of acupuncture with drugs in the treatment of Bell's palsy: A systematic review and meta-analysis of RCTs. Medicine (Baltimore) 2019 May;98(19):e15566.

\*Zhang Y, et al. Acupuncture for uterine fibroids. Cochrane Database of Systematic Reviews 2010 Jan 20;(1): CD007221.

Zhang Y, et al. The effectiveness of PC6 acupuncture in the prevention of postoperative nausea and vomiting in children: A systematic review and meta-analysis. Paediatr Anaesth 2020 May;30(5):552-563.

Zhou L, et al. Acupuncture for improving cognitive impairment after stroke: A meta-analysis of randomized controlled trials. Front Psychol 2020 Nov 30;11:549265.

Zhong YM, et al. Acupuncture versus sham acupuncture for simple obesity: a systematic review and meta-analysis. Postgrad Med J 2020 Feb 3. [Epub ahead of print]

\*Key Article

### **KEY WORDS**

Acupuncture, Alternative Medicine, Auricular Electrostimulation, Electroacupuncture, E-pulse, P-Stim.

**Medical Policy: ACUPUNCTURE AND AURICULAR ELECTROSTIMULATION**

**Policy Number: 8.01.20**

**Page: 10 of 10**

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There are currently four National Coverage Determinations (NCDs) for acupuncture. Please refer to the following websites for Medicare Members:

Acupuncture (NCD# 30.3):

[<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=11&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&=>] accessed 03/13/24.

Acupuncture for Fibromyalgia (NCD# 30.3.1):

[<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=283&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&=>] accessed 03/13/24.

Acupuncture for Osteoarthritis (NCD# 30.3.2):

[<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=284&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&=>] accessed 03/13/24.

Acupuncture for Chronic Lower Back Pain (cLBP) (NCD# 30.3.3):

[<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areaId=s41&docType=NCA,CAL,NC D,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=AAAAAAQAAAAA&KeyWordLookUp=Doc&KeyWordSearchType=Exact>] accessed 03/13/24.