

NCD - Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)

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Tracking Information

Publication Number

100-3

Manual Section Number

30.3.3

Manual Section Title

Acupuncture for Chronic Lower Back Pain (cLBP)

Version Number

1

Effective Date of this Version

01/21/2020

Implementation Date

06/24/2020

Description Information

Benefit Category

Incident to a physician's professional Service
Inpatient Hospital Services
Physicians' Services

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description

A. General

Acupuncture is the selection and manipulation of specific acupuncture points by a variety of needling and non-needling techniques.

Indications and Limitations of Coverage

B. Nationally Covered Indications

Effective for services performed on or after January 21, 2020, CMS will cover acupuncture for Medicare patients with chronic Lower Back Pain (cLBP). Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstance:

- For the purpose of this decision, cLBP is defined as:
 - Lasting 12 weeks or longer;
 - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc.disease);
 - not associated with surgery; and,
 - not associated with pregnancy.
- An additional 8 sessions will be covered for those patients demonstrating an improvement.
- No more than 20 acupuncture treatments may be administered annually
- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1) of the Social Security Act (the Act) may furnish acupuncture in accordance with applicable state requirements.

Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5) of the Act), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,
- a current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, PA, or NP/CNS required by our regulations at 42 CFR §§ 410.26 and 410.27.

C. Nationally Non-Covered Indications

All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare.

D. Other

N/A

(This NCD last reviewed January 2020.)

Claims Processing Instructions

TN 10128 (Medicare Claims Processing)

TN 10337 (Medicare Claims Processing)

TN 12185 (Medicare Claims Processing)

Transmittal Information

Transmittal Number

10128

Coverage Transmittal Link

<https://www.cms.gov/files/document/r10128NCD.pdf>

Revision History

10/2024 - The purpose of the Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations(NCDs). No policy is being changed as a result of these updates. ([TN 12903](#)) (CR13818)

08/2022 - Transmittal 11545 dated August 5, 2022, is being rescinded and replaced by Transmittal 11584, dated, August 31, 2022. ([TN 11584](#)) (CR12822)

08/2022 - The purpose of this Change Request (CR) is to provide a maintenance update of ICD-10 conversions and other coding updates to specific NCDs. ([TN 11545](#)) (CR12822)

04/2022 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. ([TN 11391](#)) (CR12606)

04/2022 - Transmittal 11264, dated February 10, 2022, is being rescinded and replaced by Transmittal 11342, dated, April 6, 2022 to (1) revise BR 12606.10 instructions for NCD 110.24, (2) BR12606.2, fix typo in NCD 160.18 spreadsheet ICD-10 G40.384, which should be G40.834, and, (3) revise implementation verbiage (no changes to the actual implementation date). All other information remains the same. ([TN 11342](#)) (CR12606)

02/2022 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.([TN 11264](#)) (CR12606)

01/2022 - Transmittal 11068, dated October 21, 2021, is being rescinded and replaced by Transmittal 11179, dated, January 12, 2022 to revise the attachment for NCD 110.24, CAR-T, to add business requirement 12480.10.1 by adding generic unspecified procedure codes, to clarify coverage and claims processing in the policy section and to review the implementation date. All other information remains the same. ([TN 11179](#)) (CR12480)

10/2021 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. ([TN 11068](#)) (CR12480)

05/2021 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. ([TN 10817](#)) (CR12279)

08/2020 - Transmittal 10128, dated May 8, 2020, is being rescinded and replaced by Transmittal 10337, dated, August 27, 2020, to change business requirement 11755-04.2.1.1 to deny claims and provides revised messaging. The Claims Processing Manual at section 410.4 has been revised accordingly. All other information remains the same. ([TN 10337](#)) (CR11755)

05/2020 - The purpose of this change request is to inform MACs that CMS will cover acupuncture for chronic low

back pain (cLBP) effective for claims with dates of service on and after January 21, 2020. ([TN 10128](#)) (CR11755)

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- Original Consideration for Acupuncture for Chronic Low Back Pain (CAG-00452N)
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Additional Information

Other Versions

Title	Version	Effective Between
Acupuncture for Chronic Lower Back Pain (cLBP)	1	01/21/2020 - N/A