



## National Coverage Determination 30.3.3 – Acupuncture for Chronic Low Back Pain

Related CR Release Date: August 3, 2023

MLN Matters Number: MM13288

Effective Date: January 1, 2024

Related Change Request (CR) Number: [CR 13288](#)

Implementation Date: January 2, 2024

Related CR Transmittal Number: R12185CP

Related CR Title: National Coverage Determination (NCD) 30.3.3 Acupuncture for Chronic Low Back Pain Revised Frequency Edits

### Affected Providers

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- Physicians
- Other providers billing Medicare Administrative Contractors (MACs) for acupuncture services they provide to Medicare patients

### Action Needed

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Make sure your billing staff knows about:

- Updated frequency edits for acupuncture for chronic low back pain (cLBP)
- Relevant codes for acupuncture and dry needling services starting January 1, 2024

### Background

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CR 13288 revises how Medicare edits for frequency of cLBP claims for acupuncture. Note these are edit revisions only to better align with the policy's intent and not changes to the NCD 30.3.3 Acupuncture policy itself.

Since January 21, 2020, Medicare covers up to 12 visits in 90 days as discussed in MLN Matters Article [MM11755](#). CMS defines cLBP as:

- Lasting 12 weeks or longer
- Nonspecific, in that it has no identifiable systemic cause, such as being associated with metastatic, inflammatory, or infectious disease
- Not associated with surgery
- Not associated with pregnancy

We cover another 8 sessions for patients demonstrating an improvement. We won't cover more than 20 acupuncture treatments annually.

HCPCS codes associated with these acupuncture services for cLBP include:

- 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.)
- 20560: Needle insertion(s) without injection(s); 1 or 2 muscle(s)
- 20561: Needle insertion(s) without injection(s); 3 or more muscle(s)

Effective for claims with dates of service (DOS) starting January 1, 2024, we will count 1 session of acupuncture or dry needling as follows:

- One initial acupuncture HCPCS code, either 97810 or 97813, with or without any variation of HCPCS acupuncture add-on codes 97811 or 97814, on the same DOS
- Dry needling HCPCS codes 20560 or 20561 on the same DOS, but not both.

We disallow dry needling and acupuncture on the same DOS. Therefore, we won't accept dry needling HCPCS 20560 and 20561 on the same DOS as HCPCS 97810, 97811, 97813, or 97814.

All other existing edits other than the frequency described above as we show in CRs [11755](#), [12480](#), and [12822](#) remain in effect.

Your MAC will deny claims they get starting January 1, 2024, that don't contain acupuncture or dry needling HCPCS codes as we show above.

Your MAC won't adjust claims already processed unless you bring those claims to their attention.

## More Information

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We issued CR 13288 to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

## Document History

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Date of Change	Description
August 9, 2023	Initial article released.

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