

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Update – Chapter 19: Naturopathic Physicians and Acupuncture Services

Acupuncture Services

Effective September 1, 2024

L&I is updating the acupuncture rules outlined in <u>WAC 296-23-238</u> to align with the <u>HTCC decision</u>. This policy update adds acupuncture for treatment of chronic migraine. Sign up for GovDelivery or see L&I's Rulemaking Activity to receive updates during this process.

The following term is added to the Definitions section of Chapter 19:

Treatment cycle: A repeatable course of care consisting of a period of treatment followed by a period of rest (no treatment), the duration of which is defined by the acupuncture provider.

The following policy replaces Payment policy: Acupuncture services in Chapter 19:



General information

Acupuncture involves the insertion of needles or lancets, with or without electrical stimulation, to directly or indirectly stimulate acupuncture points and meridians.

The insurer only covers acupuncture for open and allowed claims with an accepted diagnosis of:

- A low back condition, and/or
- Chronic migraine as defined by the <u>International Headache Society</u>.

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Who must perform these services to qualify for payment

Only Acupuncturists, Eastern Medicine Practitioners (AEMP), and other providers licensed by the Department of Health to perform acupuncture may perform these services.

Prior authorization

For chronic migraine

Prior authorization from the insurer and a referral from the attending provider are required for each **treatment cycle**.

The acupuncture provider must include the requested number of visits for the current **treatment cycle** in their authorization request. The number of visits for a single **treatment cycle** can't exceed 24.

For low back

Prior authorization to perform acupuncture for low back is not required. A referral from the attending provider is required before starting treatment.

Services that can be billed

Code	Description	Payment Limits
99202- 99215	Evaluation and Management (E/M) service for: • Initial evaluations, or • Follow up evaluations, or • Discharge visits.	See <u>Chapter 10: Evaluation and Management Services</u> for more information.
1581M	Acupuncture treatment with one or more needles, with or without electrical stimulation, for chronic migraine. Prior authorization is required for each treatment cycle.	Maximum of 1 unit per day, per worker. Initial treatment cycle of up to 24 treatments, which must be completed within 12 months or less. One additional treatment cycle of up to 24 visits may be considered with a new referral and prior authorization. There is no waiting period required between treatment cycles. Maximum 48 units per claim.

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Code	Description	Payment Limits
1582M	Acupuncture treatment with one or more needles, with or without electrical stimulation, for low back.	Maximum of 1 unit per day, per worker. Maximum of 10 units per claim.



Link: For more information on conditions of coverage, see <u>WAC 296-23-238</u>, L&I's coverage decisions <u>Acupuncture for lumbar conditions</u> and <u>Acupuncture for chronic migraine and chronic tension-type headache</u>.

Documentation requirements

Chart notes must contain documentation that justifies the level, type, and extent of services billed. See <u>Chapter 2</u>: <u>Information for All Providers</u> for details.

Initial and follow up evaluations must meet the documentation requirements in <u>Chapter 10:</u> Evaluation and Management (E/M) Services.

On the final visit, the reason for discharge of the worker must be documented.

Services that aren't covered

CPT® acupuncture codes 97810-97814 aren't covered.

L&I will not authorize or pay for acupuncture treatment not related to low back conditions or chronic migraine.

Acupuncture isn't covered for chronic tension-type headaches. See <u>L&I's coverage decision</u> for details.

Acupuncture services can't be performed via telehealth.