Transmittal 1028, dated May 8, 2020, is being rescinded and replaced by Transmittal 10337, dated, August 27, 2020, to change business requirement 11755-04.2.1.1 to deny claims and provides revised messaging.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.

SUBJECT: National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain (cLBP)

I. SUMMARY OF CHANGES: 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.

EFFECTIVE DATE: January 21, 2020
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: October 5, 2020 - A/B MACs and SSM Edits (except BR 13); January 4, 2021 - BR 13 CWF only

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>CHAPTER / SECTION / SUBSECTION / TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>32/410/Table of Contents</td>
</tr>
<tr>
<td>R</td>
<td>32/410/Acupuncture for Chronic Low Back Pain (cLBP)</td>
</tr>
<tr>
<td>N</td>
<td>32/410/2/Claims Processing General Information</td>
</tr>
<tr>
<td>N</td>
<td>32/410/3/Institutional Claims Bill Type and Revenue Coding Information</td>
</tr>
<tr>
<td>N</td>
<td>32/410/4/Messaging</td>
</tr>
<tr>
<td>N</td>
<td>32/410/5/Common Working File (CWF) Editing</td>
</tr>
</tbody>
</table>

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically
authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction
SUBJECT: National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain (cLBP)

EFFECTIVE DATE: January 21, 2020

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: October 5, 2020 - A/B MACs and SSM Edits (except BR 13); January 4, 2021 - BR 13 CWF only

I. GENERAL INFORMATION

A. Background: Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or “needling,” or other “non-needling” techniques focused on these points. There are several variations to traditional acupuncture including shallow needling, intradermal needling, or intramuscular needling with or without a sensation of numbness, tingling, electrical sensation, fullness, distension, soreness, warmth or itching felt by a patient around an acupuncture point. Acupuncturists may additionally seek a sensation of tenseness or dragging to the needles obtained by twirling, plucking or thrusting of acupuncture needles.

The National Coverage Determination (NCD) for Acupuncture (30.3), issued in May 1980, states that Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic, or for other therapeutic purposes, may not be made. Accordingly, acupuncture was not considered reasonable and necessary within the meaning of §1862(a)(1) of the Social Security Act (the Act). In 2004, the Centers for Medicare & Medicaid Services (CMS) considered the use of acupuncture for fibromyalgia and determined that there was no convincing evidence for the use of acupuncture for pain relief in patients with fibromyalgia (NCD 30.3.1). Similarly, in that same year, CMS concluded that there was no convincing evidence for the use of acupuncture for pain relief in patients with osteoarthritis (NCD 30.3.2).

B. Policy: Upon the most recent national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP) CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Act effective for claims with dates of service on and after January 21, 2020. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- 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. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.

- Treatment must be discontinued if the patient is not improving or is regressing.
Physicians (as defined in 1861(r)(1)) of 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 also be under the appropriate level of supervision of a physician, PA, or NP/CNS required by regulations at 42 CFR §§ 410.26 and 410.27.

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

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A/B MAC</td>
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<tr>
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<td>A B H H</td>
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<tr>
<td>11755</td>
<td>Effective for dates of service (DOS) on or after January 21, 2020, contractors shall accept and process claims for acupuncture for cLBP consistent with the Claims Processing Manual, Publication (Pub.) 100-04, Chapter 32, and Section 410. Also see the NCD Manual, Pub. 100-03, Section 30.3.3 for coverage policy.</td>
<td>X X</td>
</tr>
<tr>
<td>04.1</td>
<td></td>
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<tr>
<td>11755</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under NCD 30.3.3 no more than 20 times per annum. NOTE: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1st service.</td>
<td>X X</td>
</tr>
<tr>
<td>04.2</td>
<td></td>
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<tr>
<td>11755</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall accept claims with one of the ICD-10 diagnosis codes listed in Attachment A, along</td>
<td>X X</td>
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<tr>
<td>04.2.1</td>
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<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<td></td>
<td>with one of the procedure codes in BR 4.2.</td>
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</tbody>
</table>
| 11755-04.2.1.1 | Effective for claims with DOS on or after January 21, 2020, contractors shall reject/deny claims that do not contain payable codes noted in BR 4.2 and 4.2.1 as follows:  
Claim Adjustment Reason Code (CARC) 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.  
Remittance Advice Remark Code (RARC) M64 – Missing/incomplete/invalid other diagnosis.  
Group Code CO (Contractual Obligations) or PR (Patient Responsibility) dependent on liability.  
MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.”  
Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.”  
NOTE: Due to system requirement, the Fiscal Intermediary Shared System (FISS) has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.  
In addition to the codes listed above, contractors shall afford appeal rights to all denied parties. | X X             |
<p>| 11755-04.3  | Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I). | X X             |
| 11755-04.4  | Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.                                                                                                                          | X X             |
| 11755-04.5  | Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB                                                                                                                                                                                      | X X             |</p>
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<th>Number</th>
<th>Requirement</th>
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<td>A/B MAC</td>
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<td>D MAC</td>
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<td>F ISSS</td>
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<td>V M S</td>
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<td>C W F</td>
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<td></td>
<td></td>
<td>Other</td>
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<tr>
<td>85X CAH</td>
<td>Method II with revenue codes 096X, 097X, and 098X.</td>
<td>X X X</td>
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<tr>
<td>11755 -</td>
<td>Contractors shall accept and process acupuncture for cLBP claims with the</td>
<td>X X X</td>
</tr>
<tr>
<td>04.6</td>
<td>-KX modifier for the 13th through 20th service.</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>NOTE: The 1st through 12th service over a 90-day period do not require the -KX</td>
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<tr>
<td></td>
<td>modifier. There is a 20 service maximum per annum for this benefit. See BR</td>
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<td>2.</td>
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<td></td>
<td>By applying the -KX modifier to the claim, the therapy provider is confirming</td>
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<td>that the additional services are medically necessary as justified by</td>
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<td></td>
<td>appropriate documentation in the medical record.</td>
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<tr>
<td>11755 -</td>
<td>For claims with DOS on and after January 21, 2020, received on or after</td>
<td>X X X</td>
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<tr>
<td>04.7</td>
<td>October 5, 2020, the Common Working File (CWF) shall create a new reject to</td>
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<td></td>
<td>not allow payment for more than 20 acupuncture for cLBP claims per annum.</td>
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<td></td>
<td>CWF shall count 11 full months starting with the month of a beneficiary’s</td>
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<td></td>
<td>1st acupuncture for cLBP service. EX: If the 1st date of service is February</td>
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<td></td>
<td>15, 2020, the next eligible date beginning a new year would be February 1,</td>
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<td></td>
<td>2021.</td>
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<td>NOTE: A new AUX file in HIMR will be created and HIMR will be updated to</td>
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<td></td>
<td>post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814,</td>
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<tr>
<td></td>
<td>20560, or 20561.</td>
<td></td>
</tr>
<tr>
<td>11755 -</td>
<td>For acupuncture for cLBP claims CWF shall apply appropriate updates to the</td>
<td>X X</td>
</tr>
<tr>
<td>04.7.1</td>
<td>Next Eligibility Date file for DOS on or after January 21, 2020.</td>
<td>HETS, MBD, NGD</td>
</tr>
<tr>
<td></td>
<td>NOTE: Appropriate updates include modifications to HUQA, and Extract Records</td>
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<td></td>
<td>on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database</td>
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<td></td>
<td>(MBD) to include next eligible date and services remaining.</td>
<td></td>
</tr>
<tr>
<td>11755 -</td>
<td>Contractors shall reject/deny more than 20 acupuncture for cLBP claims for</td>
<td>X X</td>
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<tr>
<td>04.7.1.1</td>
<td>annum using the</td>
<td>Other</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<tr>
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<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>following messages:</td>
<td>A/B MAC</td>
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<tr>
<td></td>
<td>CARC 96 - Non-covered charge(s). At least one Remark Code must be provided</td>
<td>D MAC</td>
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<tr>
<td></td>
<td>(may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance</td>
<td>F MAC</td>
</tr>
<tr>
<td></td>
<td>Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare</td>
<td>M MAC</td>
</tr>
<tr>
<td></td>
<td>Policy Identification Segment (loop 2110 Service Payment Information REF),</td>
<td>FISSS</td>
</tr>
<tr>
<td></td>
<td>if present.</td>
<td>MICS</td>
</tr>
<tr>
<td></td>
<td>RARC N640 - Exceeds number/frequency approved/allowed within time period.</td>
<td>VMCS</td>
</tr>
<tr>
<td></td>
<td>Group Code - CO (Contractual Obligation)</td>
<td>CWF</td>
</tr>
<tr>
<td></td>
<td>MSN 15.20 - “The following polices were used when we made this decision:</td>
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<td>NCD 30.3.3.”</td>
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<td>Spanish Version – “Las siguientes políticas fueron utilizadas cuando se</td>
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<td></td>
<td>tomó esta decisión: NCD 30.3.3.”</td>
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<tr>
<td></td>
<td>MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage</td>
<td></td>
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<tr>
<td></td>
<td>for your claim. To appeal, get a copy of the LCD at <a href="http://www.cms.gov/medicare-">www.cms.gov/medicare-</a></td>
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<tr>
<td></td>
<td>coverage-database (use the MSN Billing Code for the CPT/HCPCS Code) and</td>
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<td>send with information from your doctor.”</td>
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<tr>
<td></td>
<td>Spanish Version -Usamos una Determinación de Cobertura Local (LCD) para</td>
<td></td>
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<td></td>
<td>decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD</td>
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<td></td>
<td>en <a href="http://www.cms.gov/medicare-coverage-database">www.cms.gov/medicare-coverage-database</a> (use el código de facturación de</td>
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<tr>
<td></td>
<td>MSN para el código &quot;CPT/HCPCS&quot;) y envíela con la información de su médico.</td>
<td></td>
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<tr>
<td></td>
<td>NOTE: Due to system requirements, the Fiscal Intermediary Shared System has</td>
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<td></td>
<td>combined messages 15.19 and 15.20 so that, when used for the same line</td>
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<tr>
<td></td>
<td>item, both messages will appear on the same MSN.</td>
<td></td>
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<tr>
<td>11755 -</td>
<td>For acupuncture for cLBP claims with DOS on and after January 21, 2020, the</td>
<td>X</td>
</tr>
<tr>
<td>04.8</td>
<td>Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP</td>
<td></td>
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<tr>
<td></td>
<td>visits in a format equivalent to the CWF HIMR screen.</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>11755 - 04.9</td>
<td>Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP auxiliary (AUX) file. &lt;br&gt;Note: 1 TECH and 1 PROF on same DOS represents 1 service. &lt;br&gt;Note: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.</td>
<td>A/B MAC MAC D M E M A C Shared-System Maintainers Other</td>
</tr>
<tr>
<td>11755 - 04.10</td>
<td>Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on TOB 85X claims containing revenue codes 096X, 097X, or 098X, as the professional component on the new cLBP AUX file. &lt;br&gt;Note: 1 TECH and 1 PROF on same DOS represents 1 service. &lt;br&gt;Note: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.</td>
<td>A/B MAC MAC D M E M A C Shared-System Maintainers Other</td>
</tr>
<tr>
<td>11755 - 04.11</td>
<td>CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 for when a beneficiary has reached 20 acupuncture for cLBP services and the -KX modifier is not included on the claim line for services 13 through 20 (the reject will apply for both PROF and TECH).</td>
<td>A/B MAC MAC D M E M A C Shared-System Maintainers Other</td>
</tr>
<tr>
<td>11755 - 04.11.1</td>
<td>Contractors shall return to provider/return as unprocessable claims for acupuncture for cLBP for services 13 through 20 per annum without the -KX modifier and use these messages: &lt;br&gt;B/MACs shall use the following messages: &lt;br&gt;CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.</td>
<td>A/B MAC MAC D M E M A C Shared-System Maintainers Other</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<td></td>
<td>Usage: Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</td>
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<td></td>
<td>RARC N657 - This should be billed with the appropriate code for these services.</td>
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<td></td>
<td>Group Code: CO</td>
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<tr>
<td>11755-04.12</td>
<td>CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation.</td>
<td>X</td>
</tr>
<tr>
<td>11755-04.13</td>
<td>CWF shall create a new HICR function for the new cLBP AUX file.</td>
<td>X</td>
</tr>
<tr>
<td>11755-04.14</td>
<td>Contractors shall not search acupuncture for cLBP claims for DOS on or after January 21, 2020, but shall adjust claims that are brought to their attention.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### III. PROVIDER EDUCATION TABLE

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>11755-04.15</td>
<td>MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### IV. SUPPORTING INFORMATION
Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
</tr>
</thead>
</table>

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): David Dolan, 410-786-3365 or David.Dolan@cms.hhs.gov (Coverage and Analysis), Yvette Cousar, 410-786-2160 or Yvette.Cousar@cms.hhs.gov (Physician Claims Processing), Yvonne Young, 410-786-1886 or Yvonne.Young@cms.hhs.gov (Institutional Claims Processing), Wanda Belle, 410-786-7491 or Wanda.Belle@cms.hhs.gov (Coverage and Analysis), Patricia Brocato-Simons, 410-786-0261 or Patricia.BrocatoSimons@cms.hhs.gov (Coverage and Analysis)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1
Transmittals for Chapter 32

410 - Acupuncture for Chronic Low Back Pain (cLBP)
  410.1 - Coverage Requirements
  410.2 - Claims Processing General Information
  410.3 - Institutional Claims Bill Type and Revenue Coding Information
  410.4 – Messaging
  410.5 – Common Working File (CWF) Editing
Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or “needling,” or other “non-needling” techniques focused on these points.

410.1 - Coverage Requirements

Effective for services on or after January 21, 2020, the Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain (cLBP) under section 1862(a)(1)(A) of the Social Security Act. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- 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. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.

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

410.2 – Claims Processing General Information

Effective for claims with dates of service (DOS) on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under National Coverage Determination (NCD) 30.3.3 no more than 20 times per annum.

NOTE: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1st service.

The attached includes the International Classification of Diseases (ICD)-10 diagnosis codes are applicable and must be reported for acupuncture for cLBP services:

Contractors shall accept and process acupuncture for cLBP claims with the -KX modifier for the 13th through 20th service per annum.

NOTE: The 1st through 12th service over a 90-day period do not require the -KX modifier. There is a 20 service maximum per annum for this benefit.

NOTE: By applying the -KX modifier to the claim, the therapy provider is confirming that the additional services are medically necessary as justified by appropriate documentation in the medical record.
410.3 – Institutional Claims Bill Type and Revenue Coding Information
(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I).

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB 12X, 71X, 77X 85X CAH Method II with revenue codes 096X, 097X, and 098X.

410.4 – Messaging
(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

Effective for claims with DOS on or after January 21, 2020, contractors shall reject/deny claims that do not contain the appropriate diagnosis/procedure coding noted in section 410.2 and use these messages:

Claim Adjustment Reason Code (CARC) 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.

Remittance Advice Remark Code (RARC) M64 – Missing/incomplete/invalid other diagnosis.

Group Code CO (Contractual Obligations) or PR (Patient Responsibility) dependent on liability.

MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.”

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.”

NOTE: Due to system requirement, the Fiscal Intermediary Shared System (FISS) has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

In addition to the codes noted in section 410.2, contractors shall afford appeal rights to all denied parties.

Contractors shall return to provider/return as unprocessable claims for acupuncture for cLBP for services 13 through 20 per annum without the -KX modifier and use these messages:

CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.
Usage: Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N657 - This should be billed with the appropriate code for these services.

Group Code CO

Contractors shall reject/deny more than 20 claims per annum for acupuncture for cLBP and use the following messages:
CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N640 - Exceeds number/frequency approved/allowed within time period.

Group Code - CO (Contractual Obligation)

MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.”

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.”

MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at www.cms.gov/medicare-coverage-database (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor.”

Spanish Version - Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en www.cms.gov/medicare-coverage-database (use el código de facturación de MSN para el código "CPT/HCPCS") y envíela con la información de su médico.

NOTE: Due to system requirements, the Fiscal Intermediary Shared System has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

410.5 – Common Working File (CWF) FISS, and Multi-Carrier System (MCS) Editing (Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01-04-21 - BR 13 CWF only)

The Common Working File (CWF) shall create a new reject for claims with DOS on and after January 21, 2020, for claims received on or after October 5, 2020, to not allow payment for more than 20 acupuncture for cLBP claims per annum.

For acupuncture for cLBP claims CWF, FISS and the Multi-Carrier System (MCS) shall apply appropriate updates to the Next Eligibility Date file for DOS on or after January 21, 2020.

NOTE: Appropriate updates include modifications to HUQA, and Extract Records on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database (MBD) for next eligible date and services remaining.

CWF shall count 11 full months starting with the month of a beneficiary’s 1st acupuncture for cLBP service. EX: If 1st date of service is October 15, 2020, the next eligible date beginning a new year would be October 1, 2021.

NOTE: A new cLBP auxiliary (AUX) file will be created and HIMR will be updated to post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814, 20560, or 20561.

For acupuncture for cLPB claims with DOS on and after January 21, 2020, the Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP visits in a format equivalent to the CWF HIMR screen.

Effective for claims with DOS on and after January 21, 2020, received on and after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, TOBs 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP AUX file.
NOTE: 1 TECH and 1 PROF on same DOS represents 1 service.

NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.

CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 when a beneficiary has reached 20 acupuncture for cLBP sessions and the -KX modifier is not included on the claim line for sessions 13 through 20 (the reject will apply for both PROF and TECH sessions).

CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation.

CWF shall create a new HICR function for the new cLBP AUX file.
Flatback syndrome, lumbar region
Strain of muscle, fascia and tendon of lower back, sequela
Dislocation of L1/L2 lumbar vertebra, subsequent encounter
Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
Other specified dorsopathies, lumbar region
Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
Intervertebral disc disorders with myelopathy, lumbar region
Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
Ankylosing hyperostosis, [Forestier], lumbar region
Subluxation of L1/L2 lumbar vertebra, sequela
Sprain of sacroiliac joint, initial encounter
Lumbago with sciatica, right side
Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
Other spondylosis, lumbosacral region
Other intervertebral disc displacement, lumbar region
Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
Traumatic rupture of lumbar intervertebral disc, initial encounter
Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
Dislocation of unspecified lumbar vertebra, initial encounter
Intervertebral disc disorders with radiculopathy, lumbosacral region
Unstable burst fracture of first lumbar vertebra, sequela
Other fracture of first lumbar vertebra, sequela
Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
Low back pain
Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
Wedge compression fracture of fourth lumbar vertebra, sequela
Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
Postural lordosis, lumbosacral region
Other fracture of third lumbar vertebra, sequela
Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
Injury of nerve root of lumbar spine, subsequent encounter
Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
Other spondylosis, lumbar region
Fusion of spine, lumbosacral region
Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
Other fracture of first lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
Lumbago with sciatica, left side
Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
Unspecified fracture of fourth lumbar vertebra, sequela
Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
Spinal stenosis, lumbar region without neurogenic claudication
Dislocation of L1/L2 lumbar vertebra, sequela
Injury of nerve root of sacral spine, subsequent encounter

S39.022D
S39.022A
S39.012S
S34.21XS
S34.21XD
S34.21XA
S33.6XXS
S33.5XXD
S33.5XXA
S33.140D
S33.131D
S33.130S
S33.130A
S33.121S
S33.120D
S33.120A
S33.111D
S33.110A
S33.100S
S32.059S
S32.059D
S32.058S
S32.058K
S32.052D
S32.051G
S32.051B
S32.050K
S32.050B
S32.048G
S32.042S
S32.042G
S32.042B
S32.040A
S32.039B
S32.039A
S32.038S
S32.038D
S32.038A
S32.031D
S32.031B
S32.030B
S32.029D
S32.029A
S32.022G
S32.021G
S32.021B
S32.019B
S32.018K
S32.018G
S32.011K
S32.010S
S32.010K
S32.010G
S32.010D
S32.009G
S32.002A
S32.001K
S32.001B
S32.001A
S32.000S
S32.000A
M54.41
M51.37
M51.36
M48.8X7
M48.8X6
M48.26
M48.07
M48.062
M43.8X7
M43.8X6
M43.5X6
M41.27
M40.57
M41.27