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Trends in Insurance Coverage for Acupuncture, 2010-2019

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Introduction

Acupuncture is recommended as part of comprehensive pain care for low back pain, neck pain, and fibromyalgia by agencies including the Agency for Healthcare Research and Quality.¹ There is additional evidence that acupuncture is associated with reductions in total health care spending among patients with low back pain.²

Research suggests that insurance coverage for acupuncture is inconsistent, although there is a lack of published data in most states.^{3,4} One survey of 45 commercial, Medicaid, and Medicare Advantage plans found that only one-third of plans covered acupuncture, suggesting most patients pay for acupuncture entirely out-of-pocket.⁵ When insurers covered acupuncture, cost sharing was higher than other nonpharmacological interventions and insurers tended to cover few indications and provider types.^{4,5}

Here, we document trends in insurance coverage for acupuncturist visits using a nationally representative survey. Given Medicare's 2020 decision to reimburse acupuncture for low back pain, we hypothesize that insurance coverage increased over time.⁵

Methods

We examined insurance coverage for acupuncturist visits between 2010 and 2019 using the *Medical Expenditure Panel Survey* (MEPS). We measured the share of respondents aged 18+ with 1 acupuncturist visit. Among acupuncture users, we calculated (1) total annual amount paid for acupuncturist visits, (2) annual amount paid out-of-pocket for acupuncturist visits, (3) share of acupuncturist visits with any insurance coverage, and (4) percent paid out-of-pocket for acupuncturist visits. We calculated the outcomes in two-year intervals to

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improve precision and compared outcomes in 2010–2011 versus 2018–2019 using two-sided pairwise t-tests.

Results

The proportion of respondents with 1 acupuncturist visit increased from 0.4% in 2010 to 0.8% in 2019 (Figure 1). The 1,344 acupuncture users were 68.6% female, 18.7% Asian, 6.3% Black, 15.0% Hispanic, 57.1% White, and had an average age of 51.9 years (SD: 15.9).

Spending on acupuncturist visits increased during the study period (Table 1). On average, the total annual amount paid for acupuncturist visits was \$593 (95% CI: \$460–\$726) in 2010–2011 and \$1,022 in 2018–2019 (95% CI: \$806–\$1,237); the increase was statistically significant (mean difference=\$429; 95% CI: \$129–\$728). While the annual amount paid out-of-pocket increased from \$376 (95% CI: \$286–\$465) in 2010–2011 to \$554 (95% CI: \$384–\$725) in 2018–2019, the change was not statistically significant (mean difference=\$179; 95% CI: \$–55 to \$412). The increase in spending was largely driven by more acupuncturist visits among users, which rose from 5.4 visits in 2010 to 8.2 visits in 2019.

The share of acupuncturist visits with any insurance coverage increased from an average of 41.1% (38.1%–44.0%) in 2010–2011 to 50.2% (48.3%–52.1%) in 2018–2019 (mean difference=9.1 percentage points (pp); 95% CI: 5.6pp–12.7pp), while the percent paid out-of-pocket declined from 66.9% (95% CI: 64.4%–69.3%) in 2010–2011 to 57.5% (95% CI: 55.8%–59.1%) in 2018–2019 (mean difference=–9.4pp; 95% CI: –12.5pp to –6.3pp).

Discussion

Between 2010 and 2019, the share of MEPS respondents with 1 acupuncturist visit doubled, and the rate of insurance coverage increased by nearly 10 percentage points. This finding aligns with a recent study from Oregon Medicaid, which found both expanded coverage for acupuncture and more acupuncture utilization.⁶

Nevertheless, half of respondents reported no insurance coverage for acupuncturist visits in 2019, and most spending occurred out-of-pocket. Insurers have cited an inconsistent evidence base as one driver of coverage decisions, yet acupuncture has been demonstrated effective for various pain conditions that aren't always covered.^{1,5} For example, Medicare reimburses acupuncture for low back pain, excluding other conditions for which acupuncture is recommended.^{1,5}

The study had notable limitations. The MEPS is nationally representative, but its size resulted in fewer than 1,400 respondents with an acupuncturist visit. Measures were self-reported. We cannot assess whether respondents were referred to acupuncturists nor do we examine indications associated with acupuncture therapy.

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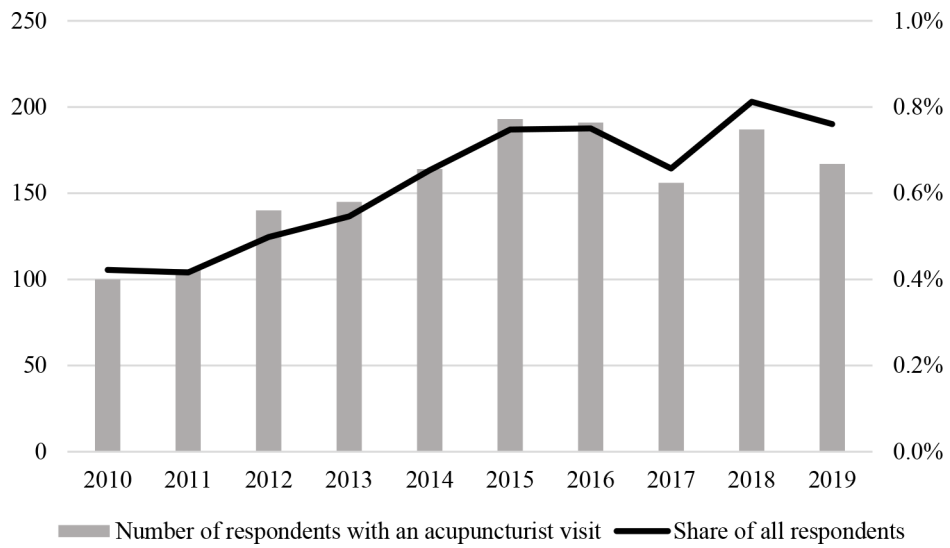


Figure 1. Trends in Office Visits with Acupuncturists in the *Medical Expenditure Panel Survey*, 2010–2019

Notes. Between 2010 and 2019, 1,344 respondents reported at least one visit with an acupuncturist.

Table 1.

Trends in Spending and Insurance Coverage for Acupuncturist Visits in the *Medical Expenditure Panel Survey*, 2010–2019

	Total annual amount paid for acupuncturist visits (mean, 95%CI)	Annual amount paid out-of-pocket for acupuncturist visits (mean, 95%CI)	Share of acupuncturist visits with any insurance coverage (mean, 95%CI)	Percent paid out-of-pocket for acupuncturist visits (mean, 95%CI)	Number of unique visits with an acupuncturist
2010–2011	\$593.00 (\$460.29–725.70)	\$375.51 (\$286.12–464.90)	41.1% (38.1–44.0%)	66.9% (64.4–69.3%)	1,052
2012–2013	\$588.45 (\$454.96–721.95)	\$286.54 (\$228.34–344.74)	43.9% (41.5–46.3%)	58.2% (55.9–60.4%)	1,665
2014–2015	\$583.58 (\$494.66–672.50)	\$314.27 (\$254.86–373.69)	43.4% (41.3–45.5%)	61.0% (59.2–62.9%)	2,090
2016–2017	\$728.31 (\$593.47–863.16)	\$358.58 (\$276.28–440.89)	47.8% (45.7–49.9%)	57.6% (55.7–59.4%)	2,205
2018–2019	\$1,021.57 (\$806.32–1,236.82)	\$554.26 (\$383.54–724.99)	50.2% (48.3%–52.1%)	57.5% (55.8–59.1%)	2,656

Notes. Dollar amounts were adjusted for inflation to 2019 dollars using the health care consumer price index. Visits with negative spending amounts were excluded.

Sources: Blewett LA, Rivera Drew JA, Griffin R, King ML, Williams KCW. IPUMS Health Surveys: Medical Expenditure Panel Survey, Version 1.1 [dataset]. 2019; <https://meps.ipums.org/meps/>.

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