



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Acupuncture		
MNG# 48	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input type="checkbox"/> MAPD-RI Medicare Preferred <input type="checkbox"/> MAPD-RI Medicare Value <input type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input checked="" type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 2/4/2021	Effective Date: 05/22/2021
Last Revised Date: 9/2/2021	Next Annual Review Date: 02/04/2022; 9/2/2022	Retire Date:

OVERVIEW:

Acupuncture involves the insertion or manipulation of extremely thin needles in the skin at traditional points on the body to relieve pain and anxiety and for other therapeutic purposes. Acupuncture has been the subject of active scientific research into its basis and therapeutic effectiveness and yet it continues to remain controversial among medical researchers and clinicians. Evidence supports the use of acupuncture to control some types of nausea and pain but evidence for the treatment for other conditions is unclear. Acupuncture therapy must be part of a comprehensive care plan which may include behavioral health care, physical therapy, and/or a pain clinic evaluation.

DECISION GUIDELINES:

Clinical Eligibility:

Needle acupuncture may be medically necessary for any of the following indications:

- Chronic low back pain
- Migraine headache
- Nausea of pregnancy
- Pain from osteoarthritis of the knee or hip (primary or secondary)
- Post-operative and chemotherapy-induced nausea and vomiting
- Post-operative dental pain
- Fibromyalgia
- Myofascial pain syndrome
- Addiction, including chemical and tobacco addiction

Other diagnoses generally will not benefit from this treatment.

Determination of need:

Clinical conditions for which acupuncture is being considered must be documented in clinicals/PA form as follows -

- 1) Give our member’s diagnoses and specific functional goals



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- 2) Submit a PROMIS-29 or similar measure of our members' level of function and comfort
- 3) Show member engagement and compliance with HOPE guidelines (if applicable to the member's diagnosis) including
 - a) Behavioral Counselling,
 - b) Physical Therapy, and
 - c) A Pain Clinic evaluation
- 4) Show increased function and member satisfaction with a new PROMIS-29 before each extension

LIMITATIONS/EXCLUSIONS:

CCA considers needle acupuncture to be experimental and investigational for all other indications outside of those listed above. CCA considers needle acupuncture not medically necessary if there has been no documented clinical benefit after four weeks of treatment.

Acupuncture has not been proven effective in the peer-reviewed published scientific literature for the treatment of any of the following conditions, including but not limited to:

- Acute pain
- Allergy
- Weight reduction
- Asthma
- Attention-deficit/hyperactivity disorder
- Autism spectrum disorders
- Bowel dysfunction
- Bursitis
- Carpal tunnel syndrome
- Correction of breech presentation
- Depression
- Dermatitis or psoriasis
- Dysmenorrhea
- Epicondylitis (tennis elbow)
- Hypertension
- In lieu of traditional anesthesia
- Infertility
- Labor
- Neuropathy
- Nocturnal enuresis
- Pain of malignancy
- Plantar fasciitis
- Post-stroke rehabilitation
- Reflex sympathetic dystrophy
- Temporomandibular joint disorder (TMJ)
- Tinnitus
- Urinary incontinence (all types)



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KEY CARE PLANNING CONSIDERATIONS:

MassHealth allows acupuncture for substance abuse recovery up to 6 times weekly for 2 weeks and then up to 3 times weekly thereafter with no specified limit to the total number of visits.

For all other conditions visits generally begin with 1 or 2 sessions weekly and then tapers to less often and finally may continue as once monthly treatments for maintenance therapy. The initial 36 visits do not require prior authorization per the CCA Provider Manual. Additional visits exceeding 36 per calendar year require a prior authorization. The care team/requesting provider must reassess the member for response and progress before requesting additional visits in increments of 8 visits or less per prior authorization, which will be reviewed for medical necessity as detailed in this MNG.

Therapeutic results of acupuncture may not appear immediately, and relief can rapidly occur as much as three months after therapy has begun.

AUTHORIZATION:

CPT Codes	Description
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)
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)

REGULATORY NOTES:

Covered by MassHealth

RELATED REFERENCES:

High Opiate Patient Engagement (HOPE) members are patients with chronic pain and a care plan to limit opiate pain therapy to safer lowered doses. HOPE members may benefit from and are eligible for these MNG guided services even when they do not meet all criteria. Clinicians requesting these services or an extension of these services for HOPE members please do the following:

- 1) Read the SOP's [Approach to Chronic Pain SOP 090](#) & [Pain Management in HOPE \(High Opioid Extreme Users\) SOP 091](#)
- 2) Consider your member's causes of discomfort and functional goals
- 3) Imagine how a different application of this service and/or more of this service may help them achieve higher function
- 4) Write this explanation for your request for central authorization of unusual or additional services



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beyond what this DST normally recommends

- 5) Document a PROMIS-29 measure of our members' level of function and comfort



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- 6) All HOPE variations to this standard MNG driven care need to be reviewed quarterly (every 3 months)
- 7) Quarterly reviews must show member engagement/compliance with HOPE guidelines including both **BH and **Complementary/Alternative therapy
- 8) Quarterly reviews must show increased function or maintenance of function if that is the goal and member satisfaction with a new PROMIS-29 evaluation in order to consider a further extension of HOPE-related services. Member satisfaction alone is not sufficient to continue services.
- 9) CCA’s goal remains to improve members’ safe and successful function without opiate pain medication. When this happens then HOPE-related service extensions may be tapered and discontinued as tolerated

Disclaimer: This Medical Necessity Guideline is not a rigid rule. As with all of CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

REFERENCES:

- <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=373>
- http://www.aomsm.org/Resources/Documents/Legislature/CommHealthCtr_AcupunctureOnly.pdf
- http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/Updated_Policies/cms_01_03_acupuncture_mca_2016.pdf
- <http://www.mayoclinic.org/tests-procedures/acupuncture/basics/definition/prc-20020778>
- <http://dbslawfirm.com/news/mashealth-changes-regulations-to-comply-with-affordable-care-act>
- https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0024_coverageposit ioncriteria_acupuncture.pdf

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION



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