



Acupuncture Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Acupuncture		
MNG# 048	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 2/4/2021; 10/12/23, 12/14/23	Effective Date: 05/22/2021; 10/12/23, 12/14/23
Last Revised Date: 11/4/2021, 4/14/2022; 8/10/2023; 12/14/23	Next Annual Review Date: 02/04/2022; 11/4/2022; 4/14/2023; 8/10/2024;	Retire Date:

OVERVIEW:

Acupuncture involves the insertion or manipulation of extremely thin needles in the skin at traditional points on the body primarily to relieve pain and anxiety as well as for other therapeutic purposes. Other related treatments include acupressure and moxibustion which may be better tolerated or provide a better response in some patients.

Acupuncture has been the subject of active scientific research into its basis and therapeutic effectiveness for decades, and yet its application in some clinical situations remains controversial. The current evidence supports the use of acupuncture for some types of nausea and pain, but additional evidence is required for the treatment of other conditions. 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:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.



Acupuncture Medical Necessity Guideline

Clinical Coverage Criteria:

1. Commonwealth Care Alliance may cover forms of acupuncture indications, which have lasted more than 12 weeks, for any of the following indications:
 - a. Chronic low back pain (defined as back pain that has lasted 12 weeks or longer, is nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease) is not associated with surgery; and, not associated with pregnancy)
 - b. Migraine headache
 - c. Nausea of pregnancy (does not require 12 weeks' duration)
 - d. Pain from osteoarthritis of the knee or hip (primary or secondary)
 - e. Post-operative and chemotherapy-induced nausea and vomiting (does not require 12 weeks' duration)
 - f. Post-operative dental pain
 - g. Fibromyalgia
 - h. Myofascial pain syndrome
 - i. Substance abuse recovery including tobacco addiction
2. For covered conditions Commonwealth Care Alliance may cover acupuncture when the following information is provided:
 - a. Member's diagnoses and specific functional goals for the acupuncture treatment,
 - b. A PROMIS-29 or similar measure of members' level of function and comfort,
 - c. Documentation of member engagement and compliance with an interdisciplinary care plan which may include but not be limited to:
 - i. Behavioral Counselling,
 - ii. Physical Therapy,
 - iii. Pain Clinic evaluation and/or management, and
 - iv. Other care modality
 - d. For extension requests, improved function and member satisfaction as documented on an updated PROMIS-29 (or similar assessment instrument) before each extension

LIMITATIONS/EXCLUSIONS:

1. Commonwealth Care Alliance will not cover acupuncture for the following, but not limited to:
 - a. Indications that are not listed above or considered to be experimental and investigational;
 - b. Indications where there has been no documented clinical benefit after four weeks of treatment;
 - c. Indications that have not been proven effective in peer-reviewed published scientific literature.Examples of these conditions include the following:
 - i. Acute pain
 - ii. Allergy

Acupuncture Medical Necessity Guideline

- iii. Weight reduction
- iv. Asthma
- v. Attention-deficit/hyperactivity disorder
- vi. Autism spectrum disorders
- vii. Bowel dysfunction
- viii. Bursitis
- ix. Carpal tunnel syndrome
- x. Correction of breech presentation
- xi. Depression
- xii. Dermatitis or psoriasis
- xiii. Dysmenorrhea
- xiv. Epicondylitis (tennis elbow)
- xv. Hypertension
- xvi. In lieu of traditional anesthesia
- xvii. Infertility
- xviii. Labor
- xix. Neuropathy
- xx. Nocturnal enuresis
- xxi. Pain of malignancy
- xxii. Plantar fasciitis
- xxiii. Post-stroke rehabilitation
- xxiv. Reflex sympathetic dystrophy
- xxv. Temporomandibular joint disorder (TMJ)
- xxvi. Tinnitus
- xxvii. Urinary incontinence (all types)

2. Commonwealth Care Alliance will limit the following:

- a. For SCO and One Care members, the initial 36 visits for acupuncture do not require prior authorization. Visits exceeding 36 per calendar year require a prior authorization. Additional visits may be requested in increments of 8 and will require a prior authorization. The care team/requesting provider must reassess the member for response and progress before requesting additional visits per prior authorization.
- b. For Medicare Advantage members, the initial 12 acupuncture visits within 90 days for the treatment of chronic low back pain do not require prior authorization. Additional visits exceeding the initial 12 visits may be requested in increments of 8 for up to a maximum of 20 per calendar year and will require a prior authorization. The care team/requesting provider must reassess the member for response and progress before requesting additional visits per prior authorization. Treatment is limited to the diagnosis of chronic back pain as defined above.



Acupuncture Medical Necessity Guideline

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

Code	Description	Coverage	
		SCO/One Care	Medicare Advantage
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Yes	Yes
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)	Yes	Yes
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Yes	Yes
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)	Yes	Yes

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements:

- Centers for Medicare & Medicaid Services, Publication 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 30.3 Acupuncture, Effective date: 01/21/2020.

Acupuncture Medical Necessity Guideline

- Centers for Medicare & Medicaid Services, Publication 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 30.3.1 Acupuncture for Fibromyalgia, Effective date: 01/21/2020.
- Centers for Medicare & Medicaid Services, Publication 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 30.3.2 Acupuncture for Osteoporosis, Effective date: 01/21/2020.
- Centers for Medicare & Medicaid Services, Publication 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 30.3.3 Acupuncture for Chronic Lower Back Pain, Effective date: 01/21/2020.

RELATED REFERENCES:

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 less 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:

- Medicare Learning Network, 6/21/23. <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlngeninfo>
- Commonwealth of Massachusetts MassHealth Provider Manual Series, Acupuncture Services Manual, Subchapter Number and Title 6. Service Codes and Descriptions, Page vi, 1/21/22. <https://www.mass.gov/doc/acupuncture-services-acu-subchapter-6-0/download>
- Commonwealth of Massachusetts MassHealth Provider Manual Series, Acupuncture Services Manual, Subchapter Number and Title Table of Contents, Transmittal Letter ACU-1, page iv, 1/21/2022. <https://www.mass.gov/doc/acupuncture-services-regulations/download>
- Johns Hopkins Health, Acupuncture/Integrative Medicine, Acupuncture. 7/12/23. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/acupuncture>
- Mayo Clinic Press, Acupuncture Overview, 4/30/22. <https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763>
- Acupuncture Society of Massachusetts, FAQ, July 12, 2023. <https://www.acusocietyma.org/faq/>
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 30.3, Acupuncture, Effective Date 01/21/2020. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=373>
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 30.3.3, Acupuncture for Low Back Pain, Effective Date 01/21/2020. <https://www.cms.gov/medicare-coverage->



Acupuncture Medical Necessity Guideline

[database/view/ncd.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areald=all&doctype=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1](https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=373&ncdver=1&keyword=acupuncture&keywordType=starts&areald=all&doctype=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1)

- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 30.3.1, Acupuncture for Fibromyalgia, Effective Date 01/21/2020. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=283&ncdver=2&keyword=acupuncture&keywordType=starts&areald=all&doctype=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 30.3.2, Acupuncture for Osteoarthritis, Effective Date 01/21/2020. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=284&ncdver=2&keyword=acupuncture&keywordType=starts&areald=all&doctype=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>
- Acupuncture (PDQ®): Integrative, alternative, and complementary therapies - Health Professional Information [NCI], Last Revised: 2023-06-09. <https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.acupuncture-pdq%C2%AE-integrative-alternative-and-complementary-therapies-health-professional-information-nci.ncicdr0000445441>
- Yang, E. & Yeh, G. (2023). Overview of the clinical uses of acupuncture. https://www.uptodate.com/contents/overview-of-the-clinical-uses-of-acupuncture?search=acupuncture&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H13
- Biomed Res Int. 2022 Apr 21;2022: Acupuncture for Knee Osteoarthritis: A Systematic Review of Randomized Clinical Trials with Meta-Analyses and Trial Sequential Analyses. Hao Tian 1, Liuyang Huang 1, Mingsheng Sun 1, Guixing Xu 1, Jiamei He 1, Zhuo Zhou 1, Fengyuan Huang 1, Yilin Liu 1, Fanrong Liang 1. <https://pubmed.ncbi.nlm.nih.gov/35496051/>
- Cochrane Database Syst Rev. 2013 May 31;2013(5): Acupuncture for treating fibromyalgia. [John C Deare 1, Zhen Zheng, Charlie C L Xue, Jian Ping Liu, Jingsheng Shang, Sean W Scott, Geoff Littlejohn. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007070/information](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007070/information)

REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval
12/14/23	Removed language “These requests will be reviewed on an individual case-by-case basis by a CCA medical director for medical necessity”.
6/5/2023	Removed HOPE language, updated references, recommend MAPD benefits more in line with scientific evidence for effectiveness.
11/4/2021	Key Care planning considerations updated to reflect product PA requirements.
4/14/2022	Updated to MNG template.



Acupuncture Medical Necessity Guideline

APPROVALS:

Stefan Topolski, MD

CCA Senior Clinical Lead [Print]

Medical Director

Title [Print]

Stefan Topolski

Signature

12/14/23

Date

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Nazlim Hagmann, MD

CCA CMO or Designee [Print]

Chief Medical Officer

Title [Print]

Nazlim Hagmann

Signature

8/10/2023

Date