



## Acupuncture Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Acupuncture</b>		
<b>MNG# 048</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Benefit Type:</b> <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 2/4/2021; 10/12/23, 12/14/23	<b>Effective Date:</b> 05/22/2021; 10/12/23, 12/14/23; 11/14/24; 1/1/2025
<b>Last Revised Date:</b> 11/4/2021, 4/14/2022; 8/10/2023; 12/14/23; 11/14/24; 1/9/2025	<b>Next Annual Review Date:</b> 02/04/2022; 11/4/2022; 4/14/2023; 8/10/2024; 11/14/25	<b>Retire Date:</b>

**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.

**DEFINITIONS:**

**Acupuncture:** The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both.

**Acupuncturist:** An individual licensed by the Board of Registration in Medicine in accordance with M.G.L. c. 112, §§ 150 through 156.

**Acupuncture Withdrawal Management:** The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both, for members experiencing the dysfunctional effects of the use of



## **Acupuncture Medical Necessity Guideline**

alcohol and/or other drugs, whose primary need is management of withdrawal symptoms, and thereafter, support services for the establishment and maintenance of recovery.

**Acupuncture Withdrawal Treatment Services:** A treatment program providing acupuncture services for individuals experiencing the dysfunctional effects of the use of alcohol and/or other drugs, whose primary need is to manage withdrawal symptoms, and thereafter, support services for maintenance of sobriety.

**Chronic low back pain:** Is defined as lasting 12 weeks or longer, is non-specific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease), is not associated with surgery and is not associated with pregnancy.

**Dry Needling:** The use of solid needles to treat muscle pain by stimulating and breaking muscular knots and bands.

### **DECISION GUIDELINES:**

Medicare covered services include up to 12 visits in 90 days chronic low back pain. An additional eight sessions are covered for members demonstrating an improvement. CCA covers acupuncture under the MassHealth benefit in addition to the Medicare covered services.

The initial 36 visits for acupuncture **do not** require prior authorization. These visits are the total of Medicare and MassHealth covered visits. **ALL acupuncture 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. Further acupuncture treatment is not considered medically necessary if the patient does not demonstrate meaningful improvement in symptoms.

### **Clinical Coverage Criteria:**

1. Commonwealth Care Alliance may cover acupuncture when all the following criteria are met:
  - a. Member is diagnosed with one condition listed below;
    - 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)
    - Migraine headache
    - Nausea of pregnancy (does not require 12 weeks' duration)
    - Pain from osteoarthritis of the knee or hip (primary or secondary)
    - Post-operative and chemotherapy-induced nausea and vomiting (does not require 12 weeks' duration)
    - Post-operative dental pain
    - Fibromyalgia
    - Myofascial pain syndrome; and
  - b. Member's condition has lasted more than 12 weeks unless otherwise noted; and

## Acupuncture Medical Necessity Guideline

- c. Documentation includes the following:
- i. Member's diagnosis; and
  - ii. Objective and measurable functional treatment goals; and
  - iii. Documentation demonstrates objective and measurable improvement toward treatment goals, **and** includes an assessment tool such as PROMIS-29, PEG-3 (Pain intensity, interference with enjoyment of life, interference with general activity), Oswestry Disability Index (ODI) , Brief Pain Inventory (BPI), PHQ-9 (Patient Health Questionnaire-9) or similar measure of members' level of function; and
  - iv. Documentation of member engagement and compliance with an interdisciplinary care plan which may include but not be limited to:
    - Behavioral Counselling,
    - Physical Therapy,
    - Pain Clinic evaluation and/or management, and
    - Other care modality
2. For **extension requests**, objective and measurable improved function toward treatment goals and member satisfaction as documented on an updated PROMIS-29 PEG-3 (Pain intensity, interference with enjoyment of life, interference with general activity), Oswestry Disability Index (ODI) , Brief Pain Inventory (BPI), PHQ-9 (Patient Health Questionnaire-9) (or similar assessment instrument) must be submitted.
3. CCA covers acupuncture for substance use disorder withdrawal management and recovery. Prior authorization is **NOT** required :
- Member should be screened prior to treatment to ensure that acupuncture treatment is not medically contraindicated.
- Member has no history of seizures, delirium tremens, or other life-threatening withdrawal symptoms; and
  - Member is oriented to time, place, and person.

### LIMITATIONS/EXCLUSIONS:

CCA covers up to 36 visits total per calendar year unless additional visits have been authorized.

Commonwealth Care Alliance will not cover acupuncture for the following, but not limited to:

1. Indications that are not listed above or considered to be experimental and investigational
2. Indications considered to be cosmetic
3. Indications where there has been no documented improvement after four weeks of treatment
4. Member is regressing
5. Dry needling
6. Indications that have not been proven effective in peer-reviewed published scientific literature.

Examples of these conditions include the following:



## Acupuncture Medical Necessity Guideline

- i. Acute pain
- ii. Allergy
- 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, male or female
- 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)

### **CODING:**

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Prior authorization is not required for treatment of substance use disorder, ICD-10 F10.10-F19.99, identified by use of modifier HF: Substance abuse program.

CPT/HCPCS CODE	DESCRIPTION
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## Acupuncture Medical Necessity Guideline

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) (List separately in addition to code for primary procedure)
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) (List separately in addition to code for primary procedure)

### Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, 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. 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.

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. 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).

This Medical Necessity Guideline is not a rigid rule. As with all 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.

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## **Acupuncture Medical Necessity Guideline**

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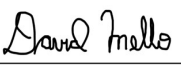



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**REVISION LOG:**

REVISION DATE	DESCRIPTION
1/9/25	Removal of criteria applicable to MA products. Clarification of coverage prior to authorization requirement.
11/14/24	Template update. Separate sections for SCO/One Care and Medicare Advantage. Added criteria for Medicare Advantage and for SUD treatment SCO/One Care (no PA required). Added cosmetic and dry needling limitations SCO/One Care.
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.

**APPROVALS:**

David Mello	Senior Medical Director Utilization Review and Medical Policy
<b>CCA Clinical Lead</b>	<b>Title</b>
	11/14/24
<b>Signature</b>	<b>Date</b>
<b>CCA Senior Operational Lead</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>
Nazlim Hagmann	Chief Medical Officer
<b>CCA CMO or Designee</b>	<b>Title</b>
	11/14/24
<b>Signature</b>	<b>Date</b>



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