INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Acupuncture Services

Policy:

Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to 24 services in a calendar year, although additional services can be provided based upon medical necessity through the prior authorization process. There is no frequency limitation for beneficiaries receiving services through the Early and Periodic Screening, Diagnosis, & Treatment program.

IEHP contracts with American Specialty Health to provide acupuncture services.

IEHP considers Acupuncture Services **medically necessary** for the treatment of:

- Tension-type Headache; Migraine Headache with or without Aura
- Hip or Knee Joint Pain associated with Osteoarthritis (OA)
- Other Extremity Joint Pain associated with OA or mechanical irritation/inflammation when chronic and unresponsive to standard medical care
- Other Pain Syndromes involving the joints and associated soft tissues
- Musculoskeletal Cervical Spine, Thoracic Spine, and Lumbar Spine Pain
- Nausea Associated with Pregnancy (only when co-managed with the Member's primary care provider (PCP) and/or specialist
- Post-Surgical Nausea (only when co-managed with the Member's primary care provider (PCP) and/or specialist)
- Nausea Associated with Chemotherapy (only when co-managed with the Member's primary care provider (PCP) and/or specialist)

AND when ALL of the following criteria are met:

1. There are no diagnostic red flags (e.g., fever, chills, significant trauma, progressive sensory or motor defects, bowel or bladder incontinence, saddle anesthesia or unexplained weight loss); or are present and being addressed appropriately including, as needed, co-management

2. Any present yellow flags (e.g., anxiety, depression, impaired sleep, history of substance abuse) are being evaluated and managed appropriately
3. There are no absolute contraindications. These include:
    - The use of acupuncture with patients who have uncontrolled movements
    - Needling of an edematous limb at risk of lymphedema
    - Needling of areas of spinal instability where relaxation of the surrounding muscles could potentially give rise to spinal cord compression
    - Needling of scars, keloid, recent wounds or skin with sensory deficit
    - Needling umbilicus area, infant fontanelles, area of breast, or implants/artificial joints
    - Hemophilia/hemorrhagic diseases; neutropenia, thrombocytopenia
    - Severe psychotic or other emotional conditions precluding patient cooperation and safety
    - Intoxication with alcohol, prescription medications or illicit drugs
    - Mechanical obstruction (i.e., foreign body in throat, bowel obstruction)
    - Clear indications for surgical intervention (i.e., fractures, bleeding wounds)
    - Fulminant infections/sepsis; acute wounds; burns at needle site
    - Damaged or prosthetic heart valves; history of endocarditis
    - Treatment that would cause harm by delaying other diagnosis or treatment
4. Any relative contraindications for acupuncture or electro-acupuncture therapy have been addressed and managed appropriately.
5. Treatment planning and outcomes meet the criteria defined below.

Medically Necessity and Treatment Planning Overview:

Medical Necessity Factors:

- Medically necessary services must be delivered toward defined reasonable and evidence-based goals
- Medical necessity decisions must be based on patient presentation including diagnosis, severity and clinical findings
- Continuation of a trial of treatment is contingent upon reaching defined treatment goals and objective outcome measures that are appropriate and supported by the available evidence
- Certain conditions require that the patient is being co-managed by a medical physician in order to be considered medically necessary
- Monitoring of outcomes and progress with a change in treatment or withdrawal of treatment if the patient is not improving or is regressing.

Treatment Planning Factors:

- Dosage (frequency and duration of service) is appropriately correlated with clinical findings and clinical evidence

- Therapeutic goals are functionally oriented, realistic, measurable, and evidence- based
- Proposed date of release/discharge from treatment is clearly defined
- Functional Outcome Measures (FOM)[1], when used, demonstrates Minimal Clinically Important Difference (MCID)[2] from baseline results through periodic re-assessments
- Documentation substantiates practitioner's diagnosis and treatment plan
- Demonstration of progression toward active home/self-care and discharge
- Maximum therapeutic benefit has not been reached.

NOT MEDICALLY NECESSARY:
Acupuncture for any other indication is considered **not medically necessary.**

CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND DESCRIPTIONS

CPT Code	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)

CMS Medicare[3]:
Until the pending scientific assessment of the technique has been completed and its efficacy has been established, Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic or for other therapeutic purposes, may not be made. Accordingly, acupuncture is not considered reasonable and necessary within the meaning of §1862(a)(1) of the Act.

Medi-Cal [4]:
Senate Bill 833 (Committee on Budget and Fiscal Review, Chapter 30, Statutes of 2016) restored acupuncture as a Medi-Cal benefit for all eligible beneficiaries, effective July 1, 2016. (*California Code of Regulations* [CCR], Title 22, Section 51308.5).

Acupuncture services are reimbursable only when:

- Rendered by a physician, dentist, podiatrist or certified acupuncturist enrolled in the Medi-Cal program and who is eligible to provider Medi-Cal services.

- Limited to treatment performed to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.
- Used with or without electric stimulation of the needles.
- Used to treat a condition also covered by other modalities.

Note: Acupuncture services are subject to the two-services per month Medi-Service reservation limitation (CCR, Title 22, Section 51304[a]). Authorization is not required.

Non-Covered Services
Acupuncture services are not reimbursed when:

- Billed as an emergency or inpatient service.
- Rendered by a physician assistant, nurse practitioner or certified nurse midwife.

Non-acupuncture services rendered by a certified acupuncturist are not reimbursable.

In addition, if the only service rendered is an acupuncture treatment, physicians and podiatrists may not be reimbursed for an office or medical visit.

Aetna[5]:
Aetna considers needle acupuncture (manual or electroacupuncture) medically necessary for any of the following indications:

- Chronic (minimum 12 weeks duration) neck pain; *or*
- Chronic (minimum 12 weeks duration) headache; *or*
- Low back pain; *or*
- Nausea or pregnancy; *or*
- Pain from osteoarthritis of the knee or hip (adjunctive therapy); *or*
- Post-operative and chemotherapy-induced nausea and vomiting; *or*
- Post-operative dental pain; *or*
- Temporomandibular disorders (TMD).

Cigna[6]:
Cigna covers acupuncture as medically necessary when ALL of the following criteria have been met:

- Treatment is expected to result in significant therapeutic improvement over a clearly defined period of time
- Individualized treatment plan with identification of treatment goals, frequency and duration
- Any of the following indications:
  - Nausea and vomiting associated with pregnancy
  - Nausea and vomiting associated with chemotherapy
  - Postoperative nausea and vomiting

- Postoperative dental pain
- The treatment of pain associated with ANY of the following chronic conditions:
  - Migraine or tension headache
  - Osteoarthritic knee pain
  - Neck pain
  - Low back pain

Cigna does not cover acupuncture for the following services because it is excluded from many benefit plans and considered not medically necessary when used for these purposes:

- Treatment intended to improve or maintain general physical condition
- Maintenance acupuncture services, when significant therapeutic improvement is not expected

Cigna does not cover EITHER of the following, because each is considered experimental, investigational or unproven:

- Acupuncture point injection for any indication
- Acupuncture for any other indication, including infertility and recurrent pregnancy loss

Anthem[7]:
The use of acupuncture is considered medically necessary for the treatment of nausea and vomiting associated with surgery, chemotherapy, or pregnancy.

The use of acupuncture is considered medically necessary for treatment of painful chronic osteoarthritis of the knee or of the hip that is significantly affecting daily activity.

Acupuncture is not considered medically necessary when the criteria above are not met, and for any other indications

ECRI:

Reference	Purpose of Systematic Review or Assessment	Resources searched and Inclusion Criteria	Findings	Conclusions
Vickers AJ, Cronin AM, Maschino AC, Lweith G, MacPherson H, Foster NE, Sherman KJ, Witt CM, Linde K, Acupuncture Trialists' Collaboration. Acupuncture for chronic pain: individual	Comparison of pain relief using acupuncture, sham acupuncture and no acupuncture for mechanical low back and neck pain, shoulder pain, headache and	Subjects were required to have pain a minimum of 4 weeks and followed at least 4 weeks after the end of treatment. No restrictions on outcomes	Patients receiving acupuncture had less pain (0.23, 0.16, and 0.15 standard deviations lower than	"Our results from individual patient data meta-analyses of nearly 18,000 randomized patients on high quality trials

patient data meta-analysis. Arch Intern Med. 2012 Oct 22; 172(19): 1444-53	osteoarthritis.	measures used. 29 trials met these criteria with 17,922 individual patients analyzed.	sham acupuncture for back and neck pain, osteoarthritis and chronic headache, respectively. Pain scores were 0.55, 0.57 and 0.42 standard deviations lower for acupuncture vs. no acupuncture for back and neck pain, osteoarthritis and chronci headache, respectively.	provide the most robust evidence to date that acupuncture is a reasonable referral option for patients with chronic pain."
Lam M, Galvin R, Curry P. Effectiveness of acupuncture for nonspecific chronic low back pain: a systematic review and meta-analysis. Spine (Phila Pa 1976). 2013 Nov 15; 38(24): 2124-38	Comparison to sham acupuncture and no treatment in both pain and function for non-specific low back pain. Also compared acupuncture to other common treatment modalities such as NSAIDS, muscle relaxants and analgesics.	32 relevant studies were identified, of which 25 had usable data for a meta-analysis.	Clinically significant benefits to acupuncture when compared to sham acupuncture, no acupuncture. Acupuncture offered comparable relief to common treatment modalities.	Findings were qualified because of low overall study quality.
Manheimer E, Cheng K, Linde K, Lao L, Yoo J, Wieland S, van der Windt DAWN, Berman BM,	Random controlled trials (RCT) comparing needle acupuncture with a sham, another active	Sixteen trials involving 3498 people. 12 RCT included only OA of the knee, 3 only	Compared with sham, acupuncture showed statistically	Sham-controlled trials show statistically significant

Bouter LM. Acupuncture for peripheral joint osteoarthritis. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD001977. DOI: 10.1002/14651858.CD001977.pub2.	treatment ('supervised osteoarthritis education', 'physician consultation', 'home exercises/advice leaflet' or 'supervised exercise', or a waiting list control group in people with OA of the knee, hip or hand	OA of the hip and 1 OA of hip and/or knee.	significant, short-term improvement but did not meet the authors' predefined threshhold fo clinical relevance. There was also substantial statistical heterogeneity. Analysis vs a waiting list control showed acupuncture was associated with statistically significant, clinically relevant short-term improvements in osteoarthritis pain.	benefits; however, these benefits are small, do not meet pre-defined thresholds for clinical relevance, and are probably due at least partially to placebo effects from incomplete blinding.
Liu L, Skinner M, McDonough S, Mabire L, Baxter GD. Acupuncture for low back pain: an overview of systematic reviews. Evidence-Based Complementary and Alternative Medicine 2015;2015:328196	Systematic reviews of randomized controlled trials (RCT) concerning acupuncture and low back pain (LBP) were searched in 7 databases. Systematic reviews were categorized and high quality reviews assigned greater weightings.	Sixteen systematic reviews were appraised; 5 were on chronic low back pain, 1 on acute low back pain, 8 included a mixed group with acute, subacute and chronic low back pain and 2 did not specify chronicity. This included 267 RCT with 35,239	Because of inconsistent definition of follow-up time points, only short-term (< 3 months) comparisons were assessed. Acute LBP: 2 reviews produced conflicting conclusions regarding pain	No firm conclusions could be made on effectiveness of acupuncture for acute LBP. For chronic LBP, consistent evidence shows that acupuncture is more effective for pain relief and functional

		patients.	relief. Chronic LBP: 4 reviews reported contradictory outcomes for pain relief. However, higher quality studies did show acupuncture was superior to sham acupuncture and no treatment in short-term pain relief.	improvement at short-term follow-ups when compared to no treatment or when used with other conventional therapies (physical therapy, medication, exercise).
Lee A, Chan SKC, Fan LTY. Stimulation of the wrist acupuncture point PC6 for preventing postoperative nausea and vomiting. Cochrane Database of Systematic Reviews 2015, Issue 11. Art. No.: CD003281	An update of a Cochrane review first published in 2004 and updated in 2009 to determine the effectiveness and safety of PC6 acupoint stimulation with or without antiemetic drug versus sham or antiemetic drug.	59 trials involving 7,667 participants were studied. Compared with sham treatment, PC6 acupoint stimulation significantly reduced the incidence of nausea, vomiting and use of antiemetics. Side effects associated with PC6 acupoint stimulation were minor, transient and self-limiting (e.g., skin irritation, blistering, redness and pain).	Heterogeneity among trials was substantial and there were study limitations; the quality of evidence was rated as low for acupuncture vs sham and moderate for acupuncture vs antiemetics.	There is low-quality evidence supporting the use of PC6 acupoint stimulation over sham. Compared to the last update in 2009, no further sham comparison trials are needed. There is moderate-quality evidence showing no difference between PC6 acupoint stimulation and antiemetic drugs to prevent post-operative

				nausea and vomiting.
Matthews A, Haas DM, O'Mathuna DP, Dowswell T. Interventions for nausea and vomiting in early pregnancy. Cochrane Database of Syst Rev 2015 Sep 8; (9):CD007575	Update of a 2014 review to assess effectiveness and safety of all interventions for nausea, vomiting and retching in early pregnancy, up to 20 weeks gestation.	41 randomised controlled trials (RCT) involving 5,449 women covered interventions including acupressure, acustimulation, acupuncture, ginger, chamomile, lemon oil, mint oil, vitamin B6 and several antiemetic drugs.	Acupuncture showed no significant benefit to women in pregnancy. There was little information on maternal and fetal adverse outcomes and on psychological, social or economic outcomes. The methodological quality of studies was mixed.	There is a lack of high-quality evidence to support any particular intervention

Background:

The practice of traditional acupuncture is predicated upon several fundamental underlying principals. It is based upon the existence of a series of paths called meridians that course through the body along which are located discrete points that correspond to specific organs and/or have particular clinical significance. A vital energy, "chi," flows through the meridians and the acupuncture points and regulating bodily functions. It is the disruption of this flow of energy that therapeutic acupuncture is said to address.

"With increasing evidence of its clinical efficacy, acupuncture is now a widely practiced treatment modality in complementary and integrative medicine. According to the 2007 National Health Interview Survey, an estimated 3.1 million US adults and 150,000 children had acupuncture in the previous year. The National Health Interview Survey also estimated that between 2002 and 2007, acupuncture use among adults increased by approximately 1 million people." (Mayo Clin Proc)

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Revised:

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4.) Medi-Cal – Department of Health Care Services: Acupuncture Services [CCR], Title 22, Section 51308.5 (accessed on 4/25/2017) http://www.medi-cal.ca.gov/serp.asp?q=acupuncture&cx=001779225245372747843%3Ajl7cpn-0my4&cof=FORID%3A10&ie=UTF-8&siteurl=http%3A%2F%2Fwww.medi-cal.ca.gov%2F
5.) Aetna- Acupuncture Policy Number: 0135 (accessed on 4/14/2017) http://www.aetna.com/cpb/medical/data/100_199/0135.html
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