

Fulcrum Health, Inc.

<b>Medical Policy Title:</b>	<b>Licensed Acupuncture Policy</b>		
<b>Policy Number:</b>	ACU100	<b>Effective Date:</b>	9/1/2020
		<b>Last Revision Date:</b>	3/17/2022
		<b>Last Review Date:</b>	4/12/2022
<b>Responsible Area/Individual:</b>	UM Department/Clinical Director of AcuNet		
<b>Department(s) Affected:</b>	Coding, Claims, Network Management, Utilization Management		
<b>Purpose:</b>	Policy was written to provide overview, a consistent determination of medical necessity in the review and management of covered conditions by licensed acupuncturists.		
<b>Regulation/Reference (if applicable):</b>	UM002 Out of Network Requests UM004 Clinical Criteria for UM Decisions UM006 Data Elements for UM Coverage Decisions CLINUM116 Definition and Application of Complicating Factors in the Utilization Management Process <a href="#">NCQA Standard UM2 A</a> <a href="#">MN Statute Chapter 147</a> <a href="#">Minnesota Statute Chapter 148</a> <a href="#">MN Medicaid Provider Manual</a> <a href="#">Medicare Coverage Database NCD</a> <a href="#">Society of Acupuncture Research SAR</a> <a href="#">Acupuncture Expert Reference Group AERG</a>		

**Purpose**

The intent of this policy is to show treatment support and medical necessity guidelines for acupuncture practice. This policy describes the evidence used for the determination for the members maximum therapeutic benefit (MTB).

*Please contact the health plan to obtain eligibility and health plan benefits. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.*

**Policy:**

Ongoing care and medical necessity decisions are determined following a course of care, where demonstrable meaningful clinical improvement would be expected in a patient's health status.

Maximum Therapeutic Benefit (MTB) is determined when one or more of the following are present:

- A. The patient has returned to pre-clinical/pre-onset health status.
- B. Meaningful improvement may have occurred; however, documentation does not support that further meaningful gains will be achieved.
- C. Meaningful improvement has occurred; however, documentation does not support further supervised ‘in-office’ treatment.

- D. The patient no longer demonstrates meaningful clinical improvement or progress as measured by subjective or objective gains and/or standardized outcome assessment tools (i.e., neck and/or back indexes, PROMIS10).
- E. Meaningful improvement has not been achieved, as measured by activities of daily living (ADL) assessment and/or, standardized outcome assessment tools (OAT) if available, and/or documented in clinical records.
- F. There is insufficient information (measurable subjective, objective, or functional changes) documented in the patient health care record to reliably validate the response to treatment.

**Definitions:**

**Acute Pain:** Less than 90 days duration

**Acupressure:** the application of pressure to acupuncture points.

**Acupuncture practice:** means a comprehensive system of health care using Oriental medical theory and its unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, Oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on Oriental medical principles.

**Acupuncture needle:** a needle designed exclusively for acupuncture purposes. It has a solid core, with a tapered point, and is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other board-approved materials as long as the materials can be sterilized according to recommendations of the National Centers for Disease Control and Prevention.

**Acupuncture points:** specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the NCCAOM certification exam.

**Chronic Pain:** Greater than 12 weeks duration. (exception: Medicare: chronic pain is defined as > 6 months)

- nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious disease etc...)
- not associated with surgery
- not associated with pregnancy

**Cupping:** a therapy in which a jar-shaped instrument is attached to the skin and negative pressure is created by using suction to move Qi and decrease stagnation

**Electrical Stimulation on Needle:** Use of an electrical device for stimulating acupuncture points to promote moving of Qi.

**Maximum Therapeutic Benefit (MTB):** May be determined following a sufficient course of care where no further demonstrable meaningful clinical improvement would be expected in a patient's health status from the current method of treatment. Treatment beyond MTB may be considered maintenance care.

**Meridians:** meridians are invisible energy pathways, or channels, that run through the body. Vital life energy, called *qi* or *chi*, is thought to flow along these meridians, and anything that disrupts and/or stagnates the smooth flow of qi can create dysfunction. There are 12 regular meridians and 20 in total.

**Moxibustion (moxa treatment):** TCM practice that performed by burning small cones of dried leaves (mugwort) on certain designated points of the body, generally the same points as those used in acupuncture. Adding heat and energy to the body

**NCCAOM:** The National Certification Commission for Acupuncture and Oriental Medicine, a not-for-profit corporation organized under section 501(c)(4) of the Internal Revenue Code

**Outcome Assessment Tool (OAT):** Standardized self-reported patient questionnaires used to show patient status and progress towards treatment goal. (PROMIS 10, Neck Disability Index, Revised Oswestry Disability Index, Visual Analogue Scale)

**Pulse and Tongue:** TCM examination to confirm/identify pattern diagnosis

**Recurrent Pain:** Pain that is present on less than half the days in a 12-month period occurring in multiple episodes. A recurrence is characterized by pain-related difficulty in performing activities of daily living.

**10 Questions:** TCM history questions used to make a pattern diagnosis and treatment strategy

**TCM:** Traditional Chinese Medicine (Oriental or Eastern approaches to health care conditions)

**Treatment Strategy and TCM Diagnoses:** Treatment strategy to treat a TCM pattern diagnosis

**Medical Necessity:** Diagnostic testing and medical treatment, consistent with the diagnosis of and prescribed course of treatment for a condition, and preventative services. Medically necessary care must meet the following criteria:

- A. Be consistent with the medical standards and accepted practice parameters of the community as determined by health care providers in the same or similar general specialty as typically manages the condition, procedure, or treatment at issue; and
- B. Be an appropriate service, in terms of type, frequency, level, setting, and duration, to the diagnosis or condition; and
- C. Help to restore or maintain health;
- D. Prevent deterioration of a condition; or
- E. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

Note: The definition of “medically necessary” in the member’s benefit contract may vary from the above definition. If the definitions are different, the definition in the member’s plan document will prevail.

Acupuncture visits/units may be considered medically necessary care

- A. When **ALL** the following criteria are met:
  - Pain OR condition is refractory to standard medication therapy or the member has contraindications or side effects to medications; **AND**
  - Pain OR condition has resulted in impaired activities of daily living; **AND/OR** validated outcomes assessments (OATs) show impairment
  - There is reasonable expectation that treatment will result in significant improvement over a clearly defined period of time; **AND**
  - Provider has documented whether an evaluation has been completed by a primary care physician, neurologist, rheumatologist or pain management specialist.

### **Criteria for Medical Necessity of Continuation of Acupuncture Treatment:**

Additional acupuncture visits/units may be considered medically necessary if the member

demonstrates meaningful improvement in symptoms for the approved conditions noted above.

- A. For acute or subacute conditions < 90 days
  - Initial subjective and objective findings and/or Outcome Assessment Tool (OAT) where:
    - i. 3 pt. change in pain assessment score is  $\geq 5/10$  OR
    - ii. 2 pt. change in pain assessment score when score is  $\leq 4/10$  AND
    - iii. Overall progress has improved by least 40% (e.g., clinical findings) OR
    - iv. OAT with 20% raw score improvement
- B. For chronic conditions > 12 weeks
  - Initial subjective and objective findings and/or OAT where:
    - i. 2 pt. change in pain assessment score is  $\geq 5/10$  OR
    - ii. 1 pt. change in pain assessment score when score is  $\leq 4/10$  AND
    - iii. Overall progress has improved by least 25% (e.g., clinical findings) OR
    - iv. OAT with 10% raw score improvement

### Coverage Considerations

- A. MN Medicaid Coverage: ([MN Medicaid Provider Manual](#))
- B. Medicare Coverage Guidelines for Acupuncture for Chronic Low Back Pain (cLBP): [Medicare Coverage Database NCD](#)

### Diagnosis Codes

Providers are required to indicate the most applicable ICD diagnosis codes when billing acupuncture services.

### Procedure Codes

The following codes (services) for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

Codes	Description of Acupuncture Service - each service is counted as one unit which may be combined up to four units to equal one visit
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact with patient
97811	Without electrical stimulation, each additional 15 minutes of personal one-to-one contact with patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	With electrical stimulation, initial 15 minutes of personal one-to-one contact with the patient

97814

With electrical stimulation, each additional 15 minutes of personal one-to-one contact with the patient, with re-insertion of needles(s) (List separately in addition to code for primary procedure)

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**Document History:**

<b>Date</b>	<b>Update</b>
8/7/2020	New Document
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3/11/2021	Approved by Clinical Policy Committee
3/18/2021	Approved by Utilization Management Subcommittee
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