

Meeting: Utilization Management Committee	Date: 12/14/2023
Title/Topic: Medical Policy-Acupuncture	Policy Number: n03717
Purpose: Annual Review	Outcome: Choose an item.
Line of Business: Commercial	Effective Date: 12/12/2024

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Acupuncture is the practice of piercing the skin with needles at specific body sites to induce anesthesia, relieve pain and/or treat various non-painful disorders. The placement of needles is dictated by the location of meridians that are thought to mark patterns of energy flow throughout the body. Acupuncture points are near major nerves and stimulate the peripheral and central nervous system, affecting neurotransmitter levels and altering pain processing. Acupuncture may be performed with or without electrical stimulation.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of Acupuncture services. This policy is due for annual review.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Acupuncture medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include updating of references and verification of CPT codes.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

NCD 30.3 Acupuncture states that for services on or after January 21, 2020, acupuncture is only covered for chronic low back pain for beneficiaries meeting coverage criteria under NCD 30.3.3. All indications for acupuncture outside of NCD 30.3.3 remain non-covered.

The Centers for Medicare/Medicaid (CMS) has guidance. National Coverage Determination (NCD) 20.3.3 Acupuncture for Chronic Lower Back Pain (cLBP) outlines the conditions for coverage for Medicare Members. Up to twelve (12) initial visits are allowed for beneficiaries meeting coverage guidelines, with no more than twenty (20) visits allowed annually.

MCG, Ambulatory Care 28th Edition –Acupuncture, ACG: A-0329 (AC). MCG has indications for cancer related pain, chemotherapy-induced nausea, low back pain (acute and chronic), migraine headache prevention, neck pain (acute and chronic), osteoarthritis of the knee or hip, and tension-type headache prevention. No recommendations are provided related to the number of treatments that would be appropriate, nor for the duration of treatments or acupuncture services.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. Cochrane Database of Systematic Reviews 2016, Issue 6. Art. No.: CD001218. DOI: 10.1002/14651858.CD001218.pub3. Accessed 05 November 2024
- Mu J, Furlan AD, Lam WY, Hsu MY, Ning Z, Lao L. Acupuncture for chronic nonspecific low back pain. Cochrane Database of Systemic Reviews 2020, Issue 12. Art. No.: CD013814. DOI:10.1002/14651858.CD103184. Accessed 05 November 2024
- CMS National Coverage Determination (NCD) on Acupuncture (30.3)
- CMS National Coverage Determination (NCD) on Acupuncture for Fibromyalgia (30.3.1)
- CMS National Coverage Determination (NCD) on Acupuncture for Osteoarthritis (30.3.2)
- CMS National Coverage Determination (NCD) on Acupuncture for Chronic Low Back Pain (cLBP) (30.3.3)
- MCG Ambulatory Care 28th edition, Acupuncture ACG: A-0329 (AC)
- NCCN Clinical Practice Guidelines in Oncology-Antiemesis, September 27, 2024. Accessed 05 November 2024

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

11/5/2024: Annual review. References were reviewed and updated. CPT code verification was performed to monitor for changes and/or updates.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.