

Last Review Date: 04/21

Acupuncture for Health Plan Members Policy

PURPOSE

The purpose of this policy is to identify when Acupuncture is considered Medically Necessary for Members.

POLICY

It is policy that Acupuncture is considered a core medical benefit that requires prior authorization from the Member's assigned medical group before services are provided and must be provided by an in-network Provider, unless other arrangements are made on a case-by-case basis by the medical group.

SCOPE

This policy applies to Sutter Health, and any legal entity for which Sutter Health or an affiliate is the sole member or directly or indirectly controls at least 51% of the voting power, if that entity performs delegated Utilization Management (UM) for specific benefit or service as indicated in Health Plan contract, for Health Plan Members on behalf of Sutter Bay Medical Foundation or Sutter Valley Medical Foundation (herein after referred to as "Sutter").

Sutter is not responsible for reviewing and/or making a final determination on a request that has been identified as Health Plan responsibility to review.

DEFINITIONS

Acupuncture is the stimulation of specific acupuncture points along the skin of the body involving various methods such as penetration by thin needles or the application of heat, pressure or laser light. It is a form of complementary medicine and the key component of traditional Chinese medicine.

Chronic Pain can be described as ongoing or recurrent pain, lasting beyond the usual course of acute illness or injury or more than three (3) to six (6) months, and which adversely affects the individual's wellbeing.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

Health Plan means health care service plans, Health Maintenance Organizations (HMOs) and other purchasers of covered services that arrange for the provision of health care services to their Members.

Medically Necessary means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member is a person covered under a Health Plan, either the enrollee or eligible dependent.

Provider means any professional person, organization, health facility, or other person or institution licensed by the state of California to deliver or furnish health care services.

Utilization Management (UM) means the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan, sometimes called 'utilization review.'

PROCEDURE

- A. Acupuncture is considered Medically Necessary in accordance with federal and state law typically for the following indications:
 1. Nausea and vomiting associated with post-operative procedures, chemotherapy, or pregnancy; or
 2. Chronic Pain; or
 3. Migraine headache; or
 4. Conditions that are generally accepted to be responsive to Acupuncture treatment, on a case-by-case basis.
- B. Authorization frequency of Acupuncture treatments should be considered on a case-by-case frequency, as each Member's clinical indications are unique and may be complicated by medical or behavioral health co-morbidities.
- C. Acupuncture may be authorized in conjunction with other treatment modalities such as heat/ice, Physical Therapy (PT), stretching, behavioral modification, exercise, medication, or bracing.
- D. The beneficial effect of Acupuncture can be cumulative. In accordance with the core tenets of Acupuncture efficacy, initial frequent treatment with gradual lengthening of treatment interval is appropriate in most cases.
- E. To prevent backsliding into pain (or other symptoms), frequency should be titrated.
- F. The following is basic treatment protocol recommended by most Acupuncture Providers for initial authorization:

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

1. **Chronic (pain/migraine) treatments**

- a. One (1) to three (3) times per week for four (4) weeks, with re-evaluation after twelve (12) treatments.

2. **Recurrent (pain/migraine) treatments**

- a. One (1) to three (3) times per week for four (4) weeks, with re-evaluation after twelve (12) treatments.

3. **Nausea and vomiting treatments**

- a. Three (3) to five (5) times per week for three (3) weeks, with re-evaluation after fifteen (15) treatments.

G. For all conditions where continued improvement is demonstrated, subsequent authorizations should continue once per week for four (4) weeks with re-evaluation after four (4) treatments, subject to modification per the Provider requesting reauthorization.

H. For ongoing or chronic management when a condition is stable, it is appropriate for the frequency to be one (1) treatment every other week for eight (8) weeks with re-evaluation after four (4) treatments, subject to modification per the Provider requesting reauthorization.

I. Continued treatment authorization and frequency of treatment is dependent upon the following:

1. Improved functional status.
2. Persistence of pain relief between treatments.
3. Compliance with the treatment care plan.
4. Efficacy with self-care.
5. Efficacy of other treatment modalities recommended or prescribed as part of a treatment plan.

J. Sutter will check the Member's benefit status, due to not all Members having Acupuncture services as a benefit.

REFERENCE

[Centers for Medicare & Medicaid Services \(CMS\) Essential Health Benefits Standards: Ensuring Quality, Affordable Coverage](#). February 2013.

ATTACHMENTS

None

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.