

Medical Policy

Acupuncture

Policy Number: OCA 3.17

Version Number: 1

Version Effective Date: 01/01/22

Product Applicability

All Plan⁺ Products

WellSense Health Plan

- NH Medicaid
 NH Medicare Advantage

Boston Medical Center HealthNet Plan

- MassHealth ACO
 MassHealth MCO
 Qualified Health Plans/ConnectorCare/Employer Choice Direct
 Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers acupuncture **NOT medically necessary** unless the service and indication for treatment are covered for the member. Acupuncture is used as a complementary and alternative medical treatment for pain and detoxification.

Clinical Criteria

Prior authorization requirements for acupuncture are based on the treatment indication(s) and Plan product guidelines, as specified below in ONE (1) of the following items a through c:

- a. Prior authorization is REQUIRED through Beacon Health Options (rather than the Plan) for acupuncture when it is a covered service for a MassHealth, Senior Care Options, or WellSense Medicare Advantage HMO member and used as an aid to a member **withdrawing from dependence on substances or in recovery from addiction**. Beacon Health Options may be contacted at 1-888-217-3501 or at www.beaconhealthstrategies.com; OR

Acupuncture

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

- b. For **MassHealth members**, Plan prior authorization is NOT required for acupuncture for covered indications NOT managed by Beacon Health Options such as **pain relief or anesthesia (i.e., loss of sensitivity to pain)** when the service is billed with a code included in the Applicable Coding section of this policy. All other services require Plan prior authorization; OR
- c. For **Senior Care Options members and WellSense Medicare Advantage HMO members**, Plan prior authorization is REQUIRED for acupuncture when used for covered indications NOT managed by Beacon Health Options such as such as the **treatment of chronic low back pain**. See the Variations section.

Limitations and Exclusions

The Plan considers acupuncture NOT medically necessary (unless the service and indication for treatment are covered for the member) due to insufficient scientific evidence demonstrating the clinical validity and clinical utility of treatment for all other indications.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, CMS NCD 30.3.3 includes coverage guidelines for acupuncture to treat chronic low back pain. Verify CMS guidelines in effect on the date of the prior authorization request for the service and indication for treatment. When there is no guidance from CMS for the requested service, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria section and Limitations and Exclusions section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan’s reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member’s benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members.

CPT Codes	Description: Service is considered NOT medically necessary, except as specified in the member’s applicable benefit document
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 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)
HCPCS Code	Description: Service is considered NOT medically necessary, except as specified in the member’s applicable benefit document
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-to-one contact with patient Plan note: Code is NOT payable for the Senior Care Options and WellSense Medicare Advantage HMO products.

References

American Association of Acupuncture and Oriental Medicine (AAAOM). American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Trigger Point Dry Needling (TPDN) and Intramuscular Manual Therapy (IMT).

American College of Physicians (ACP). Qaseem A, Wilt TJ, McLean RM, Forciea MA; Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Guideline from the ACP. *Ann Intern Med.* 2017 Apr 4;166(7):514-530. doi: 10.7326/M16-2367. Epub 2017 Feb 14. PMID: 28192789.

American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA). Rosenquist RW, Benzon HT, Connis RT, De Leon-Casasola OA, Glass D, Korevaar WC,

Acupuncture

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Cynwyd B, Mekhail NA, Merrill DG, Nickinovich DG, Rathnmell JP, Nai-Mei Sang C, Simon DL; ASA Task Force on Chronic Pain Management. Practice guidelines for chronic pain management: an updated report by the ASA Task Force on Chronic Pain Management and the ASRA. *Anesthesiology*. 2010 Apr;112(4):810-33. doi: 10.1097/ALN.0b013e3181c43103. PMID: 20124882.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual.

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD).

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Acupuncture 30.3. Version 2. Effective Date 2020 Jan 21.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) 30.3.3. Version 1. 2020 Jan 21.

Centers for Medicare & Medicaid Services (CMS). Transmittals.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, Fu R, Dana T, Kraegel P, Griffin J, Grusing S, Brodt E. Noninvasive Treatments for Low Back Pain. Comparative Effectiveness Review No. 169. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2012-00014-I.) AHRQ Publication No. 16-EHC004-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2016 Feb.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, Fu R, Dana T, Kraegel P, Griffin J, Grusing S, Brodt ED. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med*. 2017 Apr 4;166(7):493-505. doi: 10.7326/M16-2459. Epub 2017 Feb 14. PMID: 28192793.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Manuals.

Commonwealth of Massachusetts. MassHealth Transmittal Letters.

Grech D, Li Z, Morcillo P, Kalyoussef E, Kim DD, Bekker A, Ulloa L. Intraoperative Low-frequency Electroacupuncture under General Anesthesia Improves Postoperative Recovery in a Randomized Trial.

Acupuncture

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

J Acupunct Meridian Stud. 2016 Oct;9(5):234-41. doi: 10.1016/j.jams.2016.03.009. Epub 2016 Apr 4. PMID: 27776761.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Acupuncture for the Treatment of Chronic Lower Back Pain: A Review of Reviews. Dallas, TX: Hayes; 2018 Jun 28. Annual Review 2021 Aug 18.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Acupuncture for the Treatment of Episodic and Chronic Tension-Type Headache and Episodic Migraine: A Review of Reviews. Dallas, TX: Hayes; 2018 Sep 10. Annual Review 2020 Dec 18.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Acupuncture for the Treatment of Knee Osteoarthritis: Review of Reviews. Dallas, TX: Hayes; 2018 Jul 24. Annual Review 2020 Dec 15.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Acupuncture for the Treatment of Substance Use Disorders: A Review of Reviews. Dallas, TX: Hayes; 2018 Jun 26. Annual Review 2021 Jul 29.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Dry Needling for Indications Other Than Neck or Trapezius Muscle Pain In Adults. Dallas, TX: Hayes; 2017 Jun 22. Annual Review 2021 Jun 30.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Dry Needling for Mechanical Neck and/or Trapezius Muscle Pain In Adults. Dallas, TX: Hayes; 2017 Apr 6. Annual Review 2021 May 25.

Hayes. Health Technology Assessment. Acupuncture for Treatment of Fibromyalgia. Dallas, TX: Hayes; 2018 Aug 28. Annual Review 2020 Dec 10.

Hayes Health Technology Assessment. Acupuncture for Treatment of Shoulder Pain or Chronic Neck Pain: A Review Of Reviews. Dallas, TX: Hayes; 2018 Aug 22. Annual Review 2020 Nov 24.

Lee S, Park J, Kim J, Kang JW, Choi DY, Park SJ, Nam D, Lee JD. Acupuncture for postoperative pain in laparoscopic surgery: a systematic review protocol. BMJ Open. 2014 Dec 23;4(12):e006750. doi: 10.1136/bmjopen-2014-006750. PMID: 25537788.

Liu XL, Tan JY, Molassiotis A, Suen LK, Shi Y. Acupuncture-Point Stimulation for Postoperative Pain Control: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2015;2015:657809. doi: 10.1155/2015/657809. Epub 2015 Oct 12. PMID: 26568767.

National Center for Complementary and Integrative Health (NCCIH). National Institutes of Health (NIH). Acupuncture. 2017 Sep 24.

National Center for Complementary and Integrative Health (NCCIH). National Institutes of Health (NIH). Acupuncture: In Depth. 2017 Feb 21.

New Hampshire Department of Health and Human Services. Billing Manuals.

New Hampshire Department of Health and Human Services. Provider Notices.

U.S. Department of Veterans Affairs (VA), Department of Defense (DoD). VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain. Version 2.0 – 2017.

Wang H, Xie Y, Zhang Q, Xu N, Zhong H, Dong H, Liu L, Jiang T, Wang Q, Xiong L. Transcutaneous electric acupoint stimulation reduces intra-operative remifentanyl consumption and alleviates postoperative side-effects in patients undergoing sinusotomy: a prospective, randomized, placebo-controlled trial. *Br J Anaesth*. 2014 Jun;112(6):1075-82. doi: 10.1093/bja/aeu001. Epub 2014 Feb 26. PMID: 24576720.

Wu MS, Chen KH, Chen IF, Huang SK, Tzeng PC, Yeh ML, Lee FP, Lin JG, Chen C. The Efficacy of Acupuncture in Post-Operative Pain Management: A Systematic Review and Meta-Analysis. *PLoS One*. 2016 Mar 9; 11(3): e0150367. doi: 10.1371/journal.pone.0150367. PMID: 26959661.

Yuan QL, Guo TM, Liu L, Sun F, Zhang YG. Traditional Chinese medicine for neck pain and low back pain: a systematic review and meta-analysis. *PLoS One*. 2015 Feb 24;10(2):e0117146. doi: 10.1371/journal.pone.0117146. eCollection 2015. PMID: 25710765.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 12/15/21 by MPCTAC	01/01/22 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	MPCTAC

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12

*Effective Date for the Senior Care Options Product: 01/01/16

*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Acupuncture formerly included in the *Complementary and Alternative Medicine, Including Acupuncture Treatment* medical policy, policy number OCA 3.194 until 12/31/21.

Acupuncture

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date and Version Number	Approved by
N/A	N/A	N/A	N/A

Next Review Date

12/01/22

Authorizing Entity

MPCTAC

Disclaimer Information: +

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

Acupuncture

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.