KAISER PERMANENTE® **Northwest Region Utilization Review**

UR 45 Acupuncture Medical Necessity Criteria

Department: Complementary & Alternative Medicine	Number: UR 45
Section: KPNW Region	Effective: Sept 1999
Applies to: Acupuncture Services	Last Reviewed: 2/21, 2/24, 2/25, 2/17/26
Review Responsibility: UROC	Last Revised: 3/20, 2/22, 2/23
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MEDICAL NECESSITY CRITERIA FOR ACUPUNCTURE

DEFINITIONS

Acupuncture: A complementary/alternative system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders. Acupuncture treats specific acupuncture points or meridians.

Maintenance Treatment/Therapy: Once the functional status has remained stable for a given condition, without expectation of additional functional improvement; any treatment program designed to maintain optimal health in the absence of symptoms or in chronic conditions without exacerbation of symptoms.

POLICY AND CRITERIA

Coverage guidance: Acupuncture may be excluded from coverage. UR 45 only applies to referrals for acupuncture from a physician. Check CM for other exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Acupuncture (30.3) Acupuncture for Fibromyalgia (30.3.1) Acupuncture for Osteoarthritis (30.3.2) Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy for Medicare Members	UR 45 does not apply
For Medicaid Members	
OR Medicaid	UR 45 does not apply – check Linefinder
WA Medicaid	UR 45 does not apply
Commercial and Self-Funded Members	
OR Commercial	UR 45 applies – Oregon contracts vary, check CM
WA Commercial	UR 45 applies for all groups as a mandate. See ***WA SB 5887** below re: authorizing acupuncture services.
Self-funded plans	UR 45 applies

**Washington Senate Bill 5887 states that health carriers cannot require utilization management or review, including prior, concurrent, or post-service authorization, for an initial evaluation and management visit and up to six treatment visits in a new episode of care. This applies to services such as chiropractic, physical therapy, occupational therapy, acupuncture and Eastern medicine, massage therapy, and speech and hearing therapies.*

Criteria:

A. Acupuncture is covered for nausea associated with pregnancy or chemo, overactive bladder with urge incontinence and for some chronic pain conditions. A condition is considered chronic if it has been present for ≥3 month (90 days).

B. Telephonic, email or face-to-face evaluation by the referring clinician is required prior to requesting a referral (this must be a KP clinician if the member has an HMO plan). A member request for referral without documented evaluation is generally not sufficient, however, an evaluation will not be required if:

- The condition is an acute exacerbation or recurrence of the same condition which was evaluated recently (within the previous 12 months) or recurrently over many years by a Kaiser Permanente clinician; AND
- The condition previously exhibited significant improvement after the acupuncture treatments; AND
- The previous exam and information otherwise exhibit no contraindications, as outlined below in the Contraindications section.

For all qualifying diagnoses, there must be documentation in the medical record of the intensity of the symptoms for both the initial acupuncture referral and any extensions requested. An example of documenting the intensity of symptoms may be asking the patient to rate their worst pain and their current pain on a scale from 1 to 10. It is important to note that sometimes the intensity of symptoms will be modest but will significantly interfere with a particular activity of importance to the patient. Reviewers need to consider that those making the referral consider it implicit that the condition is of sufficient concern to warrant intervention.

C. Significant, sustainable and measurable improvement must be evident after the initial course of treatments. If objective improvements are documented, additional treatments may be clinically indicated. Services are not provided for on-going chronic conditions or maintenance therapy lacking improvement. In the situation of chronic pain, when the patient's condition is not expected to completely resolve, there must be an expectation of some functional or other improvement for therapy to be continued.

D. Approved Diagnoses:

i. Nausea of pregnancy
ii. Nausea associated with chemotherapy
iii. Overactive bladder with urge incontinence
iv. Migraine and tension headache (episodic or chronic, with symptom onset ≥3 months ago)
v. Chronic pain syndromes, when due to
    1. musculoskeletal pain, including myofascial neck pain
    2. osteoarthritis
    3. fibromyalgia
    4. TMJ disorder/pain (NOTE: TMJ services may be a benefit exclusion)
    5. rotator cuff tendonitis
    6. neuropathic pain
    7. cancer pain

E. Patients actively participating in the KP Pain Clinic program may be considered for other diagnoses if:

1. Patient has intractable chronic pain (lasting greater than 3 months); AND,
2. The pain syndrome has been unresponsive to other reasonable traditional therapies or side effects or side effect/concerns have prevented the patient from using traditional therapies; AND,
3. Patient has tried acupuncture therapy and there is documented evidence of efficacy (i.e., increased function; reduced utilization of services such as prescription drugs; and/or subjective reports of reduced pain).

CONTRAINDICATIONS

Medical contraindications include:

1. Bleeding dyscrasia
2. Acupuncture at sites of active infection
3. Electro-acupuncture is contraindicated in patients with pacemakers

OTHER CONSIDERATIONS

**A maximum of 2 units of acupuncture will be authorized per visit.

Acupuncture is not covered for other conditions, including but not limited to tinnitus, epilepsy, psoriasis, smoking cessation, weight reduction or stroke. CMI (Care Management Institute) does not recommend acupuncture for the treatment of persistent asthma.

RATIONALE

EVIDENCE BASIS

A 2018 Agency for Healthcare Research and Quality (AHRQ) systematic review of noninvasive nonpharmacological interventions for chronic pain reports that acupuncture improved function and/or pain for at least 1 month when used for chronic low back pain, chronic neck pain, and fibromyalgia.[1] This review notes that effects across included studies were mostly small and that there was a paucity of long term evidence.[1] Additionally, no evidence suggested serious harms from acupuncture, but data on harms was limited in the included studies.[1] 2021 National Institute for Health and Care Excellence (NICE) guidance addressing the management of chronic primary pain includes a recommendation for a single course of acupuncture or dry needling to manage chronic primary pain.[2] The basis for this recommendation included an evidence review that found that several (k=27) studies showed a reduction in pain and improvement in quality of life in the short term (up to 3 months) following acupuncture compared to usual care or sham acupuncture.[2] The guideline notes substantial variation in the type and intensity of acupuncture interventions used.[2]

Chronic Migraine and Chronic Tension-Type Headache

A 2022 Health Technology Assessment commissioned by the Washington State Health Care Authority reports that acupuncture was associated with reductions in the number and severity of headache days compared with sham and active treatments for individuals with chronic migraine.[3] Strength of evidence was generally low and included studies had a high risk for bias.[3] A 2018 Hayes health technology assessment of the effectiveness of acupuncture for episodic and chronic tension-type headache and episodic migraine reports that a large body of evidence suggests that acupuncture may offer a modest benefit for improving rates of response and reducing frequency in patients with episodic or chronic tension-type headaches or episodic migraines and that acupuncture may aide in a near-term reduction in analgesic use among patients.[4] The report notes that the evidence is of low-quality and thus uncertainty about the true effect remains.[4]

Knee Osteoarthritis

A 2018 Hayes health technology assessment of the efficacy and safety of acupuncture for the treatment of osteoarthritis of the knee reports that a moderate-sized body of evidence shows short-term ($\leq$3 months) benefits for pain and

function in patients with osteoarthritis of the knee who received acupuncture compared to sham acupuncture or no intervention.[5] The overall quality of the evidence for acupuncture for osteoarthritis of the knee was low and inconsistencies in the evidence yield uncertainty in the effect of acupuncture compared to conventional drug treatment.[5]

PTSD

Per MCG, 25th Edition (2022)
For posttraumatic stress disorder (PTSD), evidence is insufficient, conflicting, or poor and demonstrates an incomplete assessment of net benefit vs harm; additional research is recommended. A systematic review of 7 randomized controlled trials with 709 patients with PTSD found low-quality evidence favoring acupuncture over control interventions (eg, sham acupuncture, paroxetine, cognitive behavioral therapy, or usual care) for improving PTSD symptoms and depression 1 to 6 months after treatment. The authors noted a need for additional sufficiently powered trials to increase the confidence in these findings.

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