
UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit **MUST** be verified in the member's EOC or benefit document if it includes the optional rider.
 - For District of Columbia Kaiser Permanente Individual and Family (KPIF) and Small Group Plans, acupuncture when used for anesthesia is covered
 - Please refer to CMS guidelines or National Coverage Determination (NCD) for Medicare members where chronic back pain is defined as lasting 12 or more weeks and up to 12 initial visits in 90 days are covered.
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage purposes
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I. Specialty: Integrative Medicine Acupuncture

II. Clinical Indications for Referral

A. Chronic pain conditions

1. Therapeutic measures prior to referral: conservative medical treatment as indicated by specific condition.
 2. Acupuncture may be considered for patients who have failed at least 4 weeks of medical management for any of the following conditions:
 - a. Dental pain;
 - b. Epicondylitis /tendonitis/fasciitis;
 - c. Fibromyalgia;
 - d. Chronic headaches
 - e. Migraines;
 - f. Low back pain;
 - g. Myofascial pain;
 - h. Osteoarthritis;
 - i. Chronic abdominal pain after complete medical, surgical, and/or gastro-intestinal workup; or
 - j. Neuropathy diabetic, post chemotherapy, Bell's Palsy, or idiopathic neuropathy.
- The treating provider will determine the number of treatments needed, not to exceed members benefit plan.

B. Nausea and vomiting

1. Therapeutic measures prior to referral
 - a. Ensure adequate hydration status;
 - b. Stabilize electrolytes

2. Clinical indications for referral
Patients who have failed medical management to control nausea and vomiting or request alternative treatments to treat nausea and vomiting related to:
 - a. Chemotherapy;
 - b. Hyperemesis gravidarum; or
 - c. Post-operative recovery

III. Exclusions

Acupuncture is only appropriate for the indications listed above; all other diagnoses will be denied as not medically necessary.

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Approval History

Date approved by RUMC	Date approved by RQIC	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
06/19/2009	06/30/2009	07/01/2009	07/11/2009
9/17/2010	10/05/2010	Retired as Medical Coverage Policy	

*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Date approved by RUMC	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
05/19/2011	05/20/2011	05/31/2011
03/20/2012	03/21/2012	04/01/2012
01/31/2013	01/31/2013	02/11/2013
12/26/2013	12/27/2013	01/07/2014
01/02/2015	01/06/2015	01/19/2015
01/31/2016	02/02/2016	02/16/2016



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Medical Coverage Policy

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
01/25/2017	01/25/2017
07/28/2017	07/28/2017
01/30/2018	01/30/2018
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12/15/2021	12/15/2021
11/28/2022	11/28/2022
10/25/2023	10/25/2023
10/28/2024	10/28/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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