

Utilization Management (UM) Criteria for Acupuncture – Medicare

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Utilization Management Criteria Statement

This document includes criteria that supports utilization review of certain provider requested health care services. Refer to the [NCAL UM Criteria](#) List.

Utilization review occurs when a qualified clinician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified clinician is in the position to approve, deny, delay or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the Library under "Guidelines".

Contraindications and Precautions

Absolute Contraindications:

1. Active infection of the skin, or systemic infections
2. Pacemakers or other stimulators or electrical devices: Electro-acupuncture contraindicated in these patients.

Relative Contraindications:

1. Blood dyscrasias

Safety Concerns for Acupuncture:

1. Severe psychotic or other emotional conditions precluding patient cooperation and safety.

2. Patients who have uncontrolled movements.

Precautions

1. Persistent use of acupuncture can result in a type of dependence and tolerance, thus limiting its effectiveness as a stand-alone modality.
2. Maintenance/Long term, routine use of acupuncture is not medically indicated.

Clinical Assessment

Recent evaluation by referring physician is required prior to requesting referral.

Clinical Review / Frequency Criteria

Inclusion Criteria for Medicare Line of Business

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The Permanente Medical Group, Inc. (“TPMG”) and Southern California Permanente Medical Group (“SCPMG”) physicians support Acupuncture for consideration as one component of a comprehensive treatment program for members with the following clinical indications:

1. Chronic pain: Defined as a pain syndrome lasting greater than 3 months.
2. Severe and Intractable Nausea

There is currently sufficient evidence to support the use of acupuncture as a treatment modality for these conditions, but insufficient evidence for use in other clinical conditions.

Acupuncture is intended for short term treatment and stabilization of patient’s chronic pain/disease/condition.

1. The goals of acupuncture therapy and objective measures of efficacy will be identified prior to the initiation of acupuncture treatment.
2. In treatment of pain, recommended goals of therapy should include pain scale and/or functional measurement tool.
3. Recent (within the last 90 days) clinical evaluation by referring physician is required prior to requesting referral.
4. Standard medical therapies have been attempted prior to approval of acupuncture treatment.
5. All continued authorizations for acupuncture therapy will be based on medical necessity, and the achievement of maximum benefit and efficacy in treatment of the chronic pain disease:
 1. Patient may be authorized to received additional visits if, after medical necessity review, the initial course of treatment is determined to have been beneficial. Significant efficacy in improvement either in the pain scale and/or functional scale must be demonstrated and documented before any subsequent visits are authorized.

2. **Benefits Maximum:** while there is no contractual maximum to the acupuncture benefit, Maximum Therapeutic Benefit may be determined at any point during the treatment as medically indicated.

Acupuncture treatment frequency and duration is to be determined by the treating acupuncturist and patient together. Patients will need to be assessed with a formal measurement scale of symptoms and function at each visit and there should be demonstrated improvement. If a patient has worsening symptoms or plateau in symptoms then the patient should be discharged from care.

KPSA (Kaiser Permanente Senior Advantage) Overview:

Acupuncture is a mandatory supplemental benefit for KPSA members. KPSA members can receive acupuncture services as an alternative to standard treatment modalities, when, in the judgment of a Plan physician, it is the most appropriate treatment for the member's condition.

Patient’s acupuncture would be covered for up to 12 visits and an additional 8 visits can be approved by the referring provider. However, patients must be demonstrating improvement on a standard symptom or functional measurement scale. If a patient shows worsening or plateau on these scales then care will be discontinued.

Contributors / Clinical Experts

Brian Missett, MD, TPMG Associate Executive Director

Queena Sohn MSN, RN, TPMG Regional Director Strategy and Programs

Richard Rabens, MD, Medical Director for Accreditation, Regulation, and Licensing; Medical Director for Medi-Cal (Medicaid) and State Programs; TPMG

Approving Bodies

Complementary and Integrative Health Peer Group	8/14/06, 11/16/07, 7/7/08, 5/15/09, 6/16/10, 7/18/11, 6/20/12, 7/24/13, 7/29/15, Electronic 2016, 12/26/17, 5/17/18, Electronic, 8/31/2021 (responsibility of review taken over by the Acupuncture Chiefs and Managers Peer Group in 2022)
Acupuncture Chiefs and Managers Peer Group	(for 2022 approval)

APICs for Outside Services	11/29/06, 11/14/07, 7/23/08, 7/22/09, 7/21/10, 7/20/11, 3/28/12, 7/25/12, 7/24/13, 7/29/15, Electronic 2016, 2/27/18, 8/22/18, 8/28/19, 2021, Electronic, 07/25/23, XX/XX 2024
Resource Management Committee (RMC)	9/5/12, 7/30/13, 9/24/13, 1/28/14, 7/28/15, 9/27/16, 2/27/18, 8/28/18, 9/24/19, 09/22/2020, 9/28/2021, 07/26/2022, 08/23/2022, 07/25/2023, 07/23/2024
Quality Oversight Committee (QOC)	9/12/12, 8/14/13, 10/9/13, 3/12/14, 9/9/15, 10/12/16, 4/11/18, 10/10/18 10/9/19, 10/08/2020, 10/13/2021, 08/23/2023

Appendix A – Evidence Search

Acupuncture for Chronic pain:

Acupuncture and dry-needling for low back pain. A Cochrane Review, 2005

Acupuncture for chronic pain. JAMA. 2014 March 5; 311(9): 955–956.

Acupuncture for chronic pain: individual patient data meta-analysis Arch Intern Med. 2012 October 22; 172(19): 1444–1453.

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Acupuncture for Knee Osteoarthritis: A Systematic Review of Randomized Clinical Trials with Meta Analyses and Trial Sequential Analyses. Tian, Hao et al. 2022

Acupuncture for Tension-Type Headache: A Meta-Analysis of Randomized, Controlled Trials. The Journal of Pain, Vol 9, No 8 (August), 2008: pp 667-677

Acupuncture in Patients With Osteoarthritis of the Knee or Hip ARTHRITIS & RHEUMATISM Vol. 54, No. 11, November 2006, pp 3485–3493

Acupuncture in patients with osteoarthritis of the knee: a randomised trial www.thelancet.com Vol 366 July 9, 2005

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The role of acupuncture in the treatment of migraine. *Commentary*. *CMAJ* 2012. DOI:10.1503

Safety in acupuncture:

Acupuncture Safety in Patients Receiving Anticoagulants: A Systematic Review. *The Permanente Journal*/ Winter 2015/ Volume 19 No. 1

Acupuncture treatment for hospitalized patients on anticoagulant therapy- a safety study. *BMC Complementary and Alternative Medicine* 2012, 12

Acupuncture-related adverse events: systematic review and meta-analyses of prospective clinical studies. PMID: 34489268; PMCID: PMC8422480; DOI: 10.1136/bmjopen-2020-045961

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Regulatory Requirements

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<https://www.cms.gov/files/document/R10128NCD.pdf>