



Kaiser Foundation Health Plan- California

Utilization Management (UM) Criteria for Acupuncture- Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21

Utilization Management Criteria Statement

This document includes criteria that support utilization review of certain provider requested health care services.

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 Medi-Cal Line of Business

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 a 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 including EPSDT Medical Necessity (see below) and the achievement of maximum benefit and efficacy in treatment of the chronic pain disease:
 - a. A patient may be authorized to receive additional visits if, after a 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.
 - i. For Managed Medi-Cal members under 21 years of age, the EPSDT Medical Necessity definition will be used to determine if

services are necessary. State and federal law define a services as “medically necessary” for the EPSDT population if the service is necessary to correct or ameliorate defects and physical and/or mental illnesses and conditions. Acupuncture services need not cure a condition in order to be covered.

- b. Benefits Maximum: while there is no contractual maximum to the acupuncture benefit, the 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.

Managed Medi-Cal Benefit Overview:

Self-referral for Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.

- 1) Members of a Medi-Cal plan can be referred for care through our typical care-paths when a physician feels appropriate.
Medi-Cal plan members can also self-refer for acupuncture through a contracted provider to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. In this setting, acupuncture is limited to 2 visits per month.
- 2) Member of a Medi-Cal plan under 21 can be referred to acupuncture under the EPSDT benefit, which requires coverage of any Medicaid-covered service listed within the categories of mandatory and optional services in the SSA Section 1905(a), regardless of whether such service are covered under California’s Medicaid State Plan, for Members who are eligible for EPSDT services when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

This is in keeping with Senate Bill (SB) 833 which restored acupuncture on July 1, 2016, as a Medi-Cal benefit (California Code of Regulations (CCR), Title 22, Section

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