



Kaiser Foundation Health Plan- California

Utilization Management (UM) Criteria for Acupuncture-Medicare

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 is 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

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 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.
 - 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.

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

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Approving Bodies Revision Dates

Jonathan I. Cohen, MD Regional Physician Director for Pain Medicine	11/2006, 11/2007, 08/2008, 11/2008, 11/2009, 11/2010, 11/2011, 11/2012, 08/2013, 10/2014, 12/2015, 12/2016, 12/2017, 02/2018, 02/2019, 06/2020, 3/2021, 3/2022, 8/2022, 8/2023, 8/2024
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	3/2021, 3/2022,8/2022, 8/2023, 8/2024
Utilization Management Steering Committee (UMSC)	11/2006, 11/2007, 08/2008, 11/2008, 11/2009, 11/2010, 11/2011, 11/2012, 08/2013, 10/2014, 12/2015, 12/2016, 12/2017, 02/2018, 02/2019, 06/2020, 3/2021, 3/2022, 08/2022, 8/2023, 8/2024

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.

Acupuncture for Frequent Migraine: A Randomized, Patient/Assessor Blinded, Controlled Trial with One-Year Follow-Up Evidence-Based Complementary and Alternative Medicine Volume 2015,

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

Acupuncture: Emerging evidence for its use as an analgesic (Review). EXPERIMENTAL AND THERAPEUTIC MEDICINE 9: 1577-1581, 2015

Asano H, Plonka D, Weeger J. Effectiveness of Acupuncture for Nonspecific Chronic Low Back Pain: A Systematic Review and Meta-Analysis. Med Acupunct. 2022 Apr

1;34(2):96-106. doi: 10.1089/acu.2021.0057. Epub 2022 Apr 19. PMID: 35509875; PMCID: PMC9057891

Cho E, Kim W. Effect of Acupuncture on Diabetic Neuropathy: A Narrative Review. *International Journal of Molecular Sciences*. 2021; 22(16):8575.

<https://doi.org/10.3390/ijms22168575>

Effectiveness of Acupuncture for Low Back Pain. A Systematic Review. *SPINE* Volume 33, Number 23, pp E887–E900 ©2008,

Hu, H. T., Gao, H., Ma, R. J., Zhao, X. F., Tian, H. F., & Li, L. (2018). Is dry needling effective for low back pain?: A systematic review and PRISMA-compliant meta-analysis. *Medicine*, 97(26).

Huang, J., Shen, M., Qin, X., Guo, W., & Li, H. (2020). Acupuncture for the treatment of tension-type headache: an overview of systematic reviews. *Evidence-Based Complementary and Alternative Medicine*, 2020.

Javed, S., Petropoulos, I. N., Alam, U., & Malik, R. A. (2015). Treatment of painful diabetic neuropathy. *Therapeutic advances in chronic disease*, 6(1), 15-28.

Koh, W., Kang, K., Lee, Y. J., Kim, M. R., Shin, J. S., Lee, J., ... & Ha, I. H. (2018). Impact of acupuncture treatment on the lumbar surgery rate for low back pain in Korea: A nationwide matched retrospective cohort study. *PLoS One*, 13(6), e0199042.

Manual Acupuncture for Treatment of Diabetic Peripheral Neuropathy: A Systematic Review of Randomized Controlled Trials *PLOS ONE* | www.plosone.org 1 September 2013 | Volume 8 | Issue 9 | e73764

Naguit N, Laeeq S, Jakkoju R, Reghefaoui T, Zahoor H, Yook JH, Rizwan M, Shahid NUA, Mohammed L. Is Acupuncture Safe and Effective Treatment for Migraine? A Systematic Review of Randomized Controlled Trials. *Cureus*. 2022 Jan 3;14(1):e20888. doi: 10.7759/cureus.20888. PMID: 35145793

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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Efficacy and safety of acupuncture in children: an overview of Pediatrics 2011;128:e1575–e1587

Safety and Efficacy of Acupuncture in Children A Review of the Evidence. J Pediatr Hematol Oncol. 2008 June ; 30(6): 431–442.

The safety of acupuncture during pregnancy: a systematic review Park J, et al. Acupunct Med 2014;0:1–10.

The Safety of Pediatric Acupuncture: A Systematic Review. Pediatrics 2011;128:e1575–e1587

Additional References

Langevin, H. M., & Yandow, J. A. (2002). Relationship of acupuncture points and meridians to connective tissue planes. The Anatomical Record: An Official Publication of the American Association of Anatomists, 269(6), 257-265.

Regulatory Requirements

CA Department of Health Care Services (DHCS) MediCal All Plan Letter (APL) 16-015, December 1, 2016.

Centers for Medicare & Medicaid Services -Medicare National Coverage Decision January 21, 2020 <https://www.cms.gov/files/document/R10128NCD.pdf>