



CLINICAL GUIDELINES

Acupuncture Services

Version 1.0

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ACU-1.0: Criteria for the Provision of Acupuncture Services

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ACU-1.1: Definitions

Activities of Daily Living

- Activities of Daily Living include Basic Activities of Daily Living and Instrumental Activities of Daily Living.
 - ◆ **Basic Activities of Daily Living** are oriented towards taking care of one's own physical needs. These activities include walking, changing positions, dressing, and personal hygiene.
 - ◆ **Instrumental Activities of Daily Living** are more complex and support independent living within the home and community. These activities may include driving, housecleaning, meal preparation, and shopping.

Acupuncture Services

- Acupuncture Services are those within the scope of a licensed provider in the applicable jurisdiction. Services may include the following:
 - ◆ Evaluation and Management Services
 - ◆ Acupuncture
 - ◆ Electro-acupuncture
 - ◆ Physical Medicine and Rehabilitation Treatments

Exacerbation

- An Exacerbation occurs when previously improved functional deficits recur following a plateau in the ability to perform Activities of Daily Living. This results in a significant decline in the ability to perform activities of daily living when compared to the pre-exacerbation levels of function. A significant decline must be quantified. This decline can be demonstrated by a worsening of equal or greater value than an established Minimally Clinical Important Difference (MCID) or Minimum Detectable Change (MDC) on a standardized assessment for the individual's condition.

Generally Accepted Standards of Practice

- Generally Accepted Standards of Practice are widely-accepted clinical concepts and practices based on credible scientific evidence published in the peer-reviewed literature and/or evidence-based guidelines.

Maintenance Acupuncture Services

- Maintenance Acupuncture Services are those that are performed to maintain the individual's current condition or to prevent or slow deterioration of the individual's condition.

Medically Necessary Acupuncture Services

- Medically Necessary Acupuncture Services are those that are reasonable and necessary, based on Generally Accepted Standards of Practice, for the evaluation, diagnosis and treatment to restore lost function resulting from an injury or illness. Medically Necessary Acupuncture Services are not primarily for the convenience of the individual, the health care provider, or other physicians or health care providers.

Minimally Clinical Important Difference (MCID)

- Minimally Clinical Important Difference (MCID) is the smallest change in the score of a standardized assessment tool that is identified to be beneficial. The MCID is a statistical value established in published, peer-reviewed research.

Minimum Detectable Change (MDC)

- Minimum Detectable Change (MDC) is a change in the score of a standardized assessment tool that is greater than measurement error. The MDC is a statistical value established in published, peer-reviewed research.

Palliative Acupuncture Services

- Palliative Acupuncture Services are those performed to alleviate symptoms without providing corrective benefit to the condition. An individual receiving Palliative Acupuncture Services, in most instances, demonstrates varying lapses between treatments.

Preventative Acupuncture Services

- Preventive Acupuncture Services are those performed in the management of the asymptomatic individual.

Red Flags

- Red flags are signs or symptoms that suggest the presence of life or limb threatening conditions and require additional evaluation, immediate referral, or medical co-management. Red flags are likely to reflect a serious underlying disease. Red flags include findings that may indicate conditions such as:
 - ◆ Aneurysm or dissection
 - ◆ Cancer
 - ◆ Cauda equina syndrome
 - ◆ Fracture
 - ◆ Infection
 - ◆ Progressive neurologic conditions
 - ◆ Suicidal ideation

ACU-1.2: Indications for Treatment

Acupuncture Services will be considered Medically Necessary when current information is submitted to demonstrate that ALL of the following criteria have been met:

- Acupuncture Services are safe and effective for the individual's condition based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.
- Acupuncture Services are for the treatment of a condition that is musculoskeletal in origin (with exclusions of ankle sprain and/or carpal tunnel syndrome), or a select non-musculoskeletal condition specifically included in **ACU-3.1 Included Conditions**.
- There must be a direct therapeutic relationship between the complaint and treatment.
- Any Red Flags have been appropriately addressed based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.
- Confirmation of medical evaluation and diagnosis is required when submitting requests for Acupuncture Services for the treatment of a non-musculoskeletal condition listed in **ACU-3.1 Included Conditions**.

- Confirmation of medical co-management is required when submitting requests for Acupuncture Services for Adjunct Cancer Care, Adjunct Mental Health Care, or Adjunct Stroke Rehabilitation as described in **ACU-3.2 Recommended Standardized Assessments**.
- Acupuncture Services for the treatment of minors must include confirmation of medical evaluation and diagnosis.
- Measurable findings of an injury or illness support Medically Necessary Acupuncture Services based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**:
 - ◆ For musculoskeletal conditions, measurable findings must include quantified pain or quantified deficit in the ability to perform Activities of Daily Living. A list of recommended standardized assessments to quantify restrictions in Activities of Daily Living and to track functional progress is included in **ACU-2.2 Recommended Standardized Assessments**.
 - ◆ For non-musculoskeletal conditions, measurable findings must include a standardized assessment appropriate for the condition. A list of recommended standardized assessments appropriate for the included non-musculoskeletal conditions is provided in **ACU-3.2 Recommended Standardized Assessments**.
- Acupuncture Services are expected to result in significant, measurable, progressive improvement in Pain and/or Activities of Daily Living within a reasonable and generally predictable period of time based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.
- The frequency, duration and quantity of Acupuncture Services must be based on the following:
 - ◆ The severity of the clinical findings
 - ◆ The presence or absence of complicating factors
 - ◆ The natural history of the condition, and
 - ◆ The expectation for progressive improvement in the ability to perform Activities of Daily Living
 - ◆ Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.
- The complexity of the individual's condition requires the clinical judgment and knowledge of a qualified provider.
- The submitted clinical information must establish the individual's current condition and Medical Necessity for Acupuncture Services based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.

Additional Indications for Continuation of Acupuncture Services

In addition to the requirements listed above, requests for Continuation of Acupuncture Services (after the initial request) must include current information to demonstrate that ANY of the following criteria have been met:

- An Exacerbation occurs as defined in **ACU-1.1 Definitions**, and Acupuncture Services are expected to result in a return to the pre-exacerbation ability to perform Activities of Daily Living.

- Quantified measures of pain and/or function indicate significant improvement in the ability to perform Activities of Daily Living attributable to recent Acupuncture Services for the condition. A significant response within a reasonable and generally predictable period of time may be demonstrated through ANY of the following:
 - ◆ An improvement of equal or greater value than an established MCID, as defined in **ACU-1.1 Definitions**, on a standardized assessment for the individual's condition.
 - ◆ An improvement of equal or greater value than an established MDC, as defined in **ACU-1.1 Definitions**, on a standardized assessment for the individual's condition.
 - ◆ Significant and quantified improvement in the ability to perform Activities of Daily Living as defined in **ACU-1.1 Definitions**.

Additional Requirements for Retrospective Review of Acupuncture Services

In addition to the requirements listed above, when retrospective reviews (for Acupuncture Services rendered in the past) are allowed, the submitted information must adequately support that the Acupuncture Services were performed on each date of service being requested.

ACU-1.3: Non-Indications

The following Acupuncture Services are considered NOT Medically Necessary:

- Maintenance Acupuncture Services, Preventive Acupuncture Services, and Palliative Acupuncture Services as defined in **ACU-1.1 Definitions**.
- Acupuncture Services provided for individuals without quantified pain, quantified deficits in the ability to perform Activities of Daily Living, or a standardized assessment demonstrating the Medical Necessity of care for an included non-musculoskeletal condition to necessitate initial or continued Acupuncture Services as described in **ACU-1.2 Indications for Treatment**.
- Acupuncture Services following a plateau or lack of improvement in quantified pain, quantified deficits in the ability to perform Activities of Daily Living, or a standardized assessment demonstrating improvement in the condition as described in **ACU-1.2 Indications for Treatment**.
- Acupuncture Services for the treatment of ankle sprain, carpal tunnel syndrome, or conditions that are non-musculoskeletal in origin (e.g. systemic, visceral, central nervous system, or infectious conditions) other than those described in **ACU-3.1 Included Conditions**.
- Acupuncture Services performed at a frequency, duration, or quantity that exceeds the amount of Medically Necessary Acupuncture Services for the individual's condition as described in **ACU-1.2 Indications for Treatment**.
- Acupuncture Services related to recreational activities or sport-specific performance in the absence of quantified deficits in the ability to perform Activities of Daily Living as described in **ACU-1.2 Indications for Treatment**.
- Acupuncture Services that are performed in the presence of Red Flags that have not been appropriately addressed based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.

- Acupuncture Services that replace or delay other medically necessary care based on Generally Accepted Standards of Practice as defined in **ACU-1.1 Definitions**.
- Acupuncture Services rendered when the complexity of the individual's condition does not require the clinical judgment and knowledge of a qualified provider. Acupuncture Services for conditions of lesser complexity, which do not require treatment by a qualified provider, are not Medically Necessary Acupuncture Services, even if they are performed by a qualified provider.
- Retrospective Acupuncture Services that lack adequate submitted information to support that treatment was performed on each date of service requested and/or do not meet the other requirements outlined in **ACU-1.2 Indications for Treatment**.

ACU-1.4: Benefits, Coverage Policies, and Eligibility

Benefits, coverage policies, and eligibility issues pertaining to each health plan and/or jurisdiction may take precedence over eviCore's medical necessity criteria. The final determination of reimbursement for Acupuncture Services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules. Providers should reference health plan policies for covered and non-covered Acupuncture Services.

Medicare Coverage Policies

- For Medicare programs, the coverage policies of Centers for Medicare and Medicaid Services (CMS) take precedence over eviCore's medical necessity criteria. In the absence of an applicable CMS Local Coverage Determination or Local Coverage Article, eviCore policies will apply for the determination of medical necessity of Acupuncture Services for Medicare programs.

ACU-1.5: Administrative Rules

The following submission time frames generally apply for health plans that require authorization:

- **Initial Concurrent Requests:** While time frames may change based on jurisdiction and/or health plan rules, initial requests are typically submitted within seven (7) calendar days of the requested date of service.
- **Concurrent Continuation of Treatment Requests:** While time frames may vary based on jurisdiction and/or health plan rules, any subsequent concurrent request must generally be submitted within seven (7) calendar days of the requested date of service.
- **Retrospective Requests:** While this type of review is dependent upon jurisdiction and/or health plan rules, dates of service greater than seven (7) calendar days in the past are generally considered a retrospective review.

ACU-2.0: Clinical Considerations for Musculoskeletal Conditions

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ACU-2.1: Etiology

Submitted information must show symptoms are caused by a condition that is musculoskeletal in origin (as opposed to symptoms originating from systemic, visceral, central nervous system or infectious conditions). Symptoms must not be caused by a non-indication listed in **ACU-1.3 Non-Indications**.

ACU-2.2: Recommended Standardized Assessments

Standardized assessment tools are used to assess and track changes in pain levels or in restrictions of Activities of Daily Living. Recommended standardized assessment tools are listed below:

Measure of Function	Reference
Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH)	Franchignoni 2014; Angst 2011; Rysstad 2020
Headache Disability Index (HDI)	Jacobson 1994; Jacobson 1995
Hip Disability and Osteoarthritis Outcome Score (HOOS)	Ornetti 2009
Knee Injury and Osteoarthritis Outcome Score (KOOS)	Roos 2003; Ornetti 2009
Lower Extremity Functional Scale (LEFS)	Binkley 1999; Williams 2012
Neck Disability Index (NDI)	Young 2019; MacDermid 2009
Oswestry Disability Index (ODI)	Davidson 2002; Maughan 2010
Patient Specific Functional Scale (PSFS)	Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020
Roland-Morris Disability Questionnaire (RMQD)	Stratford 1996; Ostelo 2004; Maughan 2010
Shoulder Pain and Disability Index (SPADI)	Schmidt 2014; Angst 2011
Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	Williams 2012; Whitehouse 2003; Whitehouse 2008; Clement 2018
Visual Analog Scale, Numeric Rating Scale (VAS, NRS)	Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001
Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014

ACU-2.3: Mental Health Considerations

Referral to a qualified mental health professional is required when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is required if there are ANY indications of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day at 1-800-273-8255.

ACU-3.0: Clinical Considerations for Non-Musculoskeletal Conditions

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ACU-3.1: Included Conditions

Submitted information must show that Acupuncture Services are primarily and directly focused on care for one of the following non-musculoskeletal conditions:

- Allergic Rhinitis
- Anxiety (Primary)
- Aromatase-inhibitor induced arthralgia
- Asthma
- Cancer pain
- Cancer-related fatigue
- Chemotherapy-related Nausea
- Chronic Functional Constipation
- Chronic Prostatitis
- Depression (Primary)
- Dry Eye Syndrome
- Fibromyalgia
- Insomnia (Primary)
- Menopausal Hot Flashes/Night Sweats
- Post-stroke spasticity
- Post-stroke insomnia
- Post-stroke dysphagia

ACU-3.2: Recommended Standardized Assessments

Standardized assessment tools are used to assess and track changes in symptoms and/or condition status. Recommended standardized assessment tools are listed below:

Assessment	References
Rhinitis Control Assessment Test (RCAT)	Metzler 2013
Asthma Control Test (ACT)	Schatz 2006; Schatz 2009
Fibromyalgia Impact Questionnaire (FIQ)	Williams 2011; Bennett 2009
Fugl-Meyer Assessment (FMA) (Recommended for Post-Stroke Rehabilitation)	Singer 2016; Sullivan 2011
Hospital Anxiety and Depression Scale (HADS)	Stern 2014
Hot Flash Diary; Hot Flash Related Daily Interference Scale (HFRDIS)	Guttuso 2012; Carpenter 2017; Carpenter 2001
Irritable Bowel Syndrome Symptom Severity Scale (IBS-SSS); Irritable Bowel Syndrome Health Related Quality of Life (IBS-HR-QOL)	Lee 2016; Francis 1997
Modified Ashworth Scale (MAS)	Harb 2020; Meseguer-Henarejos 2018
National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI)	Litwin 1999; Litwin 2002
Ocular Surface Disease Index (OSDI)	Schiffman 2000; Miller 2010
Patient Specific Functional Scale (PSFS)	Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020
Pittsburg Sleep Quality Index (PSQI)	Mollayeva 2016; Buysse 1989
Quality Of Life Questionnaire Core 30 (QLQ-C30) (Recommended for Adjunct Cancer Care)	Aaronson 1993
Spontaneous Bowel Movement Diary; Patient Assessment of Constipation Quality of Life (PAC-QOL)	Forootan 2018; Marquis 2005; Nelson 2014
Visual Analog Scale, Numeric Ratin Scale (VAS, NRS)	Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001
Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014
Post-stroke dysphagia assessments must be performed by a Speech Language Pathologist (SLP) or other trained specialist. The dates and results of the SLP's assessments should be obtained and reported by the acupuncture provider if dysphagia is the main symptom treated with acupuncture.	Eltringham 2018

ACU-3.3: Condition Specific Considerations

Adjunct Cancer Care

- Acupuncture Services for **cancer pain, cancer-related fatigue, chemotherapy-related nausea, or aromatase-inhibitor induced arthralgia** must be an adjunct to a comprehensive treatment program as directed by the oncologist and cancer care team. Confirmation of appropriate medical comanagement is required. Dates of previous and upcoming surgery, chemotherapy, or radiation treatments should also be noted. While adjunctive acupuncture may ease symptoms during a cancer treatment program, it is not an equivalent or replacement for any aspect of the standard treatment program. Please consult the health plan in cases of hospice care or inpatient services, as eviCore does not manage inpatient services.

Adjunct Mental Health Care

- Acupuncture Services for **primary anxiety, depression, or insomnia** must be an adjunct to standard first-line treatment as directed by a medical doctor (MD) and/or licensed psychological therapist. Confirmation of appropriate medical comanagement is required. Primary mental health disorders must be distinguished from those secondary to other physical disorders. Accurate diagnosis is important because the most appropriate treatment options vary based on etiology. While adjunctive acupuncture may enhance the results of counseling and/or medication, it is not an equivalent or replacement for any aspect of the standard treatment for mental health disorders.

Adjunct Stroke Rehabilitation

- Acupuncture Services for **post-stroke spasticity, post-stroke shoulder pain, post-stroke insomnia, and post-stroke dysphagia** must be an adjunct to a comprehensive stroke rehabilitation program as directed by the physician and therapist care team. Confirmation of appropriate medical comanagement is required. While adjunctive acupuncture may enhance the results of a stroke rehabilitation program, it is not an equivalent or replacement for any aspect of the standard stroke rehabilitation program.

Other Included Non-Musculoskeletal Conditions

- Acupuncture Service requests for chronic functional constipation, chronic prostatitis, dry eye syndrome, fibromyalgia, irritable bowel syndrome, menopausal hot flashes/night sweats, allergies and asthma must include confirmation of medical diagnosis. An accurate diagnosis is important because these symptoms may occur in many other physical disorders which require care beyond acupuncture.

ACU-3.4: Mental Health Considerations

Referral to a qualified mental health professional is required when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is required if there are ANY indications of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day at 1-800-273-8255.

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