



CLINICAL GUIDELINES

Acupuncture Services

Version 1.0.2023

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Criteria for the Provision of Acupuncture Services (ACU-1.0)

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Definitions (ACU-1.1)

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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, care for others, child rearing, 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

Generally Accepted Standards of Practice

- Generally Accepted Standards of Practice are widely-accepted clinical concepts and practices based on high-quality 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. Maintenance Acupuncture Services **are not considered medically necessary**.

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. Palliative Acupuncture Services **are not considered medically necessary**. Please review **Condition Specific Considerations (ACU-3.3)** for condition specific considerations of Acupuncture Services for Adjunct Cancer Care.

Preventive Acupuncture Services

- Preventive Acupuncture Services include management of an asymptomatic or stable condition. Preventive Acupuncture Services **are not considered medically necessary**.

Criteria to Determine Medical Necessity for Acupuncture Services (ACU-1.2)

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Medically necessary Acupuncture Services are those that are reasonable and necessary, based on Generally Accepted Standards of Practice, for the evaluation, diagnosis, and treatment of a condition to restore lost function or quality of life resulting from an injury or illness that is musculoskeletal in origin (with exclusions of ankle sprain and/or carpal tunnel syndrome), or an included condition listed in **Included Conditions (ACU-3.1)**.

The following Acupuncture Services **are considered not medically necessary**:

- Maintenance Acupuncture Services, Preventative Acupuncture Services, and Palliative Acupuncture Services as defined in **Definitions (ACU-1.1)**
- Acupuncture Services for the treatment of ankle sprain, carpal tunnel syndrome, or disorders that are non-musculoskeletal in origin (e.g. systemic, visceral, central nervous system, or infectious conditions), other than those described in **Included Conditions (ACU-3.1)**
- Treatment that does not have a direct therapeutic relationship to the region of complaint
- Acupuncture Services provided for individuals without quantified pain, quantified deficits in the ability to perform Activities of Daily Living, or a standardized assessment to necessitate care based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**. Recommended standardized assessments to quantify symptoms and track progress are listed in **Standardized Assessments (Musculoskeletal) (ACU-2.2)** and **Standardized Assessments (Non-musculoskeletal) (ACU-3.2)** list functional measures established by research as valid for use with corresponding conditions.
- Acupuncture Services that are not expected to result in significant, measurable, progressive improvement in quality of life or ability to perform Activities of Daily Living within a reasonable and generally predictable period of time based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
- 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 defined in **Definitions (ACU-1.1)**
- Acupuncture Services performed at a frequency, duration, or quantity that exceeds the amount of medically necessary Acupuncture Services for the individual's condition based on:
 - The severity of the clinical findings
 - The presence or absence of complicating factors

- The natural history of the condition
- The expectation for progressive improvement in quality of life or the ability to perform Activities of Daily Living
- Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
- Acupuncture Services that are performed in the presence of signs and/or symptoms that suggest life or limb threatening conditions and require additional evaluation, immediate referral, or medical co-management prior to treatment based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**. These include findings that are likely to reflect a serious underlying condition such as:
 - Aneurysm or dissection
 - Cancer
 - Cauda equina syndrome
 - Fracture
 - Infection
 - Progressive neurologic conditions
 - Suicidal ideation (See **Mental Health Considerations [ACU-2.3]**)
- Acupuncture Services that replace or delay other medically necessary care based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
- Requests for Continuation of Treatment (after the initial request) that do not include current information to demonstrate that **ANY** of the following criteria have been met:
 - Quantified assessments indicate significant improvement in quality of life or ability to perform Activities of Daily Living attributable to recent Acupuncture Services for the condition. A significant response may be demonstrated through **ANY** of the following:
 - An improvement of equal or greater value than an established MCID (as defined in **Definitions [ACU-1.1]**) on a standardized assessment for the individual's condition
 - An improvement of equal or greater value than an established MDC (as defined in **Definitions [ACU-1.1]**) on a standardized assessment for the individual's condition
 - Significant and quantified improvement in quality of life or ability to perform Activities of Daily Living as defined in **Definitions (ACU-1.1)**
 - Following an exacerbation, Acupuncture Services are expected to result in a return to the pre-exacerbation quality of life or ability to perform Activities of Daily Living. Exacerbations occur when previously improved pain or functional deficits recur following a plateau. This results in a significant decline in the symptoms when compared to the pre-exacerbation levels. A significant decline must be quantified.
- Acupuncture Services rendered when the complexity of the individual's condition does not require the clinical judgment and knowledge of a qualified provider

- The submitted clinical information does not establish the individual's current condition and medical necessity for Acupuncture Services based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
- When post-service claim reviews are allowed and the submitted information does not support that the requested Acupuncture Services were performed

Benefits, Coverage Policies, and Eligibility (ACU-1.3)

ACU.1.3.A**v1.0.2023**

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, Local Coverage Article, or CMS Coverage Manual, eviCore policies will apply for the determination of medical necessity of Acupuncture Services for Medicare programs.

Clinical Considerations for Musculoskeletal Conditions (ACU-2.0)

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Etiology (ACU-2.1)

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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). For symptoms caused by non-musculoskeletal conditions, refer to **Clinical Considerations for Non-Musculoskeletal Conditions (ACU-3.0)**.

Standardized Assessments (ACU-2.2)

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A variety of standardized assessments tools are can be used. Research has established the following standardized assessments as valid functional measures for musculoskeletal conditions.

Standardized Assessment	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 (RMDQ)	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) Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014; Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001

Mental Health Considerations (ACU-2.3)

ACU.2.3.A

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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 and Crisis Lifeline is available 24 hours every day at 988 or 1-800-273-8255.

Clinical Considerations for Non-Musculoskeletal Conditions (ACU-3.0)

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Included Conditions (ACU-3.1)

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

Included Non-Musculoskeletal Conditions	
• Allergic rhinitis	• Dry eye syndrome
• Anxiety (primary)	• Fibromyalgia
• Aromatase-inhibitor induced arthralgia	• Insomnia (primary)
• Asthma	• Irritable bowel syndrome
• Cancer pain	• Menopausal hot flashes/night sweats
• Cancer-related fatigue	• Post-stroke spasticity
• Chemotherapy-related nausea	• Post-stroke insomnia
• Chronic functional constipation	• Post-stroke shoulder pain
• Chronic prostatitis	• Post-stroke dysphagia
• Depression (primary)	

Validated Standardized Assessments (ACU-3.2)

ACU.3.2.A

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A variety of standardized assessments tools are can be used. Research has established the following standardized assessments as valid functional measures for non-musculoskeletal conditions.

Standardized 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 Quality of Life (IBS-QOL)	Francis 1997; Andrae 2013; Graham 2010
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
Pittsburgh 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 Rating Scale (VAS, NRS) Defense and Veterans Pain Rating Scale (DVPRS)	Polomano 2016; Nassif 2014; Thong 2018; Turner 2004; Young 2019; Maughan 2010; Farrar 2001

Standardized Assessment	References
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

Condition Specific Considerations (ACU-3.3)

ACU.3.3.A

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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. Appropriate medical co-management should be in place. Dates of previous and upcoming surgery, chemotherapy, or radiation treatments are helpful additional information to report, since these affect expected results of care with Acupuncture Services. 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. Appropriate medical co-management should be in place. Details of co-management treatments are helpful additional information to report, since these affect expected results of care with Acupuncture Services... 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. Appropriate medical co-management should be in place. 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

- Appropriate medical evaluation and diagnosis should be in place when treating chronic functional constipation, chronic prostatitis, dry eye syndrome, fibromyalgia, irritable bowel syndrome, menopausal hot flashes/night sweats, allergies, and asthma with Acupuncture Services. An accurate diagnosis is important because

these symptoms may occur in many other physical disorders which require care beyond acupuncture.

Mental Health Considerations (ACU-3.4)

ACU.3.4.A

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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 and Crisis Lifeline is available 24 hours every day at 988 or 1-800-273-8255.

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