



CLINICAL GUIDELINES

Acupuncture Services Guidelines

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VERSION 1.0.2025



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
 - Other Physical Medicine and Rehabilitation Treatments (e.g., electrical stimulation, therapeutic exercises, manual therapy, etc.)

Generally Accepted Standards of Practice

- Generally Accepted Standards of Practice describe conventions that are based on supporting evidence and/or collective opinion of support.
 - Supporting evidence includes standards that are based on credible scientific evidence published in peer-reviewed medical literature (such as well conducted randomized clinical trials or cohort studies with a sample size of sufficient statistical power) generally recognized by the relevant medical community.
 - Collective opinion of support includes specialty society recommendations and the views of providers practicing in relevant clinical areas when specialty society recommendations are not available.

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.

Minimal Clinically Important Difference (MCID)

- Minimal Clinically Important Difference (MCID) is the smallest change in the score of a standardized assessment tool that is identified to be beneficial for most individuals. 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. For condition specific considerations, see **Adjunct Oncology Care** located under **Included Conditions (ACU-3.1)**.

Preventive Acupuncture Services

- Preventive Acupuncture Services include management of an asymptomatic or stable condition.

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

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General Medical Necessity Review Criteria

The following criteria apply to the medical necessity review of all Acupuncture Services. Medically necessary Acupuncture Services are those that are needed to diagnose, treat, or evaluate an injury, illness, condition, or disease that is musculoskeletal in origin or an included condition listed in **Included Conditions (ACU-3.1)**, in order to reduce pain or restore lost function.

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 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 a standardized outcome assessment to necessitate care based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**.
 - Standardized outcome assessments may include quantified measures of pain, quality of life, deficits in the ability to perform Activities of Daily Living, or other standardized outcome measures.
 - **Note:** See **Standardized Assessments (Musculoskeletal) (ACU-2.2)** and **Standardized Assessments (Non-musculoskeletal) (ACU-3.2)** for a list of outcome measures to quantify symptoms or track progress that are established by research as valid and reliable with evidence-based responsiveness values (MCID or MDC as defined in **Definitions [ACU-1.1]**.
- Acupuncture Services that are not expected to result in clinically meaningful, measurable, progressive improvement in a standardized outcome assessment within generally predictable period of time based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
- Acupuncture Services in support of 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, symptoms, and/or conditions that contraindicate an aspect of the proposed treatment plan or suggest life or limb threatening conditions that require more extensive evaluation, immediate referral, or 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 outcome assessments indicate clinically meaningful improvement in quality of life or ability to perform Activities of Daily Living attributable to recent Acupuncture Services for the condition. A clinically meaningful response in pain, quality of life, or quantified deficits in the ability to perform Activities of Daily Living 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 outcome 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 outcome assessment for the individual's condition
 - Other clinically meaningful and quantified improvement
 - 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 clinically meaningful decline in the symptoms when compared to the pre-exacerbation levels. The clinically meaningful 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)

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Benefits, coverage policies, and eligibility issues pertaining to each Health Plan and/or jurisdiction may take precedence over EviCore's guidelines. Providers are urged to obtain written instructions and requirements directly from each payor.

Medicaid and Medicare Coverage Policies

- See EviCore's **Medicaid and Medicare Hierarchy and Application**

Clinical Considerations for Musculoskeletal Conditions (ACU-2.0)

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Etiology (ACU-2.1)

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Submitted information must show the primary symptoms treated 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 **Included Conditions (ACU-3.1)**.

Standardized Assessments (ACU-2.2)

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EviCore considers all submitted clinical information related to an individual's condition, progress, and ability to perform Activities of Daily Living. Providers may use any quantitative functional outcome measures that apply to the individual and their condition(s). To best demonstrate improvement, the same outcome measure(s) should be repeated throughout an episode of care.

While other measures may be appropriate, the following table lists commonly used functional outcome measures that research supports as valid and reliable with evidence-based responsiveness values (MCID or MDC) for individuals with musculoskeletal conditions.

Conditions	Standardized Assessment	References
Headaches	Headache Disability Index (HDI)	Jacobson 1994 Jacobson 1995
Headaches	Headache Impact Test (HIT-6)	Haywood 2018 Waliszewska-Prosol 2024
Neck and upper back complaints	Neck Disability Index (NDI)	CMS Quality Measure #182 MacDermid 2009 Saltychev 2024 Whalen 2019
Upper extremity conditions	Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH)	Angst 2011 CMS Quality Measure #182 Galardini 2024
Shoulder conditions	Shoulder Pain and Disability Index (SPADI)	Schmidt 2014 Angst 2011

Conditions	Standardized Assessment	References
Low back conditions	Oswestry Disability Index (ODI)	Chou 2017 CMS Quality Measure #182 Whalen 2022
Low back conditions	Roland-Morris Disability Questionnaire (RMDQ)	Chou 2017 CMS Quality Measure #182 Whalen 2022
Hip and knee osteoarthritis	Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	Williams 2012 Whitehouse 2003 Whitehouse 2008 Clement 2018
Lower extremity conditions	Lower Extremity Functional Scale (LEFS)	Mehta 2016
Select conditions including cervical spine, lower extremity, and low back	Patient Specific Functional Scale (PSFS)	Hawk 2020 Horn 2012 Nazari 2022 Pathak 2022 Whalen 2019
Pain	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)

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Referral to a qualified mental health professional is appropriate when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is appropriate if there are **ANY** indications of thoughts or plans for self-harm. The National Suicide & Crisis Lifeline is available 24 hours every day at 988.

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

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Included Conditions (ACU-3.1)

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Included Non-Musculoskeletal Conditions

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	
Adjunct Mental Health Care (<i>anxiety, depression, insomnia</i>)	Chronic prostatitis
Adjunct Oncology Care (<i>cancer pain, chemotherapy related nausea, cancer fatigue, aromatase-inhibitor induced arthralgia</i>)	Dry eye syndrome
Adjunct Post-stroke Rehabilitation	Fibromyalgia
Allergic rhinitis	Irritable bowel syndrome
Asthma	Menopausal symptoms
Chronic functional constipation	Post-operative nausea and vomiting

Condition Specific Considerations

Adjunct Oncology 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 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 rehabilitation 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 any non-musculoskeletal condition with Acupuncture Services. An accurate diagnosis is important because similar symptoms may occur in many other physical disorders which require care beyond acupuncture.

Standardized Assessments (ACU-3.2)

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EviCore considers all submitted clinical information related to an individual's condition, progress, and ability to perform Activities of Daily Living. Providers may use any quantitative functional outcome measures that apply to the individual and their condition(s). To best demonstrate improvement, the same outcome measure(s) should be repeated throughout an episode of care.

While other measures may be appropriate, the following table lists commonly used functional outcome measures that research supports as valid and reliable with evidence-based responsiveness values (MCID or MDC as defined in **Definitions [ACU-1.1]**).

Conditions	Standardized Assessment	References
Allergic rhinitis	Rhinitis Control Assessment Test (RCAT)	Metzler 2013
Anxiety, Depression	Hospital Anxiety and Depression Scale (HADS)	Stern 2014
Asthma	Asthma Control Test (ACT)	Schatz 2006 Schatz 2009
Cancer pain, Cancer-related fatigue, Chemotherapy-related nausea	Quality Of Life Questionnaire Core 30 (QLQ-C30)	Aaronson 1993
Chronic functional constipation	Spontaneous Bowel Movement Diary; Patient Assessment of Constipation Quality of Life (PAC- QOL)	Forootan 2018 Marquis 2005 Nelson 2014
Chronic prostatitis	National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI)	Litwin 1999 Litwin 2002
Dry eye syndrome	Ocular Surface Disease Index (OSDI)	Schiffman 2000 Miller 2010

Conditions	Standardized Assessment	References
Fibromyalgia	Fibromyalgia Impact Questionnaire (FIQ)	Williams 2011 Bennett 2009
Insomnia	Pittsburgh Sleep Quality Index (PSQI)	Mollaveva 2016 Buysse 1989
Irritable bowel syndrome	Irritable Bowel Syndrome Symptom Severity Scale (IBS-SSS) Irritable Bowel Syndrome Quality of Life (IBS-QOL)	Francis 1997 Andrae 2013 Graham 2010
Menopausal hot flashes/ night sweats	Hot Flash Diary Hot Flash Related Daily Interference Scale (HFRDIS)	Guttuso 2012 Carpenter 2017 Carpenter 2001
Pain	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
Post-stroke shoulder pain, Post-stroke spasticity	Fugl-Meyer Assessment (FMA)	Singer 2016 Sullivan 2011
Post-stroke spasticity	Modified Ashworth Scale (MAS)	Meseguer-Henarejos 2018

Conditions	Standardized Assessment	References
Post-stroke dysphagia	<i>*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.</i>	Eltringham 2018
Select conditions including cervical spine, lower extremity, and low back complaints	Patient Specific Functional Scale (PSFS)	Hawk 2020 Horn 2012 Nazari 2022 Pathak 2022 Whalen 2019

Mental Health Considerations (ACU-3.3)

ACU.3.4.A

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Referral to a qualified mental health professional is appropriate when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is appropriate if there are **ANY** indications of thoughts or plans for self-harm. The National Suicide & Crisis Lifeline is available 24 hours every day at 988.

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