



CLINICAL GUIDELINES

Acupuncture Services Guidelines

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EviCore
By ~~EVERNORTH~~

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 outcome measure 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 outcome measure that is greater than measurement error. The MDC is a statistical value established in published, peer-reviewed research.

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)

ACU.1.2.A

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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 non-musculoskeletal condition listed in **Included Conditions (ACU-3.1)**, in order to reduce symptoms or restore lost function.

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

- Maintenance Acupuncture Services or Preventive Acupuncture Services as defined in **Definitions (ACU-1.1)**
- 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 complaint
- Acupuncture Services provided for individuals without a standardized outcome measures to support the need for care based on Generally Accepted Standards of Practice as defined in **Definitions (ACU-1.1)**
 - Standardized outcome measures may include quantified assessments of the symptoms or deficits in the ability to perform Activities of Daily Living
 - **Note:** See **Quantitative Measures for Musculoskeletal Conditions (ACU-2.2)** and **Quantitative Measures for Non-Musculoskeletal Conditions (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 symptoms or the 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 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 symptoms or the ability to perform Activities of Daily Living as defined in **Definitions (ACU-1.1)**
- 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 - NOTE: Referral to a qualified mental health professional may be appropriate when there are signs of an unmanaged behavioral health disorder. Immediate referral is appropriate if there are ANY indications of thoughts or plans for self-harm or harm to others. The 988 Suicide & Crisis Lifeline is also available 24 hours every day.
- 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 measures indicate clinically meaningful improvement in symptoms or the ability to perform Activities of Daily Living attributable to recent Acupuncture Services for the condition. A clinically meaningful response in symptoms 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 measure 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 measure for the individual's condition
 - Other clinically meaningful and quantified improvement in the symptoms or the 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 symptom levels or ability to perform Activities of Daily Living. Exacerbations occur when previously improved symptoms or functional deficits recur following a plateau. This results in a clinically meaningful decline when compared to the pre-exacerbation status. 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
- Services rendered when 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 but the submitted information does not support that the requested Acupuncture Services were performed

Health Equity

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

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 these guidelines. Providers are urged to obtain written instructions and requirements directly from each payor.

Medicaid and Medicare Coverage Policies

- See EviCore's **CMS Policy Hierarchies 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)**.

Quantitative Measures for Musculoskeletal Conditions (ACU-2.2)

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

While other measures may be appropriate, the following table contains a limited list of commonly used 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	Quantitative Measures	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)	MacDermid 2009 Saltychev 2024 Whalen 2019
Upper extremity conditions	Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH)	Angst 2011 Galardini 2024
Low back conditions	Oswestry Disability Index (ODI)	Chou 2017 Whalen 2022
Low back conditions	Roland-Morris Disability Questionnaire (RMDQ)	Chou 2017 Whalen 2022

Conditions	Quantitative Measures	References
Lower extremity conditions	Lower Extremity Functional Scale (LEFS)	Mehta 2016 Zhang 2025
Select conditions including cervical spine, lower extremity, and low back	Patient Specific Functional Scale (PSFS)	Hawk 2020 Nazari 2022 Pathak 2022 Whalen 2019
Pain	Visual Analog Scale (VAS) Numeric Rating Scale (NRS)	Thong 2018 Turner 2004 Young 2019 Maughan 2010 Farrar 2001

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:

- Adjunct mental health care (anxiety, depression, insomnia)
- Adjunct oncology care (cancer pain, chemotherapy related nausea, cancer fatigue, aromatase-inhibitor induced arthralgia)
- Adjunct post-stroke rehabilitation
- Allergic rhinitis
- Asthma
- Chronic functional constipation
- Chronic prostatitis
- Dry eye syndrome
- Fibromyalgia
- Irritable bowel syndrome
- Menopausal symptoms
- Post-operative nausea and vomiting

Condition Specific Considerations

Adjunct Mental Health Care

- Acupuncture Services for anxiety, depression, or insomnia must be an adjunct to standard first-line treatment as directed by a qualified licensed medical or mental health provider. 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 or psychiatric 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 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 Stroke Rehabilitation

- Acupuncture Services for post-stroke rehabilitation must be an adjunct to a comprehensive stroke rehabilitation program as directed by the qualified licensed medical provider and therapist. 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.

Quantitative Measures for Non-Musculoskeletal Conditions (ACU-3.2)

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

While other measures may be appropriate, the following table contains a limited list of commonly used 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	Quantitative Measures	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
Cancer pain, Fibromyalgia	Patient Specific Functional Scale (PSFS)	Hawk 2020 Nazari 2022 Pathak 2022 Whalen 2019

Conditions	Quantitative Measures	References
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
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 (VAS), Numeric Rating Scale (NRS)	Thong 2018 Turner 2004 Young 2019 Maughan 2010 Farrar 2001

Conditions	Quantitative Measures	References
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
Post-stroke dysphagia	<i>*Post-stroke dysphagia assessments must be performed by a Speech Language Pathologist (SLP) or another trained specialist.</i>	Eltringham 2018
Select conditions including cervical spine, lower extremity, and low back complaints	Patient Specific Functional Scale (PSFS)	Hawk 2020 Nazari 2022 Pathak 2022 Whalen 2019

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