**Prior Authorization Review Panel**
**MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

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| **Plan: Keystone First** | **Submission Date**: 6/1/2024 |
| **Policy Number:** ccp.1155 | **Effective Date:** 4/2015<br>**Revision Date: 5/2024** |
| **Policy Name: Acupuncture** | |

**Type of Submission – Check all that apply:**

**New Policy**
**X Revised Policy***
**Annual Review – No Revisions**
**Statewide PDL**

***All revisions to the policy must be highlighted using track changes throughout the document.**

**Please provide any clarifying information for the policy below:**

See tracked changes below.

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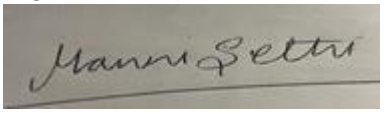
|---|---|
| **Name of Authorized Individual (Please type or print):**<br><br>Manni Sethi, MD, MBA, CHCQM | **Signature of Authorized Individual:**<br>  |

# Acupuncture

Clinical Policy ID: CCP.1155

Recent review date: 5/2024

Next review date: 9/2025

Policy contains: Chronic migraine; knee osteoarthritis; low back pain; nausea and vomiting; temporomandibular disorders.

*Keystone First- CHIP has developed clinical policies to assist with making coverage determinations. Keystone First- CHIP's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First- CHIP, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First- CHIP's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First- CHIP's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First- CHIP will update its clinical policies as necessary. Keystone First- CHIP's clinical policies are not guarantees of payment.*

## Coverage policy

Acupuncture is clinically proven and, therefore, may be medically necessary when performed by a qualified practitioner who is appropriately trained and licensed in acupuncture and when all the following criteria are met:

- For members age 18 years or older:
- For one of the following medical conditions:
    - Chemotherapy-induced or postoperative nausea and vomiting (Lau, 2016; Lee, 2015).
    - Acute, subacute, or chronic (lasting more than three months) non-specific lower back pain (Qaseem, 2017).
    - Chronic migraine (Linde, 2016b).
    - Chronic pain caused by osteoarthritis of the knee (Manyanga, 2014; Vickers, 2018; Zhang, 2017).
    - Temporomandibular disorders (Fernandes, 2017; Gil-Martínez, 2018; Wu, 2017).
    - As adjunctive treatment when either of the following conditions applies:
        - Other standard treatment options inadequately control symptoms.
        - Member refuses treatment or experiences adverse effects from such treatment.
- For members ages 7 - 17 (Brittner, 2016; National Institute for Health and Care Excellence, 2021):
    - Headache.

    - Migraine.
- For members age one and older (Lee, 2015):
    - Postoperative pain.
    - Postoperative nausea and vomiting

Limitations

All other uses of acupuncture are not medically necessary.

Treatment beyond five visits without meaningful improvement in symptoms requires review by a medical director.

Maintenance treatment, when the member's symptoms are neither regressing nor improving, is not medically necessary.

For chronic tension-type headaches in youth over 12 years old, up to 10 sessions of acupuncture over five to eight weeks may be provided.

Children should not be treated with acupuncture for nausea and vomiting while under anesthesia.

Alternative covered services

Standard medical management of chronic pain syndromes or nausea and vomiting due to chemotherapy or anesthesia.

## Background

Acupuncture is one of the practices of traditional Chinese medicine, which considers energy known as "qi" to flow throughout the body along patterns known as meridians (National Center for Complementary and Integrative Health, 2016). Disturbances in the flow of qi are believed to result in disease. Acupuncture is based on the theory that stimulating specific points on the body corrects imbalances in the flow of qi, thereby improving health. The approach has four components:

- Acupuncture needle(s).
- Target location mapped by traditional Chinese medicine.
- Depth of needle insertion.
- Stimulation of the inserted needle.

Traditional acupuncture uses thin needles, but it may also apply manual pressure, electrical stimulation, magnets, low-power lasers, heat, and ultrasound. The U.S. Food and Drug Administration regulates acupuncture needles as Class II medical devices with special controls. Acupuncture needles must be labeled for single use only, biocompatible and sterile, and administered by qualified practitioners only (21CFR880.5580).

The professional credentials of an acupuncture practitioner can range from none to licensed medical doctor. Licensure laws and scope-of-practice guidelines regulating acupuncture practitioners vary by state. Currently, 22 states require the passage of National Certification Commission for Acupuncture and Oriental Medicine examinations, and 21 states and the District of Columbia specify National Certification Commission for Acupuncture and Oriental Medicine certification as a prerequisite for licensure (2020). Board certification in medical acupuncture is granted by the American Board of Medical Acupuncture (2022). Certification entails:

- Meeting minimum general requirements.
- Meeting education and training requirements.
- Meeting experience requirements.
- Successfully passing the American Board of Medical Acupuncture examination.

## Findings

Given the substantial volume of literature on acupuncture, AmeriHealth Caritas considered only the most comprehensive evidence published in the last ten years.

Professional Clinical Guidelines

A 2022 narrative review examining the state of acupuncture recommendations in clinical practice guidelines found that from 2010-2020, 133 guidelines worldwide included over 430 acupuncture recommendations, with 49% relying on systematic reviews of evidence (higher than the 31% in general medicine guidelines). Approximately half used the GRADE approach to assess evidence. Acupuncture was most frequently recommended for musculoskeletal and connective tissue diseases, neurological disorders, and obstetrics/gynecology/women's health (Zhang, 2022). Some notable guidelines include:

- The American College of Physicians guideline issued strong recommendations for acupuncture as a nonpharmacologic treatment for acute (< 4 weeks), subacute (4-12 weeks), or chronic (> 12 weeks) lower back pain based on low to moderate quality evidence (Qaseem, 2017).
- The American Psychiatric Association guideline found insufficient evidence to recommend acupuncture for the treatment of post-traumatic stress disorder (2017).
- The National Institute for Health and Care Excellence (2017) does not recommend acupuncture for eating disorders.
- For chronic tension-type headaches in youth over 12 years old, the National Institute for Health and Care Excellence (2021) suggests considering up to 10 sessions of acupuncture over 5-8 weeks.

Systematic Reviews

- Systematic reviews found evidence supporting the use of acupuncture for postoperative or chemotherapy-induced nausea and vomiting (Lau, 2016), as a prophylaxis for episodic migraine (Linde, 2016b) and tension-type headache (Linde, 2016a), and for chronic non-specific low back pain and knee osteoarthritis (Manyanga, 2014; Qaseem, 2017).
- Reviews also support the use of acupuncture for managing chronic pain associated with temporomandibular disorders, especially in those with myofascial pain. Although much of the data examined feature small sample sizes and short-term follow-up periods, these studies demonstrate that conventional acupuncture results in statistically significant pain reduction (Fernandes, 2017; Gil-Martínez, 2018).
- In children, the strongest evidence for acupuncture's efficacy and safety is for headache, migraine, postoperative nausea and vomiting, and postoperative pain. Children should not be treated with acupuncture for nausea and vomiting while under anesthesia (Brittner, 2016; Lee, 2015).

Meta-Analyses

- Two meta-analyses support the use of acupuncture in managing symptoms of Parkinson's disease, such as motor function, depression, and sleep disorders (Lee, 2017; Liu, 2017).
- Recent large meta-analyses found that acupuncture significantly reduced lower back pain compared to no treatment or sham acupuncture (Mu, 2020; Su, 2021; Wang, 2021; Wu, 2021), reduced the frequency of migraine attacks and headache intensity compared to prophylactic drugs (Fan, 2021; Giovanardi, 2020; Naguit, 2022), reduced pain and improved function in knee osteoarthritis, especially when combined with other therapies such as massage or Chinese herbal medicine (Lee, 2023; Shi, 2021;

Wang, 2022; Yang, 2021), and improved pain intensity and mouth opening in temporomandibular disorders (Liu, 2021; Peixoto, 2021; Sung, 2021).

In 2021, we removed nine references from the policy and added to the Medicare section a new coverage indication for chronic low back pain, namely National Coverage Determination 30.3.3 (Centers for Medicare and Medicaid Services, 2020). No other policy changes are warranted.

In 2024, we reorganized the findings section and removed 12 references older than 2014. We also found added a new systematic review (Nielsen, 2022).

The study reviewed 22 systematic reviews, 17 of which included meta-analyses (n = 13,065) found there is substantial evidence supporting the effectiveness of acupuncture therapy for acute pain management in perioperative, emergency department, and urgent care settings. Overall, the findings indicate that acupuncture, either as a standalone treatment or as an adjunct to standard care, significantly reduces acute pain intensity, decreases the need for opioid and non-steroidal anti-inflammatory drug analgesics, and improves patient satisfaction compared to sham acupuncture, standard care, or pharmaceutical pain management alone. Acupuncture was also found to be a safe treatment with a low risk of adverse events (Nielsen, 2022).

## References

On February 13, 2023, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “acupuncture” (MeSH), “acupuncture therapy” (MeSH), and “acupuncture.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.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## Policy updates

1/2015: initial review date and clinical policy effective date: 4/2015

2016: Policy references updated.

2017: Policy references updated.

2/2018: Policy references updated. Coverage changed to include  acute or subacute lower back pain.

4/2019: Policy references updated. Policy ID changed. Coverage expanded.

2/2020: Policy references updated.

4/2021: Policy references updated. Medicare coverage expanded.

5/2022: Policy references updated.

5/2023: Policy references updated.

5/2024: Policy references updated.