

Department:	Medical Management	Original Approval:	03/26/2019
Policy #:	MM173	Last Approval:	03/26/2019
Title:	Acupuncture Limit Extension for Apple Health and IMC (FIMC) (Active starting 06/01/2019)		
Approved By:	UM Committee		

REQUIRED DOCUMENTATION:

Medical (PCP or pain management) progress notes must document:

- Condition being treated,
- Member's pain level, functional status, opioid dosage
- Acupuncture is part of the treatment plan (A formal referral is not required.)

Acupuncture progress notes accompanying the request for extension of acupuncture therapy must document:

- Condition being treated,
- Current treatment,
- Number of acupuncture sessions the member has had,
- Member's response to the treatment
- Member's attendance
- Specifics regarding goals of treatment, including measurable objectives and timelines
- Plan for treatment, frequency, duration, and follow up,
- Services must be provided by licensed acupuncturist

BACKGROUND

This policy applies only to Apple Health and Integrated Managed Care (IMC), as Acupuncture is a value-added benefit for these members. It does not apply to BHSO members, Medicare Advantage members, or Medicare-SNP members. For information on Medicare coverage of acupuncture, see the appropriate benefit grid.

The first 6 sessions of acupuncture per calendar year do not require a PCP referral or a prior authorization and there is no restriction related to the diagnosis. This policy addresses the criteria for visit limit extensions past the first 6 sessions.

After the first 6 visits per calendar year, extensions of acupuncture therapy are only considered for diagnoses of chronic pain or opioid use disorder. Extensions of acupuncture therapy are not covered for other diagnoses.

COVERED CODES:

Coverage only extends to the following CPT codes: 97810, 97811, 97813, and 97814.

Other services, such as moxibustion and cupping, are not covered.

DEFINITIONS

Acupuncture involves the insertion of fine needles through the skin at strategic points on the body.

CRITERIA

Medicaid Members	MM173
Medicare Members	Medicare Advantage and Medicare SNP benefit grids

INDICATIONS/CRITERIA FOR APPLE HEALTH OR FIMC MEMBERS:

In all cases, therapy must be designed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The treatment provided must be specific, effective, and reasonable for the patient’s diagnosis and physical condition.

REQUIREMENTS FOR ADDITIONAL/EXTENDED VISITS AFTER THE INITIAL 6 SESSIONS

There must be evidence of support of extended care by the referring provider after an initial 60 days. This Plan of Care must be updated if the patient’s condition worsens. The following criteria all must be met for continuation of therapy:

- Medical records from PCP or pain management must document all of the following:
 - The diagnosis must be one of the following:
 - Chronic pain (for 6 months or more); or
 - Opioid Use Disorder
 - There must be demonstration of either:
 - Functional progress (either verbally described by the patient to the provider, or demonstrated by using a standardized self-reported tool, such as Pain Disability Index) has been made during initial acupuncture therapy and any previous extensions of therapy; or
 - The opioid dose (in patients on opioids) has decreased during initial acupuncture and any previous extensions of therapy
 - The opioid dose (for patients on opioids) must not have increased
 - Acupuncture must be documented to be part of the pain management or opioid management treatment plan

- Acupuncture records document all of the following:
 - Response to treatment
 - Plan of Care including ALL of the following:
 - The date of onset or exacerbation of the disorder
 - Specifics regarding both long-term and short-term goals
 - An estimate of the timelines for the specific goals
 - Specifics regarding the treatment techniques to be employed
 - The frequency and duration of treatment

LIMITATIONS/EXCLUSIONS

Please refer to a product line’s certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input type="checkbox"/> WAH <input type="checkbox"/> IMC <input type="checkbox"/> MA
References	
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
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MM173_CCC_Acupuncture_Limit_Extension_for_AH_and_FIMC

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03/07/2019	Initial policy	LuAnn Chen, MD
03/26/2019	Approval	UM Committee