

**MEDICAL ASSOCIATES HEALTH PLANS,
HEALTH CHOICES
AND LIVE360 HEALTH PLAN
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**

POLICY TITLE: Acupuncture

POLICY STATEMENT:

Acupuncture is the practice of stimulating specific points on the body using needles for the purpose of treating various health conditions. Manual manipulation or electrical stimulation of the needles may or may not be incorporated into therapy.

POLICY:

Medical Associates Health Plans (MAHP) considers the use of acupuncture **medically necessary** when one or more of the following conditions is the target of therapy:

- A. Nausea or vomiting associated with surgery, chemotherapy, pregnancy and only when these indications are co-managed; **or**
- B. Chronic osteoarthritis of the knee or of the hip that is significantly affecting daily activity (e.g., inability to perform household chores, interference with job functions, loss of range of motion); **or**
- C. Cancer pain; **or**
- D. Tension headache recurring for more than 12 weeks despite medication or behavioral therapy (such as biofeedback or relaxation therapy); **or**
- E. Migraine recurring for more than 12 weeks despite medication treatment; **or**
- F. Back or neck pain persisting for more than 12 weeks despite medication and physical therapy.

Continuing treatment:

Continuing use of acupuncture therapy is considered **medically necessary** when **both** of the following are met (A and B):

- A. The individual to be treated continues to experience one or more of the conditions listed above; **and**
- B. The requesting physician documents ongoing benefit from the use of acupuncture towards defined treatment goals evidenced by specific significant objective functional improvements (e.g., outcome assessment scales, range of motion).

Not Medically Necessary:

MAHP considers acupuncture **not medically necessary** when the criteria above are not met and for any of the following indications:

- A. Treatment intended to improve or maintain general physical condition.

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- B. Maintenance acupuncture services, when significant therapeutic improvement is not expected, or where the member's symptoms are neither regressing or improving.
- C. Services that do not require the skills of a qualified provider of acupuncture including but not limited to:
 - 1. Activities and services that can be practiced independently and can be self-administered safely and effectively.
 - 2. Home exercise programs that can be performed safely and independently to continue therapy without skilled supervision.

Experimental, Investigational, Unproven

Acupuncture for any other indication, including infertility and recurrent pregnancy loss, is considered experimental, investigational, or unproven.

Policy Limitations and Exclusions

MAHP extend coverage of acupuncture for medically necessary indication when administered by a health care provider practicing within the scope of his/her license. This policy applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of their benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.

References: Other Major Health Plan Payers

Original: 10/2023

Reviewed:

Revised: