

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Acupuncture Expanded Benefit	<b>POLICY ID:</b> FL.UM.10
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 11/01/2018	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA) and Serious Mental Illness (SMI)
<b>REVIEWED/REVISED DATE:</b> 06/18, 7/18,5/19, 6/20, 7/21, 11/21, 12/22, 11/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

## POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefits when medically necessary. Sunshine Health considers coverage of Acupuncture therapy when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

## PURPOSE:

The purpose of this policy is to establish clinical criteria on which to review requests for Acupuncture as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA) product including those who are Comprehensive members (MMA and Long Term Care with Sunshine Health). The goal is to provide Acupuncture when medically necessary, as an expanded benefit, and to define criteria and limitations established for the use of Acupuncture therapy

## SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA) and Serious Mental Illness (SMI) product line. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

## DEFINITIONS:

**Acupuncture Therapy:** Acupuncture involves the insertion of very thin needles through the skin at strategic points on the body and is most commonly used to treat pain.

## POLICY:

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## PROCEDURE:

To assist in determining the medical necessity of Acupuncture Therapy as an expanded benefit, the clinical criteria established in this policy will be applied.

A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

## Specific Clinical Information/Criteria

The requesting practitioner must provide information relative to the expanded benefit that is being requested.

Acupuncture Therapy is considered medically necessary when all of the following criteria are met:

- I. Only when administered by a licensed acupuncturist or other appropriately licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who has specific acupuncture training or credentialing and *any of the following* conditions:
  - Postoperative or chemotherapy induced nausea and vomiting;
  - Nausea and vomiting of pregnancy;
  - Chronic low back, neck, or shoulder pain;
  - Chronic migraines or moderate to severe chronic tension headaches, defined as headaches >14 days per month for more than 3 months;
  - Pain from clinically diagnosed osteoarthritis of the knee.

An initial course of 6 visits over 1 month is considered medically necessary. If improvement in the condition occurs following the initial course of treatment, an additional 6 visits over 2 months is considered medically necessary. Continued treatment is considered not medically necessary.

II. All other indications are considered experimental/investigational and **not medically necessary**.

III. Acute conditions typically are treated 2 to 3 times a week for two to three weeks then frequency is gradually reduced until treatment is no longer needed. Generally, treatment will last for 2 to 3 months. There is insufficient evidence in studies to establish a defined treatment protocol for any condition.

**Information Required for Review**

The following information and documentation should be submitted with any request for acupuncture therapy.

- Chronic (minimum 12 weeks duration) neck or shoulder pain; *or*
- Chronic (minimum 12 weeks duration) headache; *or*
- Low back pain; *or*
- Nausea of pregnancy; *or*
- Pain from osteoarthritis of the knee (adjunctive therapy); *or*
- Post-operative and chemotherapy-induced nausea and vomiting; *or*

**Redetermination**

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approval using the specific information required for review as stated above.

**Limitations / Exclusions**

The following limitations or exclusions apply:

- Member must be ≥ 21 years old
- Coverage over the benefit limit
- Unlimited with prior authorization

**REFERENCES:**

FL.CP.MP.92 Acupuncture  
 FL.UM.05 Timeliness of UM Decisions policy and procedure  
 FL.UM.02 Use of Clinical Criteria  
 FL.UM.02.02 Clinical Decision Criteria and Application  
 FL.UM.02.01 Medical Necessity Review  
 Qaseem, MD, PhD, MHA, et al; Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Annals of Internal Medicine*, 4 April 2017 located at <https://acpjournals.org/doi/10.7326/M16-2367>, last accessed on 06/29/2020.

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** State review and approval required for any substantial changes and upon request

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/19/2018
Policy Update	Updated policy based on expanded benefit and eligibility	07/23/2018
Policy Update	Policy Number change. No approval needed	07/30/2018

Policy Update	Added benefit limits consistent with AHCA expanded benefit coverage	09/12/18
Policy Update	Added clinical criteria consistent with CP.MP.92	09/12/18
Annual Review	Archer Upload to correct system issue- No content reviewed or revised	05/16/19
Annual Review	Annual review and updated bibliography. Deleted May Clinic resource and added Annals of Internal Medicine.	06/29/20
Annual Review	No changes needed	7/22/2021
Policy Update	Policy update: Added: SMI product line to coverage and removed. Added: "Unlimited with prior authorization". Updated language under "Limitations /Exclusions"	11/18/2021
Annual Review	No changes needed	12/08/2022
Annual Review	Updated Policy ID Made minor grammatical changes Added Policy ID and Name to Footer	11/2023

### **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.