

WellCare Health Plans, Inc.
The WellCare Group of Companies

Clinical Coverage Guideline



WellCare Prescription Insurance, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.



WellCare Health Insurance of New York, Inc.

Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

WellCare of Texas, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

HealthEase of Florida, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

Harmony Health Plan of Illinois, Inc.

WellCare of Ohio, Inc.

Acupuncture

Guideline Number: HS-107

Original Effective Date: 6/4/2009

Revision Date: n/a

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline HS-107

Acupuncture

Original Effective Date: 6/4/2009

Revised Date(s): n/a

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

CLINICAL COVERAGE GUIDELINE

Acupuncture is considered medically necessary for the following indications:

- As a treatment for acute or chronic pain, including postoperative, musculoskeletal, neurogenic, vascular, craniomandibular, and malignant pain; **OR**,
- For postoperative nausea and vomiting (including children); **OR**,
- For morning sickness associated with pregnancy; **OR**,
- For chemotherapy-associated nausea and vomiting

Acupuncture is considered NOT medically necessary for the following indications:

- For acute myocardial infarction associated nausea and vomiting; **OR**,
- Treatment of members with alcohol or drug dependence; **OR**,
- Treatment as an aid in smoking cessation in members with tobacco dependence; **OR**,
- Treatment to control appetite and promote weight reduction in members with food dependence; **OR**,
- Any indication not listed in the medically necessary list above.

BACKGROUND

Acupuncture has been practiced in traditional Chinese medicine for over 2500 years and is used to treat a wide variety of diseases and symptoms. Practitioners of Chinese medicine believe that health is a balance within the individual and between the individual and nature, and that this balance is achieved and sustained by the flow of Qi, a "vital life force" of body, mind, and spirit. All illness is attributed to the disruption of this balance, presumed to occur when the flow of Qi is obstructed. Acupuncture treatment involves insertion and manipulation of needles at specific locations in the body, called acupoints. According to ancient Chinese philosophy, stimulation of acupoints restores balance to the flow of Qi throughout the body. Acupuncture seeks to treat illness by restoring the flow of Qi. Western science provides several possible explanations for the electrical and physiological effects recorded during acupuncture, including activation of neural

pathways and release of endorphins, hormones, and neurotransmitters. Acupressure is similar to acupuncture and is achieved when selected acupoints are pressed with the fingers, hands, palms, elbows and knees to change the internal flow of energy.

It is believed that Qi flows through meridians or channels along the body, providing homeostatic regulation of vital body functions. Twelve primary meridians are symmetrically arranged on the left and right sides of the body. Over 300 acupoints are distributed along these primary meridians. Each acupoint has a particular influence on Qi. A systematic method of acupoint selection for treatment is conducted according to tradition. The number 6 meridian point of the pericardium channel of Hand-Jueyin (P6) is the only acupoint associated with antiemetic action. The P6 acupoint is commonly termed *Neiguan*, meaning "inner pass." It is located on the anterior surface of the forearm, two inches proximal to the distal wrist crease between the tendons of *musculus flexor carpi radialis* and *musculus palmaris longus*.

Clinical applications for P6 stimulation include treatment of nausea and vomiting associated with chemotherapy, early pregnancy, and postoperation. Despite advances in anesthesia, the incidence of postoperative nausea and vomiting (PONV) is reported to be 20% to 40% overall, and 60% to 70% in patients undergoing gynecologic procedures, strabismus surgery, and laparoscopy. In the ambulatory setting, PONV is the leading cause of delayed discharge and unanticipated hospital admissions. Nausea and vomiting during early pregnancy is a significant problem for the majority of pregnant women. Protracted nausea and vomiting is a frequent side effect of chemotherapy. Antiemetic drug therapy has not provided satisfactory solutions to these problems.

Several studies evaluated acupuncture or acupressure for alleviating chemotherapy-induced nausea and vomiting. Of the two larger trials, one study involving 104 women reported positive results for electroacupuncture P6 treatment of chemotherapy-induced nausea and vomiting, while another failed to find a treatment effect for acupuncture as an adjunct to ondansetron; this latter trial included 41 men and 39 women. Three smaller (< 80 patients), controlled trials reported some effect of antiemetic acupuncture in lessening the severity of nausea and vomiting associated with chemotherapy. Overall, more substantive data are needed to confirm the efficacy of acupuncture treatment for all indications.

Treatment Frequency and Duration

The effects of acupuncture are generally cumulative. Acupuncture initiates physiologic tissue restorative and regenerative mechanisms. (See Physiological Mechanisms of Action in the original guideline document.) Frequency and duration of treatment are based on several factors including severity of condition, chronicity (duration of condition), previous episodes, pre-existing conditions, and other complicating factors. Such complicating factors present inherent difficulties in recovery, therefore, extra time and treatment is appropriate in order to observe a therapeutic response. The therapeutic effects of treatment should be assessed by subjective and objective assessments after each course of treatment. (See Measurable Outcomes in the original guideline document.)

Normally an initial course of treatment consists of 12 to 18 treatments over a 4 to 6 week period, depending on complicating factors. For acute conditions, fewer treatments may be necessary to observe a therapeutic effect and to obtain complete recovery. For chronic conditions, and conditions with complicating factors, extended treatment is recommended to observe response to treatment. As in most types of therapy, the earlier the patient receives treatment, the greater the probability of recovery, and the shorter the time to recovery.

Acupuncture is commonly utilized in chronic conditions because of effectiveness in pain management and limited treatment options. However, it should be noted that acupuncture and electroacupuncture can lead to complete recovery in many NMS conditions when it is offered in the acute and sub-acute stages of injury, particularly when used in conjunction with other therapeutic interventions, such as range of motion (ROM) and strengthening exercises and manual manipulation of the soft tissue.

Acupuncture or electroacupuncture are rarely performed as a single treatment, but are usually prescribed and performed as a series, or "course of treatments." Thus, treatment planning requires a recommendation for the number, frequency, and duration of treatments that is appropriately based upon the nature and extent of the injuries and the prognosis for a progressive and timely recovery from those injuries. Severe injuries, multiple injuries, metabolic disorders, and other complicating factors may require more frequent treatments over a longer duration of time. For example, while some

multiple injuries can be treated simultaneously, others must be treated independently and sequentially, requiring increased treatment frequency.

The following recommendations for the frequency and duration of treatment are based upon moderate to severe injuries in an otherwise healthy patient. Individual case recommendations should be scaled accordingly.

- **Acute** - 3 treatments per week, decreasing frequency as symptoms resolve and are reduced.
- **Sub-Acute** - 3 treatments per week for up to four weeks. 2 treatments per week thereafter. This is also the time when a rehabilitation exercise program is usually introduced.
- **Chronic** - 2 to 3 treatments per week for up to eight weeks as an initial course of treatment, and 1 to 2 treatment per week thereafter.
- **Recurrent/Flare-Up** - 8 to 12 visits as needed over a 2 month period

Initial Course of Treatments

Frequency and Duration for Initial (Trial) Course of Treatments

Stage of Condition	Frequency	Duration	Re-evaluate after:
Acute	3x weekly	4 weeks	12 treatments
Sub-Acute	3x weekly	4 weeks	12 treatments
Chronic	2 to 3x weekly	6 to 8 weeks	12 treatments
Recurrent/Flare-up	2 to 3x weekly	4 to 8 weeks	12 treatments

A detailed or focused re-evaluation designed to determine the patient's progress and response to treatment should be conducted at the end of each course of treatment. Additionally, a brief assessment of the patient's response to each treatment should be noted after each treatment is completed, and again before the next one is started, and recorded in progress notes (e.g., SOAP notes). When a patient's condition is not responding to treatment for a period of 2 to 3 weeks, a more thorough re-evaluation should be conducted immediately to determine if the condition is different or more serious than the initial diagnosis had indicated and/or whether the condition requires further diagnostic testing and/or referral to other diagnostic or treatment specialists.

Re-Evaluation and Re-examination

After an initial course of treatment has been concluded, the detailed or focused re-evaluation should determine whether the objectives of the initial treatment plan have been fulfilled, and the extent to which they have been fulfilled by the documentation of subjective and objective assessments. A determination and recommendation must be made as to whether an additional course of treatment would continue to contribute to the patient's recovery or not. In general, if the patient is showing improvement in subjective and objective assessments from the previous evaluation, then continued therapy is indicated. (See Measurable Outcomes in the original guideline document). Additionally, if the goals of the treatment are reached, and there is documentation of subjective and objective outcomes in the patient's condition, it is appropriate to continue the therapy. (See Outcome Expectations in the original guideline document). If not, the patient should be referred for an alternative treatment or re-evaluation by a specialist after showing no response to the initial course of treatment.

Course of Continuing Treatments

Follow-up courses of treatment may be similar in frequency and duration to the initial course of treatment. However, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as strengthening and range-of-motion (ROM) exercises, and rehabilitative exercises. The frequency of continued treatment generally depends upon the severity and duration of the condition; treatment benefits are generally stronger and last longer as a condition

moves from acute towards complete resolution and as the patient takes a more active role in his or her recovery.

Frequency and Duration for Continuing Courses of Treatments

Stage of Condition	Frequency	Duration	Re-evaluate after:
Acute	2 to 3x weekly	4 weeks	12 treatments
Sub-Acute	2 to 3x weekly	4 weeks	12 treatments
Chronic	1 to 2x weekly	6 to 8 weeks	12 treatments
Recurrent/Flare-up	1 to 2x weekly	4 to 8 weeks	12 treatments

When the patient's condition stabilizes, or no longer shows improvement from the therapy, a decision must be made on whether to continue treatment in order to stabilize and maintain the patient's progress, or to discontinue therapy. In some cases of chronic pain, it may be appropriate to utilize acupuncture for pain management, for example, for patients who have adverse reactions to pain medications or when the prescribed pain medications are not sufficient to manage the patient's chronic pain. This decision is based on a number of factors, including the potential benefit of the therapy and the potential risks involved in that therapy.

Duration and Frequency for Courses of Treatments for Neuromusculoskeletal Conditions

Stage of Condition	Initial Course		Follow-up Course(s)		Re-evaluate after:
	Frequency	Duration	Frequency	Duration	
Acute	3x weekly	4 weeks	2 to 3x weekly	4 weeks	12 treatments
Sub-Acute	3x weekly	4 weeks	2 to 3x weekly	4 weeks	12 treatments
Chronic	2 to 3x weekly	6 to 8 weeks	1 to 2x weekly	6 to 8 weeks	12 treatments
Recurrent/Flare-up	2 to 3x weekly	4 to 8 weeks	1 to 2x weekly	4 to 8 weeks	12 treatments

CODING

Covered CPT®* Codes

- 97810** Acupuncture, one or more needles without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
- 97811** Acupuncture, one or more needles without electrical stimulation; each additional 15 minutes of personal one-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 97813** Acupuncture, one or more needles with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
- 97814** Acupuncture, one or more needles with electrical stimulation; each additional 15 minutes of personal one-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

ICD-9-CM Procedure Codes

No applicable code

HCPCS Codes

No applicable code

Covered ICD-9-CM Diagnosis Codes

338.0	Central Pain Syndrome
338.11	Acute pain due to trauma
338.12	Acute post-thoracotomy pain
338.18	Other acute postoperative pain
338.19	Other acute pain
338.21	Chronic pain due to trauma
338.22	Chronic post-thoracotomy pain
338.28	Other chronic postoperative pain
338.29	Other chronic pain
338.3	Neoplasm related pain; acute or chronic
338.4	Chronic pain syndrome; associated with significant psychosocial dysfunction
525.9	Unspecified disorder of the teeth and supporting structures
536.2	Persistent vomiting
643.03	Mild Hyperemesis Gravidarum, antepartum
643.13	Hyperemesis Gravidarum with metabolic disturbance, antepartum
643.23	Late vomiting of pregnancy, antepartum
643.83	Other vomiting complicating pregnancy, antepartum
787.01	Postoperative nausea with vomiting
787.02	Postoperative nausea alone
787.03	Postoperative vomiting alone

*Current Procedural Terminology (CPT®) ©2009 American Medical Association: Chicago, IL.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD) for Acupuncture (30.3)
2. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)
3. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)
4. Hayes Directory. Acupuncture for Pain. January 20, 2005.
5. Hayes Directory. Acupuncture and Acupressure for the Treatment of Nausea and Vomiting. June 20, 2005.
6. Hayes Directory. Acupuncture for Treatment of Addictive Behavior. May 31, 2005.
7. Council of Acupuncture and Oriental Medicine Associates (CAOMA), Foundation for Acupuncture Research. Acupuncture and electroacupuncture. Evidence-based treatment guidelines. Calistoga (CA): Council of Acupuncture and Oriental Medicine Associates (CAOMA); 2004 Dec.