Clinical Policy: Acupuncture for the Treatment of Outpatient Substance Use Disorders

Reference Number: OR.CP.BH.400 Coding Implications
Date of Last Revision: 12/21 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Centene Advanced Behavioral Health (CABH) on behalf of Trillium Community Health Plan, has written utilization management (UM) medical necessity clinical criteria to assist CABH Medical Directors and UM staff make determinations for Trillium Community Health Plan members in need of acupuncture as an outpatient (OP) substance use disorders (SUDS) treatment. The policy describes the authorization process based on the American Society of Addiction Medicine (ASAM) level of care criteria, and in compliance with the Oregon Health Authority: Health Systems Division: Medicaid Payment for Behavioral Health **(**OAR) for general SUDS Treatment Services (OAR 410-172-0671).

The Medicaid Payment for Behavioral Health **(**OAR) for general SUDS Treatment Services (OAR 410-172-0671) regulation states *"(1) Substance Use Disorder (SUD) treatment services include, but are not limited to, screening; assessment; individual counseling; group counseling; individual family, group or couple counseling; care coordination; medication-assisted treatment; medication management; collection and handling of specimens for substance analysis; interpretation services; detoxification for substance use disorders; synthetic opioid treatment; and acupuncture".*

Acupuncture is a form of alternative medicine[2] and a key component of traditional Chinese medicine (TCM) in which thin needles are inserted into the body.[3] Acupuncture is most often used to attempt pain relief, [11] [12] though acupuncturists say that it can also be used for a wide range of other conditions. Acupuncture is generally safe when done by appropriately trained practitioners using clean needle technique and single-use needles.[20] [21] When properly delivered, it has a low rate of mostly minor adverse effects.[3] [20] Accidents and infections do occur, though, and are associated with neglect on the part of the practitioner, particularly in the application of sterile techniques.[11] [21] A review conducted in 2013 stated that reports of infection transmission increased significantly in the preceding decade.[22] The most frequently reported adverse events were pneumothorax and infections.[11] Since serious adverse events continue to be reported, it is recommended that acupuncturists be trained sufficiently to reduce the risk.[11]

I. Policy/Criteria

It is the policy of CABH, on behalf of Trillium Community Health Plan, that acupuncture for outpatient treatment of substance use disorders is medically necessary when all the following are met:

A. A qualified acupuncturist is a practitioner who is licensed to practice acupuncture in the state of Oregon. The qualifications include:

1. Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or an equivalent accreditation body. Alternatively, the applicant may show adequate clinical acupuncture practice in the United States for five of the last seven years (Oregon Administrative Rule 847-070-0016).
2. Current certification in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).
3. English language proficiency.

B. Licensed Medical Practitioners (LMP), Qualified Mental Health Professionals (QMHP), Qualified Mental Health Associates (QMHA), Certified Alcohol and Drug Counselors (CADC), Peer Support Specialists, Acupuncturists, and Mental Health Interns or other persons whose education and experience meet the standards and qualifications established by the Addictions and Mental Health Division of the Oregon Health Authority (OHA) through administrative rule may be authorized to deliver substance use disorder treatment serves as specified by the Division in support of mental health workforce shortages in certain areas of the state.

C. Requested for one of the following services:
1. Substance withdrawal induced nausea and vomiting;
2. Substance withdrawal induced pain;
3. Substance withdrawal cravings;
4. Substance withdrawal anxiety;
5. Substance withdrawal depression symptoms, and
6. Substance withdrawal sleep disturbances.

D. A Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) covered substance use diagnosis, supported by an ASAM PPC-2R behavioral health assessment:
1. ASAM LOC determination based on symptomology consistent with:
   a. Dimension 1: Acute Intoxication and/or Withdrawal Potential (F19.929)
   b. Dimension 2: Biomedical Conditions and Complications. (F19.92; F19.93)
   c. Dimension 3: Emotional, Behavioral, Cognitive Conditions or Complications (F90-F98)
   d. Dimension 4: Readiness to Change
   e. Dimension 5: Relapse, Continued Use or Continued Problem Potential.
   f. Dimension 6: Recovery Environment
      i. Degree of impairment,
      ii. Current symptoms,
      iii. Community supports; and diagnosis; and
      iv. Medical appropriateness to support DSM and ICD covered.

E. Covered Levels of Care include ASAM Level I Outpatient (OP), Level II.1 Intensive Outpatient (IOP), and Level II.5 Day Treatment.
1. Does not have any of the following contraindications:
   a. Severe neutropenia as seen after myelosuppressive chemotherapy;
   b. Insertion of acupuncture needles at sites of active infection or malignancy.

F. Appropriate available clinical treatment environment characterized by:
1. The most normative,
2. Least restrictive,

3. Least intrusive,
4. Culturally and linguistically appropriate,
5. Evidenced based and/or evidence informed and extent of family and community supports.

G. An initial course of eight (8) visits over one (1) month is considered medically necessary. If improvement in the condition occurs following the initial course of treatment, an additional eight (8) visits over two (2) months is considered medically necessary to maintain improvement.

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

I. ASAM Level I: Outpatient Authorizations Clinical Criteria for ASAM Level I includes:
   1. Evidence of a DSM and ICD SUD diagnosis; and
   2. Evidence of symptoms requiring:
      a. Fewer than nine (9) hours of treatment contact weekly for adults; or
      b. Fewer than six (6) hours of treatment contact weekly for adolescents ages twelve to seventeen (12-17).
      c. Expected outcomes include:
         i. Decrease in substance use;
         ii. Abstinence from substance use;
         iii. Improvement/stabilization of daily functioning; and
         iv. Improvement of symptoms associated with substance use such as recurrent substance use, social impairment, illness, emotional dysregulation, or prevention of need for higher ASAM LOC; and
         v. Trauma/victimization, legal involvement, family violence or disruption, or homelessness.

J. ASAM Level II.1: Intensive Outpatient Authorizations.
   1. Clinical criteria for ASAM Level II includes:
      a. Evidence of a DSM and ICD SUDS diagnosis,
      b. Evidence of symptoms requiring:
         i. Nine (9) or more hours of treatment contact weekly for adults; or
         ii. Six (6) or more hours of treatment contact weekly for adolescents ages twelve to seventeen (12-17).
   2. Expected Outcomes include:
      a. Decrease in substance use,
      b. Abstinence from substance use,
      c. Improvement/stabilization of daily functioning,
      d. Improvement of symptoms associated with substance use such as cravings, tolerance, illness, emotional dis-regulation, and withdrawal, and/or
      e. Prevention of need for higher ASAM LOC, trauma/victimization, legal involvement, family violence, or homelessness.

K. ASAM Level II.5 Day Treatment.
   1. Clinical criteria for ASAM level II.5 Day Treatment includes:
      a. Evidence of a DSM and ICD SUDS diagnosis; an
      b. Twenty (20) or more hours of treatment contact weekly for adults.
   2. Expected Outcomes:

a. Improvement/stabilization of substance use symptoms;
b. Improvement/stabilization of daily functioning;
c. Abstinent from substances of abuse at time of discharge; and
d. Prevention of residential treatment.

3. CABH Medical Directors or UM staff will make level of care determinations to ensure the following:
   a. A DSM or ICD supported diagnosis is covered under Trillium Community Health Plan benefits.
   b. The medical necessity of the requested ASAM level of care determination supported by the following guidelines:
      i. Documented substance dependence and physical, mental and emotional symptoms, which have been evident and are likely to continue without intervention;
      ii. Evidence of previous failed attempts to reduce or stop substance use; and
      iii. Recent evidence within the last six (6) months showing severe functional limitations in two (2) or more of the following areas:
         - Diagnostic changes from original assessment;
         - Acute intoxication and/or withdrawal potential;
         - Biomedical conditions/complications;
         - Emotional, behavioral/cognitive conditions or complications;
         - Readiness to change; or
         - Relapse/continued use of potential, recovery environment, or legal issues.

L. CABH Medical Directors and UM staff will determine clinical appropriateness and medical necessity of requested LOC for treatment based on a review of clinical information submitted, including behavioral health assessment information and pertinent medical justification.

II. Definitions

Word / Term	Definition
ASAM	American Society of Addiction Medicine.
ASAM PPC-2R	ASAM Patient Placement Criteria 2nd Edition Reviewed.
CADC	Certified Alcohol and Drug Counselor. CADC must obtain a certificate of approval or license from the Division for the scope of services to be reimbursed.
Child	A person under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, must be considered a child until age 21 for purposes of these rules.
Clinical Criteria	Written decision rules, medical protocols, or guidelines used as an element in evaluation of medical necessity and appropriateness of requested medical and behavioral health care services.
Day Treatment	20 or more hours of service/week for multidimensional instability not requiring 24 hour care.

Word / Term	Definition
Diagnostic and Statistical Manual of Mental Disorders (DSM)	Standard classification of mental disorders used by mental health professionals in the United States, consisting of three major components: 1) Diagnostic classification; 2) Diagnostic criteria sets; 3) Descriptive text.
ICD	The International Classification of Diseases.
Intensive Outpatient (IOP) Substance Use Disorders (SUDS) Treatment	Structured nonresidential evaluation, treatment, and continued care services for individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include, but are not limited to, day treatment, correctional day treatment, evening treatment, and partial hospitalization.
Level of Care (LOC)	The type, frequency, and duration of medically appropriate services provided to a recipient of behavioral health services.
Level of Care Determination	The standardized process implemented to establish the type, frequency, and duration of medically appropriate services required to treat a diagnosed behavioral health condition.
LMP	Licensed Medical Practitioner. A person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee: 1. Holds at least one of the following educational degrees and valid licensure: a. Physician licensed to practice in the State of Oregon; b. Advanced Practice Nurses including Clinical Nurse Specialist; and Certified Nurse Practitioner licensed to practice in the State of Oregon; or d. Rehabilitative: Substance Use Disorder Services Provider qualifications: c. Physician's Assistant licensed to practice in the State of Oregon. 2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.
Licensed UM Staff	Licensed Behavioral Health UM staff are: Behavioral Health Care Coordinators (QMHPs), Doctoral-level clinical psychologists, and psychiatrists.
LMHA	Local Mental Health Authority
Mental Health Assessment	A process in which the person's need for mental health services is determined through evaluation of the patient's strengths, goals, needs, and current level of functioning
OMT/ORT	Opiate Maintenance Therapy/ Opiate Replacement Therapy.
Outpatient (OP) Substance Use Disorders (SUDS) Treatment	A program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for individuals with alcohol or other drug use disorders and their family members, or significant others.

Word / Term	Definition
QMHA	Qualified Mental Health Associate (QMHA) A person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee: 1. A bachelor's degree in a behavioral sciences field; or 2. A combination of at least three year's relevant work, education, training or experience; and 3. Has the competencies necessary to: a. Communicate effectively; b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice. 4. Must also hold a Certification of Alcohol and Drug Counseling.
QMHP	Qualified mental health professional means a licensed medical practitioner or any other person meeting the qualifications specified in OAR 309-019-0125.
SUDS	Substance Use Disorders.
Utilization Management (UM)	Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed clinical assistance to patient, in cooperation with other parties, to ensure appropriate use of resources.
Utilization Management (UM) Staff	Licensed or Non-licensed UM staff.

III. Background

Alcohol and psychoactive substance abuse is a significant public health problem. DSM, which is based on decades of both research and clinical knowledge, identifies criteria for substance use disorders. A thorough literature search was consistent in findings that limited evidence exists regarding efficacy for the use of acupuncture for SUD, and prevents strong conclusions about use[5]. Results in favor of acupuncture for withdrawal/craving and anxiety symptoms are limited by low quality bodies of evidence[14].

According to the Mayo Foundation for Medical Education and Research (Mayo Clinic), a typical session entails lying still while approximately five to twenty needles are inserted; for the majority of cases, the needles will be left in place for ten to twenty minutes.[35] Acupuncture has been researched extensively; as of 2013, there were almost 1,500 randomized controlled trials on PubMed with "acupuncture" in the title. The results of reviews of acupuncture's efficacy, however, have been inconclusive.[71]

An overview of Cochrane reviews found that acupuncture is not effective for a wide range of conditions.[14] A systematic review conducted by medical scientists at the universities of Exeter and Plymouth found little evidence of acupuncture's effectiveness in treating pain.[11] Overall, the evidence suggests that short-term treatment with acupuncture does not produce long-term benefits.[16] Some research results suggest that acupuncture can alleviate some forms of pain, though the majority of research suggests that acupuncture's apparent effects are not caused by the treatment itself.[8] A systematic review concluded that the analgesic effect

of acupuncture seemed to lack clinical relevance and could not be clearly distinguished from bias.[17]

In January 2020, David Gorski analyzed a 2020 review of systematic reviews ("Acupuncture for the Relief of Chronic Pain: A Synthesis of Systematic Reviews") concerning the use of acupuncture to treat chronic pain. Writing in *Science-Based Medicine*, Gorski said that its findings highlight the conclusion that acupuncture is "a theatrical placebo whose real history has been retconned beyond recognition."

Acupuncture is used in combination with counseling and behavioral therapies to reduce withdrawal symptoms, decreases SUD cravings acupuncture is used as part of a comprehensive treatment plan, duration and frequency is determined by the ISSP. Providers authorized to provide these services include Acupuncturist, LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

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.

Acupuncture is an ancient treatment originating in China approximately 2000 years ago. It is one of the oldest medical procedures in the world. It is a form of complementary and alternative medicine (CAM) that has been more commonly practiced in the United States since 1971.

Acupuncture theory is largely grounded in two major Chinese philosophies, Confucianism and Taoism. The two philosophies emphasize the importance of nature and for humans to integrate and abide by these laws rather than to resist them. The goal of the clinician is to maintain the body's harmonious balance both internally and in relation to the external environment. It is believed treatment should not be solely symptom focused, so treatment is usually very individualized and two patients with the same symptoms often do not get the same treatment.

Three important concepts of acupuncture are qi, yin/yang, and the Five Elements: wood, water, fire, earth, and metal. Qi is often translated as "vital energy". It is felt to permeate all things, may assume different forms, and travel through meridians located on the body. Disturbances in the flow of qi, such as stagnant, depleted, collapsed or rebellious, are believed to cause disease. Yin and yang are complementary opposites. Yin represents more material, dense states of matter and yang represents more immaterial, rarefied states of matter. The relationship between the two is dynamic and cyclic. The acupuncturist must employ a series of qualitative assessments to establish a patient's present balance of yin and yang. The Five Elements represent different basic processes, qualities or phases of a cycle. Each can generate or counteract another element. Most vital organs, acupuncture meridians, emotions, and other health-related variable are assigned an element, providing a global description of the balancing dynamics seen in each person.

These principles are used by the acupuncturist to diagnose and treat individuals based on the nature of the imbalance. The aim is to shift the constitution towards balance with the use of various interventions, acupuncture being one important option.

The diagnostic evaluation of the acupuncturist may be extensive and complex, incorporating assessment of practically everything, including skin, complexion, bones, channels, smells, sounds, mental state, preferences, emotions, demeanor, and body build. Once the diagnosis is established, fine metal needles are inserted into precisely defined points to correct disruption in harmony. Needles are removed after being in place for 10 to 15 minutes while the patient lies relaxed. Treatments can occur one to two times a week and the total number of sessions is variable dependent on the condition, disease severity and chronicity.

There are many proposed models for the mechanism of action of the effects of acupuncture; however the data have been either too inconsistent or inadequate to draw significant conclusions. The theory in regards to the analgesic effect of acupuncture, associates the neurotransmitter effects such as endorphin release at both the spinal and supraspinal levels. Functional MRI studies have demonstrated various physiologic effects, associating acupuncture points with changes in brain MRI signals. Another theory is that acupuncture points are associated with anatomic locations of loose connective tissue.

IV. Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles(s)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles(s)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
F10.x	Alcohol Related Disorders
F11.x	Opioid Related Disorders
F12.x	Cannabis Related Disorders
F13.x	Sedative, Hypnotic or Anxiolytic Related Disorders
F14.x	Cocaine Related Disorders
F15.x	Other stimulant Related Disorders
F16.x	Hallucinogen Related Disorders
F18.x	Other Inhalant Related Disorders

ICD-10-CM Code	Description
F19.x	Other Psychoactive Substance Related Disorders
F19.929	Acute Intoxication and/or Withdrawal Potential
F19.92; F19.93	Biomedical Conditions and Complications
F90-F98	Emotional, Behavioral, Cognitive Conditions or Complications

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Initial approval		8/30/21
Review and approval by plan		12/21

Regulatory or Administrative Citations

Name	Citation Reference
CCO and OHP 2019 Contract	Provision of Covered Service
	B.2.2.c.(1-6)d. Authorization or Denial of Covered Services
	B.2.3. Covered Services
	B.2.4.a.3. Integration and Care Coordination
	B.2.8.a. Delivery System and Provider Capacity
	B.4.3. Mental Health Parity
	E.22. Substance Use Disorders
State Plan Amendment: 13.d Rehabilitative: Substance Use Disorder Services	Services Pages https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/Medicaid-State-Plan.pdf
	M.7.
Code of Federal Regulations	422.101(b)(1)-(5) 422.566
Current NCQA Health Plan Standards and Guidelines	UM 2: C Clinical Criteria for UM Decisions UM 4: A, B, D, F, G Appropriate Professionals UM 5: C, D Timeliness of UM Decisions UM 6: B Relevant Information for Behavioral Health Decisions UM 7: D, E, F Denial Notices
Health Evidence Review Commission Medicare Managed Care Manual Oregon Administrative Rules	Guideline Note A5 Chapter 13 (40.1) 309-019-0100 309-019-0140 410.120.1295 410.141.3850 410-172-0600 410-172-0630 410-172-0670 847-070-0016
Oregon Regulatory Statutes	430.630 430.644

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Important reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.