

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

Reference Number: OR.CP.BH.400

Date of Last Revision: 08/25

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## Description

This clinical policy outlines the medical necessity guidelines for authorization requests for acupuncture for the treatment of outpatient substance use disorders within Trillium Community Health Plan. Acupuncture is listed under the following Oregon state guidelines: Oregon Revised Statute:430.560- Requirements for contracted drug treatment programs<sup>1</sup>, Oregon Administrative Rule: OAR 410-172-0670: Substance Use Disorder Treatment Services<sup>2</sup> and The Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0012, section 13.d.<sup>3</sup>

Acupuncture is used as a part of a comprehensive model of care in addiction treatment. It is often used as an adjunctive application in combination with counseling and behavioral therapies, to promote the reduction in withdrawal symptoms and decrease substance use disorder (SUD) cravings.<sup>4</sup>

## Policy/Criteria

- I. It is the policy of Trillium Community Health Plan and Centene Advanced Behavioral Health, that the initial thirty (30) visits for acupuncture for outpatient treatment of substance use disorders are allowed without prior authorization.
  
- II. It is the policy of Trillium Community Health Plan and Centene Advanced Behavioral Health, that acupuncture for *outpatient treatment of substance use disorders beyond the initial thirty (30) visits* are medically necessary when all the following criteria are met:
  - A. The member/enrollee has a confirmed substance use diagnosis according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM);
  - B. The service is requested due to one of the following substance abuse withdrawal symptoms:
    1. Nausea and vomiting;
    2. Pain;
    3. Substance cravings;
    4. Anxiety;
    5. Depression symptoms;
    6. Sleep disturbances;
  - C. Acupuncture is provided by one of the following specialists:
    1. A licensed acupuncturist;
    2. Licensed Medical Practitioner (LMP);
    3. Qualified Mental Health Practitioner (QMHP);
    4. Certified Alcohol and Drug Counselors (CADC) who are supervised by a LMP or QMHP;
    5. Intern under appropriate supervision of a LMP or QMHP;
  - D. Documentation that acupuncture is being used as part of a comprehensive treatment plan that offers a variety of evidenced-based interventions including behavioral interventions, counseling, social support, and Medication Assisted Treatment (MAT);

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- E. Duration and frequency are determined by the service plan;
- F. Benefit from the prior treatment period is documented (e.g., reduced symptoms of withdrawal/cravings) and up to an additional 24 visits are requested per each three-month treatment period;
- G. The member/enrollee does not have any of the following contraindications:
  - 1. Severe neutropenia as seen after myelosuppressive chemotherapy;
  - 2. Insertion of acupuncture needles at sites of active infection or malignancy.

#### Background

Substance abuse and drug addiction are conditions that are often difficult to treat with a relapse rate which averages between 40% to 60%. Acupuncture offers a nonpharmacological treatment option for patients with substance use disorders (SUDs) because it is a safe, low-cost treatment alternative that can be implemented quickly in a treatment setting.<sup>4</sup>

A 2022 review by Hayes analyzed the comparative effectiveness of acupuncture for the treatment of substance use disorders. The review included findings from 41 randomized controlled trials (RCTs) assessing the use of acupuncture for treatment of SUDs. The body of evidence suggests that acupuncture may help reduce the severity of withdrawal and anxiety in patients with SUDs and reduce treatment dropout specifically in patients with alcohol use disorder.<sup>4</sup>

A 2023, meta-analysis and systematic review by Chen et.al identified 16 randomized controlled RCTs involving a total of 1,097 participants with alcohol use disorder. The review found that acupoint stimulation as adjunct with either psychotherapy or drug therapy, helped alleviate alcohol cravings, the severity of alcohol withdrawal symptoms, and improved anxiety and depression. However, it was noted that the studies included in the review and meta-analysis were of low quality, so firm conclusions could not be drawn.<sup>5</sup>

#### *Oregon State Legislature*

#### Chapter 430 — Mental and Behavioral Health Treatment; Developmental Disabilities

#### 430.560 Oregon Health Authority adoption of requirements for contracted drug treatment programs; rules.<sup>1</sup>

- 1) The Oregon Health Authority shall adopt rules to establish requirements, in accordance with ORS 430.357, for drug treatment programs that contract with the authority and that involve:
  - a) Detoxification;
  - b) Detoxification with acupuncture and counseling; and
  - c) The supplying of synthetic opiates to such persons under close supervision and control. However, the supplying of synthetic opiates shall be used only when detoxification or detoxification with acupuncture and counseling has proven ineffective or upon a written request of a physician licensed by the Oregon Medical Board or a naturopathic physician licensed by the Oregon Board of Naturopathic Medicine showing medical need for synthetic opiates. A copy of the request must be included in the client's permanent treatment and releasing authority records.
- 2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to a pregnant woman with her informed consent without prior resort to the treatment programs described in subsection (1)(a) and (b) of this section.

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OAR 410-172-0670: Substance Use Disorder Treatment Services <sup>2</sup>

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.

*Center for Medicare and Medicaid Services (CMS)* <sup>3</sup>

The Oregon State Plan Amendment (SPA) *Transmittal Number OR-21-0012, section 13.d.*

Rehabilitative: Substance Use Disorder Services includes acupuncture as an SUD treatment service component as such, “substance use disorder (SUD) treatment services include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, *acupuncture*, detoxification and peer support”.

*National Acupuncture Detoxification Association (NADA)* <sup>6</sup>

The NADA protocol is commonly referred to as acudetox, involves the placement of one to five needles into specific ear points for 30- 45 minutes, while the patient sits quietly in a group setting. It is used as a supplemental therapy which can be used in multiple locations such as behavioral health, addiction groups and disaster relief settings.

*Oregon Health Authority Health Review Commission* <sup>7</sup>

The Oregon Health Evidence Review Commission (HERC) ranks health care conditions and treatment pairs in order of clinical effectiveness and cost-effectiveness. In reference to substance use disorders, “Acupuncture is included only when used as a part of a documented broader treatment plan that offers patients a variety of evidence-based interventions including behavior

**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 2023, 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, 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-on-one contact with the patient, with reinsertion of needles(s)
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

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97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles(s)
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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Initial approval		8/30/21
Review and approval by plan		12/21
Ad hoc review. Criteria reorganized and reworded for clarity with no change in clinical meaning. Changed “Date of Last Review” in policy header to “Date of Last Revision” and “Date” in the revision log header to “Revision Date.” Updated policy section and provider qualifications sections with Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0012, effective 1/1/22, section 13.d. <i>Rehabilitative: Substance Use Disorder Services: Substance Use Disorder (SUD) treatment services.</i>	8/22	
Annual Review. Policy restructured and reformatted. Removed the second and last paragraph in the description section. Changed policy statement I to emphasize that eight visits of acupuncture are allowed with no prior authorization. Updated medical necessity criteria to section II Removed informational language on rehabilitative services. Removed qualification requirements for providers authorized to provide acupuncture. Added statement “Acupuncture is provided 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.” Added criteria to II.C. as noted in the Oregon Health Authority Health Evidence Review Commissions, prioritized list “Acupuncture is used as part of a comprehensive treatment plan that offers member/enrollees a variety of evidence-based interventions including behavioral interventions, counseling, social support, and Medication Assisted Treatment (MAT).” Removed requirements for documented symptoms which will continue without intervention in II. F as “The member/enrollee does not have any of the following contraindications: 1. Severe neutropenia as seen after myelosuppressive chemotherapy; 2. Insertion of acupuncture needles at sites of active infection or malignancy.” Removed requirement for evidence of previous failed attempts. Removed requirement for functional limitations in the past six months. Removed requested visits requirement. Removed ASAM level of care criteria, supporting references and definitions. Removed statement stating acupuncture for other indications is investigational. Added II.G “Benefit from the prior treatment period is documented (e.g., reduced symptoms of withdrawal/cravings) and up to an additional 24 visits are requested per each three-month treatment period”. “Replaced all instances of “member” to “member/enrollee.” References reviewed, updated, added, and reformatted. Background updated	12/22	1/23

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual Review. Removed “Trillium Health Plan from the title of the policy. Updated description and background with no clinical significance. Added detail in II.C. regarding the types of practitioners that can deliver acupuncture. Reordered and reorganized criteria for clarity. References reviewed and updated.	11/23	2/24
Annual review. Updated description and background with no clinical significance. Minor rewording in criteria. References reviewed and updated.	12/24	12/24
Ad hoc review. Changed number of visits without authorization from eight (8) to thirty (30).	7/25	8/25

**References**

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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/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees 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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, 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

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this clinical policy.



**Note: For Medicare members/enrollees**, 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.

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