

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

Reference Number: OR.CP.BH.400

Date of Last Revision: 11/23

[Coding Implications](#)

[Revision Log](#)

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Description

Acupuncture treats neurological, organic, or functional disorders by stimulation of specific points on the surface of the body by insertion of needles. Acupuncture has been studied for the treatment of many conditions and can be used in combination with counseling and behavioral therapies to reduce withdrawal symptoms and decrease substance use disorder (SUD) cravings.”¹

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.¹

Policy/Criteria

- I. It is the policy of Trillium Community Health Plan and Centene Advanced Behavioral Health, that the initial eight 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 eight visits are medically necessary when all the following criteria is met:
 - A. Confirmed substance use diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR);
 - B. 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

Acupuncture is a form of complementary and alternative medicine (CAM) and encompasses a large array of styles and techniques, however, the techniques most frequently used and studied are manual manipulation and/or electrical stimulation of thin, solid, metallic needles inserted into skin.²

The typical acupuncture treatment begins with evaluation of the patient through inspection, auscultation, inquiring, and palpation. Once the evaluation is complete, treatment begins with fine metal needles being inserted into precisely defined points and remaining in place anywhere from five to 20 minutes while the patient lies relaxed.⁶⁻⁷ Treatments can occur one to two times a week, and the total number of sessions varies based on the patient's condition, disease severity and chronicity.² There is insufficient evidence in studies to establish a defined treatment protocol for any condition.²

Acupuncture for the treatment of substance use disorders (SUD) is considered a complementary and alternative medicine approach. As a treatment for SUDs, "acupuncture primarily involves inserting and stimulating needles at meridian points primarily thought to be associated with regulating dopamine and decreasing cortisol, with the intent to bring balance to dopamine levels affected by substance use and ultimately producing a decrease in craving and withdrawal symptoms."³

*National Acupuncture Detoxification Association (NADA)*⁴

NADA states that while derived originally from the Chinese medicine theory of detoxification, the NADA method is adaptable to all cultural milieus and physical environments. The NADA protocol is commonly referred to as: acudetox, acupuncture detoxification, five-point ear acupuncture protocol, five-point protocol, 5NP. Beyond the actual needling treatment."

The NADA protocol involves the placement of one to five needles into specific ear points for 30- 45 minutes, while the member/enrollee 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*⁵

The Oregon Health Evidence Review Commission (HERC) ranks health care conditions and treatment pairs in order of clinical effectiveness and cost-effectiveness. HERC provides a prioritized list of physical and mental health services with "expanded definitions" of practice guidelines and statements of intent as presented to the Oregon Legislative Assembly. This prioritized list states the inclusion of acupuncture has limitations for conditions and codes. In

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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 interventions, social supports and medication assisted treatment (MAT) as appropriate.”

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 2022, 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®*	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
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)

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	12/22	1/23

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
<p>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.”</p> <p>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</p>		
<p>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.</p>	11/23	2/24

References

- Centers for Medicare & Medicaid Services. Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0012. Kansas City, MO: Centers for Medicare & Medicaid Services, US Dept of Health & Human Services; 2021. <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/21-0012.pdf>. Published August 26, 2021. Accessed October 13, 2023.
- Yang E, Yeh GH. Overview of the clinical uses of acupuncture. UpToDate. www.uptodate.com. Updated June 09, 2023. Accessed October 13, 2023.
- Grant S, Kandrack R, Motala A, Shanman R, Booth M, Miles J, Sorbero M, Hempel S. Acupuncture for substance use disorders: A systematic review and meta-analysis. Drug Alcohol Depend. 2016 Jun 1; 163:1-15. doi: 10.1016/j.drugalcdep.2016.02.034. Epub 2016 Mar 3. PMID: 26968093.
- National Acupuncture Detoxification Association (NADA). NADA Protocol. <https://acudetox.com/nada-protocol/>. Accessed October 13, 2023.

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5. Oregon Health Authority Health Review Commission. Prioritized List. <https://www.oregon.gov/oha/hpa/dsi-herc/pages/prioritized-list.aspx>. Published October 1, 2023. Accessed October 13, 2023
6. Sevariono, K. Opioid withdrawal: Medically supervised withdrawal during treatment for opioid use disorder. UpToDate. www.uptodate.com. Updated July 26, 2023. Accessed October 13, 2023.

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.

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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 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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