PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

<table>
<tr><td colspan="3">Guideline/Procedure Number: MPUG3002 (previously MCUG3002, UG100302)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="3">Guideline/Procedure Title: Acupuncture Services Guidelines</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 02/16/1995</td><td colspan="4">Next Review Date: 04/09/2026
Last Review Date: 04/09/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td colspan="3">☒ Medi-Cal</td><td>☒ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="3">☐ P & T</td><td>☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 04/09/2025</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3124 – Referral to Specialists (RAF) Policy
B. MCUP3041 – Treatment Authorization Request (TAR) Review Process
C. MCUP3042 – Technology Assessment
D. MCCP2022 – Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Claims

III. DEFINITIONS:

A. **Direct Member:** Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status may be based on the member's aid code, prime insurance, demographics or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.
B. **EPSDT: Early** and **Periodic Screening, Diagnostic and Treatment Supplemental Services** is a federally mandated Medicaid/ Medi-Cal benefit for Medi-Cal Members under age 21 for medically necessary treatment services needed to correct or ameliorate a defect, physical illness, mental illness or a condition, even if the service or item is not otherwise included in the State's Medicaid Plan. [Source: Title 42 US Code Section 1396(a)(43) and 1396d(r)]
C. **Medical necessity** Necessary health care services are those needed to protect life, to prevent significant illness or significant disability, or to alleviate pain.
D. **Partnership Advantage:** Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

Guideline/Procedure Number: MPUG3002 (previously MCUG3002, UG100302)			**Lead Department: Health Services** **Business Unit: Utilization Management**
Guideline/Procedure Title: Acupuncture Services Guidelines			☒ **External Policy** ☐ **Internal Policy**
Original Date: 02/16/1995		**Next Review Date: 03/12/2026** **Last Review Date: 03/12/2025**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

This guideline describes the conditions under which acupuncture services are authorized and the procedures which providers should follow to obtain such authorizations.

VI. GUIDELINE / PROCEDURE:

A. Acupuncture services are a Partnership HealthPlan of California benefit for Members who meet Medi-Cal and/or Medicare medical necessity guidelines as applicable.

B. Benefit Limitations:
   1. Acupuncture services for Partnership Members are limited to treatment performed to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.
   2. The Primary Care Provider (PCP) must refer the member to the acupuncturist using a Referral Authorization Form (RAF).
      a. Direct members can be referred by their PCP through a physician order.
   3. CPT code 99202 for initial visit, may only be used by Partnership-contracted acupuncture providers.
   4. Acupuncture CPT codes 97810 through 97814 are covered under this policy.
   5. The maximum length of acupuncture services covered in a 24-hour period is 45 minutes.

C. Authorizations
   1. Medi-Cal Members: As per Medi-Cal guidelines and California Code of Regulations, Title 22, Section 51304, Medi-Cal Members are limited to 2 visits per month.
      a. No Treatment Authorization Request (TAR) is required unless services exceed two visits per month.
         1) Additional monthly visits require prior treatment authorization (TAR) with justification of medical necessity.
      b. Partnership finds insufficient published evidence of any benefits of acupuncture treatment in children under age 12. PHC considers acupuncture in children under age 12 to be experimental. See Partnership policy MCUP3042 Technology Assessment for policies concerning investigational services and interventions.
      c. For children ages 12 through 20, EPSDT criteria will be considered when evaluating requests for services.
   2. Partnership Advantage Members:
      a. Medicare only covers acupuncture services for chronic low back pain.
      b. No TAR is required for up to 2 visits a month (same as Medi-Cal). A TAR is required for more than this limit for any Medi-Cal-approvable condition.
         1) For Medicare only, medical necessity frequency limits are up to 12 visits within 90 days for the first TAR, and up to an additional 8 visits within the next 270 days if the condition is improving but not resolved, for a second TAR.
         2) No more than 20 visits per calendar year are covered.
         3) Any TAR submitted beyond the 2 visits per month Medi-Cal limit will be limited to that diagnosis.

D. Clinician Certification:
   1. A physician, podiatrist or certified acupuncturist must be qualified to render acupuncture services and enrolled in the applicable Medi-Cal or Medicare program and eligible to provide Medi-Cal or Medicare services as applicable.
   2. Services are not reimbursed when billed as part of an emergency or inpatient service.

3. Services are not reimbursed if rendered by a physician assistant, nurse practitioner, certified nurse midwife, or licensed midwife unless the rendering provider is also a certified acupuncturist.
4. Non-acupuncture services rendered by a certified acupuncturist will not be reimbursed.
5. Acupuncture services provided by Indian Health Services providers to American Indian/Alaskan Native Members, irrespective of contracting or in-network status, are reimbursable consistent with the Department of Health Care Services (DHCS) fee-for-service provider manual.

REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Acupuncture *(acu)*
B. Title 42 US Code Section 1396(a)(43) and 1396d(r)
C. California Code of Regulations (CCR), Title 22, Section 51304
D. Medicare National Coverage Determinations (NCD) Manual 100-03: Chapter 1, Part 1, Section 30.3 Acupuncture. Implementation Date 06/24/2020 or any subsequent updates published by CMS.

VII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

VIII. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

IX. REVISION DATES:

Partnership Advantage (Program effective January 1, 2027)
04/09/25

Medi-Cal
04/28/00; 09/19/01; 10/16/02; 09/15/04; 09/21/05; 10/17/07; 10/15/08; 01/21/09; 04/21/10; 01/18/12; 10/15/14; 02/18/15; 05/20/15; 08/19/15; 05/18/16; 11/16/16; 11/15/17; *08/08/18; 06/12/19; 06/10/20; 02/10/21; 05/11/22; 04/12/23; 04/10/24; 04/09/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

****

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Guideline/Procedure Number: MPUG3002 (previously MCUG3002, UG100302)			**Lead Department: Health Services** **Business Unit: Utilization Management**
Guideline/Procedure Title: Acupuncture Services Guidelines			☒ **External Policy** ☐ **Internal Policy**
Original Date: 02/16/1995		**Next Review Date: 03/12/2026** **Last Review Date: 03/12/2025**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.