Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) uses to determine medical appropriateness for acupuncture as a treatment for pain. The treating specialist must request prior authorization for acupuncture beyond the first 20 visits. Prior authorization is not required for visits 1-20.

Coverage Guidelines
NHP covers acupuncture in accordance with MassHealth coverage requirements when NHP determines that acupuncture is medically necessary for the treatment of pain and as an alternative to anesthesia. Acupuncture may be provided by in-network physicians, doctors of osteopathy, independent nurse practitioners licensed in acupuncture, independent nurse midwives licensed in acupuncture, and acupuncturists licensed by the Massachusetts Board of Registration. NHP does not prior authorize acupuncture as an alternative to anesthesia. NHP evaluates the need for acupuncture for acute detoxification under Beacon Health Options.

Acupuncture for Pain
NHP may cover medically necessary acupuncture for pain beyond 20 visits when: 1) there is medical record documentation supporting a medically necessary need, and 2) all of the following are met:
   1. The member’s benefit package includes coverage of acupuncture services.
   2. All pertinent diagnoses are documented including: the condition causing pain, history, exam, and response to medical and acupuncture treatments to date.
   3. There is a clearly identifiable need for further treatment due to a significant change in condition and/or new diagnosis of a painful condition that necessitates a different plan of care on visit 21 compared to visit 20.
   4. The treating provider has established defined and measurable goals ¹
   5. The provider has clearly defined the number of treatments needed to reach the goals.
   6. The member is expected to significantly benefit from the treatment within a defined period of time.
   7. There is demonstrated communication about the plan of care between the acupuncturist and the primary care physician.

Exclusions

¹ Goals: The treating provider must include all relevant outcomes to be measured. For continued services for goals not met, submitted documentation should include progress made toward the goal, any barriers that have or will impact the member’s ability to meet the goal, the plan to address those barriers, and the anticipated number of visits that are needed to meet the goals.
1. Acupuncture for the treatment of any condition other than pain, detoxification, or surgical anesthesia.
2. Acupuncture for any reason other than listed above.
3. Acupuncture for pain related to:
   a. Fibromyalgia
   b. Acute lower back pain
   c. Rheumatoid arthritis
   d. Osteoarthritis other than in the knee
   e. Irritable bowel syndrome
   f. Any other pain conditions for which there is limited literature to support its beneficial use and therefore considered experimental and investigational
4. Acupuncture for maintenance treatment

**Definitions**

**Acupuncture:** The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both.

**Effective**

December 2016: Annual update
December 2015: Annual update.
December 2014: Effective date.

**References**

15. MassHealth Contract §2.6D


20. The Practice of Acupuncture 243 CMR 5.00
