Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Acupuncture Services	Policy Number: **UM-MED-08**
Department: Utilization Management	Effective Date: 3/27/2026 Date Revised: 3/27/2026 Date Reviewed: 3/27/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of 5

PURPOSE:

The policy is designed to ensure compliance with CMS Medicare Advantage requirements and Elite Health Plan benefit design. Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and outlines the Utilization Management requirements and associated processes. This policy is followed by applicable personnel of Elite Health Plan, Inc., including Delegated IPAs, Medical Groups, and supplemental benefit providers, and describes the processes necessary to meet regulatory requirements in effect as of the stated effective date.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage

Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.
Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
EOC	Evidence of Coverage

POLICY:

Elite Health Plan provides coverage for acupuncture services when all medical necessity criteria and provider qualifications outlined in this policy are met and the services are rendered in accordance with applicable Medicare guidelines.

Medical Necessity Criteria

Medicare Covered Acupuncture Services for Chronic Low Back Pain

Acupuncture services are considered medically necessary when ALL of the following criteria are satisfied:

A. Diagnosis Requirements

The member must have **chronic low back pain**, defined as:

- Pain persisting for 12 weeks or longer; and
- Pain that is nonspecific, with no identifiable systemic cause (e.g., infection, inflammatory disease, malignancy); and
- Pain not associated with prior surgery; and
- Pain not related to pregnancy.

B. Documentation Requirements

Medical records must include:

- Diagnosis and duration of low back pain;

- Treatment plan and frequency of services;
- Objective measures of improvement;
- Progress notes supporting continued medical necessity.

C. Coverage Limitations

1. Elite Health Plan covers:
    - Up to 12 acupuncture visits within a 90-day period for chronic low back pain.
    - An additional up to 8 visits may be covered if the member demonstrates measurable clinical improvement.
2. The maximum number of covered acupuncture treatments is 20 visits per calendar year.
3. Acupuncture treatment must be discontinued if:
    - There is no documented improvement; or
    - The member's condition worsens.
4. Coverage is subject to all applicable benefit limits, exclusions, and medical necessity provided.
5. Authorizations are provided to contracted providers by American Specialty Health (ASH) based on Medicare Coverage NCD National Coverage Determination for Acupuncture for Chronic Low Back Pain (cLBP) 30.3.3, Effective 01/21/2020, Implementation Date 06/24/2020

D. Provider Qualifications

Acupuncture services must be furnished by qualified and credentialed providers as defined below:

Services must be performed by or under the supervision of:

- A Physician, as defined in Section 1861(r)(1) of the Social Security Act; or
- A Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS), as defined in Section 1861(aa)(5); or
- Qualified auxiliary personnel providing services incident to the professional services of an eligible provider, in compliance with 42 CFR §§ 410.26 and 410.27.

Non-physician practitioners and auxiliary personnel must:

- Hold a master's or doctoral degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- Maintain a current, full, active, and unrestricted acupuncture license issued by a U.S. state, territory, commonwealth (including Puerto Rico), or the District of Columbia.

E. Non-Covered Services

Acupuncture services are not covered under Medicare when:

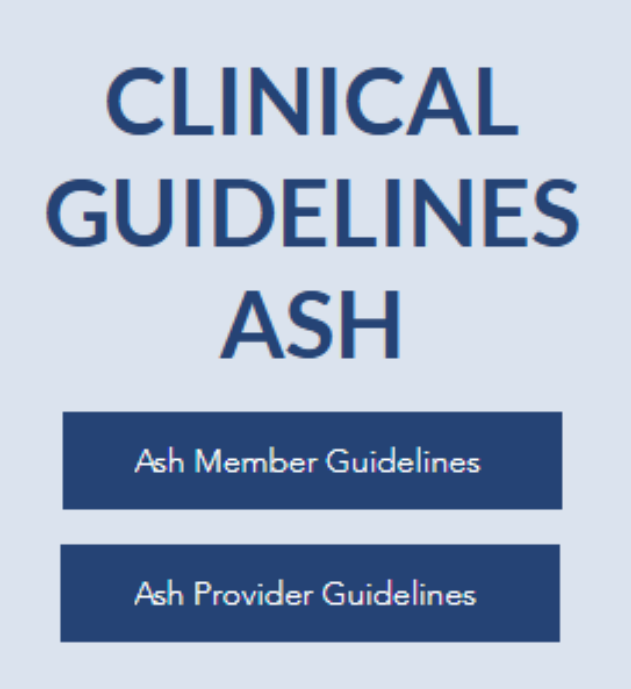
- Provided for indications other than chronic low back pain as defined in this policy;
- Rendered by non-qualified or non-credentialed providers;
- Exceed the annual or episode-based visit limits; or
- Documentation does not support medical necessity or clinical improvement.

Supplemental Routine Acupuncture Services (Non-Medicare Benefit)

Elite Health Plan offers coverage for supplemental routine acupuncture services that fall outside of Medicare coverage criteria under certain plan benefits.

A. Coverage requirements include:

- Services must be rendered by contracted American Specialty Health (ASH) providers;
- No referral is required for the initial visit;
- Prior authorization is required by American Specialty Health (ASH) for all subsequent supplemental routine visits;
- Coverage determinations are based on **ASH Clinical Practice Guidelines that can be located on the Elite Health Plan website** **Clinical Policy Guidelines | Elite Health Plan** or ASHLink - Clinical Practice Guidelines



B. Documentation Requirements

Medical records must include:

- Diagnosis and duration of pain or problem;
- Treatment plan and frequency of services;
- Objective measures of improvement;
- Progress notes supporting continued medical necessity.

Compliance and Regulatory Alignment

This policy is aligned with:

- CMS Medicare Advantage benefit guidelines
- CMS Evidence of Coverage (EOC) standards
- CMS Marketing and Supplemental Benefit requirements

This policy does not expand coverage beyond CMS-approved benefit filings.

Policy Administration

Elite Health Plan reserves the right to:

- Update contracted providers and vendors
- Modify benefit offerings consistent with CMS approval
- Interpret and apply this policy in accordance with plan documents

In the event of a conflict, the Evidence of Coverage (EOC) governs.

REFERENCE:

- Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections
- Plans & Benefits | Elite Health Plan
- Social Security Act §§ 1861(r)(1), 1861(aa)(5)
- CMS National Coverage Determinations and Medicare Claims Processing Manual
- ASHLink - Clinical Practice Guidelines

REVISION NOTES:

Date of Revision:	Revised by:	General Revision Notes
3/27/2026	Kristina Fletcher	Created