	POLICIES AND PROCEDURES
Policy #: 404-1707	Lead Department: Utilization Management
Title: Acupuncture Services for Alliance Members	
Original Date: January 2007	Date Published: 10/31/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe Central California Alliance for Health's (the Alliance's) policy for Acupuncture Services.

Policy:

Acupuncture Services for Alliance Medi-Cal members are covered under two separate benefits. Services may be covered under

- 1) Limited Allied Health Services or
- 2) Pain Management

For Limited Allied Health Services, members can self-refer a maximum of two treatments per month combined for acupuncture and chiropractic services.

For pain management, members can self-refer for a maximum of five acupuncture treatments per month.

Acupuncture Services for Alliance IHSS members may be covered as nonpharmacological pain management when determined to be medically necessary, in alignment with Alliance Policy 404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Request.

Definitions:

Limited Allied Health Services: This is a term used to define a group of Allied Health Services that are covered under Alliance Medi-Cal on a limited, self-referral basis. This specific set of benefits applies to Medi-Cal only. Limited Allied Health Services include acupuncture, chiropractic, occupational therapy, some podiatry services and speech therapy services. Members may have two Limited Allied Health Services per calendar month in any combination. Members may receive one type of service two times in a month or two types of services once per month.


Procedures:

1. Limited Allied Health Services (Medi-Cal members):

- a. Acupuncture services are included in the Limited Allied Health Services benefit which allows the provision of two services per calendar month without primary care physician (PCP) referral (for out-of-network providers) or prior authorization.
- b. Members may get two of the same type of services per month or a combination of service types listed not to exceed a total of two visits per month.

2. Acupuncture for Pain Management:

- a. Acupuncture is a complementary and alternative therapy modality available to treat members with complaints of acute or chronic musculoskeletal pain.

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- b. Treatment Authorization Requests (TAR) are not required for Medi-Cal members. Members are eligible for up to two (2) visits per month under the Limited Allied Health Services. Members are eligible for up to five (5) acupuncture visits per month.
- c. Acupuncture with electrical stimulation may only be approved if the member does not have an AICD (automatic implantable cardioverter-defibrillator) or pacemaker.

3. Acupuncture for IHSS Members

- a. Acupuncture is a complementary and alternative therapy modality available to treat members with complaints of acute or chronic musculoskeletal pain.
- a. Prior Authorization is not required for up to five acupuncture visits per month.
- b. Up to sixty visits can be requested at time of initial authorization.
- c. Authorization requests are required for additional visits and must include outcomes of sessions already delivered and medical justification for further acupuncture therapy treatment. Additional treatment is approved based on medical necessity, up to twenty visits per authorization.
- d. Acupuncture with electrical stimulation may only be approved if the member does not have an AICD (automatic implantable cardioverter-defibrillator) or pacemaker.

References:

Alliance Policies:

404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Request

Impacted Departments:

Community Care Coordination
Claims
Member Services
Provider Services

Regulatory:

California Code of Regulations [CCR], Title 22, Section 51308.5 and 51304[a].

Legislative:

Senate Bill 833 (Committee on Budget and Fiscal Review, Chapter 30, Statutes of 2016).

Contractual (Previous Contract):

Contractual (2024 Contract):


DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

Medi-Cal Manual Acupuncture Services
Provider Letter June 24, 2009 Elimination of Medi-Cal Optional Benefits

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Strategic Plan 2022-2026 – Central California Alliance for Health:
PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)
(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
02/18/2020	02/18/2020	Rita Rossmann, RN UM Supervisor, Prior Auth	UMWG
03/1/2022	03/1/52022	Tammy Brass, RN, UM/CCM Manager	UMWG
1/22/2023	1/22/2023	Tammy Brass, RN UM Director	UMWG
03/1/2023	03/01/2023	Azura Sanchez UM Admin Assistant	UMWG
09/19/2023	09/19/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
06/18/2024	06/18/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG