Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **Behavioral Health – Acupuncture Detoxification Level of Care**

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Outpatient acupuncture may be used as an ancillary treatment during detoxification or post-detoxification. The purpose of this guideline is to outline the level of care criteria, including the admission, continued stay, discharge, and exclusion criteria for the Acupuncture Detox Level of Care.

Clinical Guideline Coverage Criteria

Admission Criteria

The Plan considers outpatient acupuncture detox level of care as reasonable and medically necessary when **ALL** of the following are met:

1. Have a history of a substance use disorder; **and**
2. Exhibit symptoms of withdrawal and disordered behavior that interfere with activities of daily living but not to a degree that pose a risk to themselves or others; **and**
3. Have adequate support systems to allow for success in an outpatient setting

Continued Treatment Criteria

The Plan considers continued outpatient acupuncture detox level of care as reasonable and medically necessary when **ALL** of the following are met:

1. Member continues to meet medical necessity criteria, and a different level of care is not appropriate; **and**
2. Member experiences symptoms of such intensity that, if discharged, would require a more intensive level of care; **and**
3. Member receives individualized and specific treatment planning, including provider's orders, special procedures, contraindications, and other medications; **and**
4. Member has family/guardian(s) participating in treatment, where appropriate; **and**
5. Member receives services in a structured and goal-directed manner

Practitioners Must comply with the following:

1. Attempt or rule out medication trials, if inappropriate; **and**
2. Make sure the enrollee gets different treatment(s) if symptoms change, or if they make or fail to make progress; **and**
3. Have strategies in place to address any possible treatment plan changes; **and**
4. Have a treatment plan that documents treatment coordination and coordination with state agencies, if involved

Discharge Criteria

The Plan considers discharge from outpatient acupuncture detox level of care as reasonable and medically necessary when **ALL** of the following are met:

1. No longer meet medical necessity criteria and/or meet criteria for a different level of care (higher or lower); **and**
2. Meet individual treatment plan and goals; **and**
3. Have a support system who agrees to follow through with patient care, and are able to be in a less-restrictive environment
4. Have all appropriate community-based linkages in place
5. Withdraw their consent for treatment, or their authorized representative withdraws consent
6. Do not appear to be participating in the treatment plan, are not making progress toward goals, and there is little to no expectation of any progress

Limitations

The Plan considers outpatient acupuncture detox level of care as not medically necessary for Members who are actively suicidal or homicidal or who have a co-morbid psychiatric diagnosis that requires inpatient treatment.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H0014	Alcohol and/or drug services; ambulatory detoxification

References:

1. The American Psychiatric Press Textbook of Substance Abuse Treatment, Fourth Edition

Approval And Revision History

October 21, 2020: Reviewed by the Medical Policy Approval Committee (MPAC), renewed without changes

Subsequent endorsement date(s) and changes made:

- November 4, 2020: Fax number for Unify updated
- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 5, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care effective January 1, 2024

- September 19, 2024: Reviewed and approved by the Joint Medical Policy and Health Care Services Utilization Management Committee, no changes
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, renewed without changes effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment, or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.