

1 **Clinical Practice Guideline: Moxibustion**
 2
 3 **Date of Implementation: February 9, 2006**
 4
 5 **Product: Specialty**
 6

7
 8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) considers indirect moxibustion medically
 10 necessary for musculoskeletal pain conditions where the application of heat is indicated.

11
 12 American Specialty Health – Specialty (ASH) considers direct moxibustion not medically
 13 necessary due to risk of direct harm.

14
 15 The potential for direct harm from burns with the use of direct moxibustion and the
 16 availability of the safer alternative of indirect moxibustion has led ASH clinical committees
 17 to only consider medically necessary the use of the indirect form of moxibustion by
 18 contracted practitioners. When indirect moxibustion (e.g., warming needle, moxa box, or
 19 placing the moxa on ginger, garlic, aconite, or another appropriate physical barrier) is used,
 20 there is no direct contact between the patient’s skin and the moxa. Creams, oils, ointments,
 21 and other liquid or semi-solid substances are not considered acceptable barriers for
 22 adequate patient safety. While techniques such as placing moxa on a needle are considered
 23 indirect moxibustion, they still exhibit the potential for heated moxa fragments and/or ash
 24 to fall onto the patient causing harm. These techniques should only be performed while
 25 using appropriate precautions to prevent moxa from contacting the patient, including
 26 physical barriers of sufficient size and composition to prevent injury (e.g., heat shields
 27 large enough to capture any falling moxa or ashes). For more information, see the
 28 *Techniques and Procedures Not Widely Supported as Evidence Based (CPG 133 – S)*
 29 policy.

30
 31 Patients must be informed verbally and in writing of the nature of any procedure or
 32 treatment technique that is considered experimental/investigational or unproven, poses a
 33 significant health and safety risk, and/or is scientifically implausible. If the patient decides
 34 to receive such services, they must sign a Member Billing Acknowledgment Form (for
 35 Medicare use Advance Beneficiary Notice of Non-Coverage form) indicating they
 36 understand they are assuming financial responsibility for any service-related fees. Further,
 37 the patient must sign an attestation indicating that they understand what is known and
 38 unknown about, and the possible risks associated with such techniques prior to receiving
 39 these services. All procedures, including those considered here, must be documented in the
 40 medical record. Finally, prior to using experimental/investigational or unproven
 41 procedures, those that pose a significant health and safety risk, and/or those considered
 42 scientifically implausible, it is incumbent on the practitioner to confirm that their

1 professional liability insurance covers the use of these techniques or procedures in the event
2 of an adverse outcome.

4 **GENERAL MEDICAL NECESSITY CRITERIA**

5 Adjunctive therapies such as moxibustion may be medically necessary when **all** of the
6 following criteria are met:

- 7 • This therapy service is considered medically necessary when the judgment,
8 knowledge, and skills of a qualified practitioner of therapy services (as defined by
9 the scope of practice in each state) are necessary to safely and effectively furnish
10 this therapy service because of the complexity and sophistication of the plan of care
11 and the medical condition(s) of the patient, with the goal of improving an
12 impairment or functional limitation.
- 13 • The patient’s condition has the potential to improve or is improving in response to
14 this therapy service.
- 15 • The patient has not achieved maximum improvement from care.
- 16 • There is an expectation that the patient’s anticipated improvement is attainable in a
17 reasonable and predictable period of time and will result in a clinically significant
18 level of functional improvement through the use of this therapy service.
- 19 • Improvement or restoration of function cannot be reasonably expected as the patient
20 gradually resumes normal activities without the provision of skilled therapy
21 services.
- 22 • The submitted documentation objectively verifies the patient’s progressive
23 functional improvement over specific time frames and clinically justifies the initial
24 or continued use of this therapy service.
- 25 • The patient’s treatment is individualized and there is documentation outlining
26 quantifiable, attainable treatment goals with the use of this therapy service and the
27 patient’s overall plan of care.
- 28 • This therapy service is intended to improve, adapt or restore functions which have
29 been impaired or lost as a result of illness, injury, loss of a body part, or congenital
30 abnormality.
- 31 • The use of this therapy service (e.g., dosage, frequency) corresponds with the
32 current nature, status, and severity of the patient’s condition(s).
- 33 • The use of this therapy service is decreased as the patient displays improvement
34 and the plan of care transitions into other skilled treatment procedures that can
35 safely and effectively restore, adapt or improve the patient’s impaired function(s).
- 36 • The use of this therapy service is safe and effective for the patient’s condition, and
37 the patient is able to properly provide the necessary feedback for its safe
38 application.
- 39 • The use of this therapy service is not redundant with other therapy services used on
40 the same body part during the same session and is not duplicative with another
41 practitioner’s treatment plan.

1 DESCRIPTION/BACKGROUND

2 Moxibustion involves stimulation of specific acupuncture points and/or meridians (energy
3 pathways throughout the body) by the burning of an herb called *moxa* (dried *Artemesia*
4 *vulgaris* or mugwort) or a combination of several traditional Chinese herbs (also referred
5 to as *moxa*) over these points/meridians. The herb(s) are pressed together into cigar-shaped
6 sticks or small cones. Traditionally, there are two approaches to the application of these
7 medicinal herb(s): direct and indirect moxibustion. With *direct moxibustion*, the cone is
8 lit and permitted to burn down to the skin. Some practitioners may also use a thin layer of
9 cream or oil on the skin before applying the moxa to help the cone adhere to the skin.
10 *Indirect moxibustion* involves using a protective barrier such as a slice of ginger, garlic, or
11 a layer of salt between the skin and the moxa or using a moxa stick held away from the
12 skin. This helps prevent the burning moxa and/or ash from contacting or injuring the skin.

13
14 When lit, moxa burns slowly and provides a penetrating heat that enters the meridians to
15 enhance the circulation of blood and *qi* (vital energy). The purpose is to warm, stimulate,
16 and strengthen the blood and *qi* of the body to promote healing or normal functioning of
17 the body.

18 EVIDENCE REVIEW

19 Tian et al. (2020) reviewed seven databases yielding 97 systemic reviews of moxibustion
20 from 2011 to 2019. Reporting quality was assessed based on the Preferred Reporting Items
21 for Systemic Reviews and Meta-Analyses (PRISMA) and moxibustion information per the
22 standards for Reporting Interventions in Clinical Trials of Moxibustion (STRICTOM).
23 69.1% of reviews did not provide the type of moxibustion. 67% did not include rationale
24 for selection of points for moxa. 28.9% did not list the number or duration of treatments,
25 and 69.1% did not provide information about safety. The authors concluded that, “The
26 reporting quality of systematic reviews of moxibustion need further improvements in terms
27 of adequate reporting of moxibustion interventions and of moxibustion-related rationales.
28 Reporting guidelines of PRISMA extension for moxibustion interventions should be
29 developed thus to improve their quality.” In 2020, the PRISMA guidelines were extended
30 including specific references to the evaluation of moxibustion in systematic reviews
31 (Zhang et al).
32

33 Adverse Events

34 To investigate adverse events of acupuncture (including the use of moxibustion),
35 Yamashita et al. (1999) reviewed all relevant cases of adverse events reported by therapists
36 at the Tsukuba College of Technology Clinic in Japan over a six-year period. Eighty-four
37 therapists participated in this study which included a total of 65,482 treatments. Of 94
38 adverse events (including acupuncture and/or moxibustion related events), 7 cases of burn
39 injury and 1 case of numbness in the extremities were reported. An adverse event was
40 defined as an unfavorable medical event that occurred during or after the treatment
41 regardless of causal relationships. No serious or severe cases such as pneumothorax,
42

1 infection, or spinal cord injury were reported by the participants. The results indicate that
2 serious or severe adverse events are rare in standard practice. The reviewers suggest that
3 most severe or serious cases of adverse events caused by acupuncture reported in journals
4 are cases of negligence.

5
6 Park et al. (2010) completed a study to identify adverse events of moxibustion as reported
7 in the medical literature. Adverse events related to moxibustion treatment were reported in
8 eighteen studies. The most common adverse events identified were allergic reactions,
9 burns, and infections such as cellulitis and hepatitis C. In clinical trials, various adverse
10 events such as rubefaction, blistering, itching sensations, discomfort due to smoke, general
11 fatigue, stomach upsets, flare-ups, headaches, and burns were also reported. Tenderness
12 and pressure in the epigastric region or in one of the hypochondriac regions, unpleasant
13 odor with or without nausea and throat problems, abdominal pain, premature birth,
14 premature rupture of the membranes and bleeding due to excess pressure on the anterior
15 placenta were reported in pregnant women. The authors concluded that risk is involved in
16 moxibustion with reports of several kinds of potential adverse events such as allergy, burn
17 and infection.

18
19 Furuse et al. (2017) conducted a multicenter prospective survey of adverse events related
20 to acupuncture and moxibustion at eight university acupuncture clinics over a 5–7-month
21 period. Moxibustion treatments included many forms including moxa on needle, stick
22 moxa, and box moxibustion. Out of 14,039 acupuncture and/or moxibustion treatments,
23 847 (6.03%) reported adverse events. Adverse events included subcutaneous bleeding,
24 hematomas, and pain at needle insertion sites. No serious adverse events were reported; 55
25 of these were small burns due to direct moxibustion. Twenty-four cases of burns from other
26 moxa were noted, 19 of which were first degree burns, 4 superficial second degree burns
27 and 1 burn injury of unknown character.

28
29 A case report of adverse reaction to moxibustion was published by Singh et al. (2020). The
30 patient was treated with direct scarring moxibustion on the ankle. Multiple co-morbidities
31 were present likely resulting in non-healing of the burn/blister from the moxa. The area
32 became infected resulting in septic shock and necrotizing fasciitis of the lower leg.

33 34 **Effectiveness**

35 A literature review by Dharmananda (2004) was inconclusive as to whether moxibustion
36 is more effective than acupuncture or other stimulus methods administered for the same
37 condition. In the absence of more detailed studies, moxa is applied primarily on the basis
38 of the traditional acupuncture point therapeutic indications, such as treating syndromes
39 associated with cold, retention of food, spasms, immune deficiency, and local stagnation
40 of fluids with the formation of masses. Moxa may be utilized in some cases of heat
41 syndromes.

1 Thirty-five stroke patients participated in a study to evaluate the efficacy of
2 electroacupuncture (EA) and moxibustion (Moxa) on spasticity due to stroke (Moon et al.,
3 2003). Fifteen patients were randomized to the EA group, 10 to Moxa, and 10 to the control
4 group. The efficacy of treatment was measured before, immediately, 1 hour, 3 hours, 1 day,
5 5 days, 10 days, and 15 days after the start of treatment using a modified Ashworth scale
6 (MAS). In the Moxa group, there was no significant change in the MAS scores after the
7 first treatment. In the Moxa and control group, there was no significant change in MAS
8 scores.

9
10 Lee et al. (2010) completed a systematic review on moxibustion for treating pain. They
11 concluded that given the limited number of studies and high risk of bias, no conclusions
12 can be drawn.

13
14 Choi et al. (2011) completed a systematic review and meta-analysis on moxibustion for
15 rheumatic conditions. A total of 14 RCTs met inclusion criteria. All were of low
16 methodological quality. They concluded that the systematic review fails to provide
17 conclusive evidence for the effectiveness of moxibustion compared with drug therapy in
18 rheumatic conditions. The total number of RCTs included in this review and their
19 methodological quality were low, making it difficult to draw firm conclusions.

20
21 In a randomized, controlled study of 70 patients with rheumatoid arthritis, Yu et al. (2020)
22 monitored pain levels and serological disease markers. Clinical symptoms and serum
23 biomarker levels were significantly improved when moxibustion was added to
24 pharmaceutical treatments. Methods used included both indirect and direct moxibustion on
25 each patient. Direct moxa was performed with moxa cones with small amounts of Vaseline
26 and indirect moxa was performed with gauze and salt under the moxa cone.

27
28 In a 2010 systematic review, 4 RCTs met all inclusion criteria. Two studies suggested
29 indirect moxibustion provided significant improvements in pain in participants with
30 osteoarthritis when compared with medication for pain management. Choi et al. (2012)
31 also completed a systematic review and meta-analysis on moxibustion and treatment of
32 osteoarthritis (OA). Eight RCTs met inclusion criteria, and most of them had significant
33 methodological weaknesses. The authors concluded that moxibustion may be effective in
34 symptom management among patients with knee OA, however given the low number of
35 RCTs and the high risk of bias, no definitive conclusion could be made.

36
37 Zhao et al. (2014) compared the effectiveness and safety of traditional Chinese
38 moxibustion to that of sham moxibustion in patients with chronic knee osteoarthritis
39 (KOA) pain. The WOMAC pain scores showed greater improvement in the active
40 treatment group than in control at weeks 3 and 24 as did WOMAC physical function scores
41 of the active treatment group at weeks 3 and 12 but not 24. Patients and practitioners were
42 blinded successfully, and no significant adverse effects were found during the trial. The

1 authors concluded that a 6-week course of moxibustion seems to relieve pain effectively
2 and improve function in patients with KOA for up to 18 weeks after the end of treatment.
3 Kim et al. (2014) tested the effectiveness of moxibustion on pain and function in chronic
4 knee osteoarthritis (KOA) and evaluated safety. The authors concluded that indirect
5 moxibustion may improve pain, function, and quality of life in KOA patients, but adverse
6 events are common according to this study. Limitations included no sham control or
7 blinding.

8
9 Choi et. al. (2017) completed a systematic review and meta-analysis of the use of
10 moxibustion for osteoarthritis. Nineteen RCTs met inclusion criteria. Moxa was found to
11 be more effective at pain reduction than sham moxa. Eight RCTs showed superior effects
12 of moxa compared with medication therapies. Three studies noted superior or equivalent
13 effects of moxa on symptom scores when compared with intra-articular or topical
14 medication therapies. The authors reported the levels of evidence as moderate due to high
15 risk of bias and small sample size. However, they also noted the existing evidence was,
16 “sufficiently convincing to suggest that moxibustion compared with sham moxibustion and
17 oral drugs is effective for pain reduction and symptom management in knee osteoarthritis.”
18

19 A review of systematic reviews was performed by Yin et. al. (2022) to evaluate previous
20 reviews of moxibustion for knee osteoarthritis. Ten systemic reviews qualified and
21 included 57 RCTs and 5,149 total participants. Studies included multiple types of
22 moxibustion including traditional, thunder fire, and indirect. A re-meta-analysis
23 demonstrated that moxibustion and moxibustion combined treatments improved the total
24 effectiveness rate in knee osteoarthritis more significantly than the control groups. Eight
25 systematic reviews reported adverse events. No serious effects were reported in the moxa
26 or control groups. Low methodological quality in the reviews and high risk of bias in the
27 original studies reduced the reliability of the results.

28
29 Fifteen systemic reviews representing 13,940 participants were evaluated by Jun et al.
30 (2023). Warm needle acupuncture was shown to be more effective than controls (Western
31 Medicine, acupuncture, traditional medicine in various combinations) for treating
32 osteoarthritis in all but two studies that didn’t report significant differences between warm
33 needle acupuncture and electroacupuncture. Outcomes included WOMAC score, total
34 effective rate, function, and pain reduction. Most of the studies centered on osteoarthritis
35 of the knee. Methodological quality of the studies was very low to moderate due to issues
36 with reporting of protocols, justifications for excluding studies, and conflicts of interest.
37 Two studies scored greater than 85% compliance with PRISMA guidelines. Adverse events
38 overall were fewer in the warm needle groups and no serious events were noted in these
39 moxibustion groups.

1 Yuan et al. (2015) reviewed the use of traditional Chinese medicine (TCM) for neck pain
 2 and low back pain including 75 trials and 11,077 participants. As part of this larger review,
 3 the authors concluded that the efficacy of moxibustion is unknown because no direct
 4 evidence was obtained. The authors also noted that, “TCM modalities are relatively safe.”

5
 6 Yao et al. (2023) performed a meta-analysis of RCTs of moxibustion for lumbar disc
 7 herniation. Nineteen studies of 1,888 patients were included. Studies showed no difference
 8 between moxibustion and acupuncture for response rate, VAS scores or the Japanese
 9 Orthopedic Association score. Two studies showed that moxibustion may have similar
 10 effects on the VAS score when compared to medication. Evidence level was very low to
 11 low. The authors concluded that moxa on its own may not be appropriate for treating
 12 lumbar disc herniations but may be used as an adjuvant treatment.

13
 14 Gadau et al. (2014) performed a systematic review of RCTs according to revised STRICTA
 15 criteria for treatment of lateral elbow pain. Nineteen RCTs were included in the review and
 16 contained a total of 1,190 subjects. All studies contained at least one domain on the
 17 Cochrane risk tool of high or uncertain bias. Three moderate quality studies showed
 18 acupuncture to be more effective than sham. Ten RCTs of lower quality demonstrated
 19 acupuncture or moxibustion as superior to conventional treatments. Six low quality studies
 20 reported acupuncture and moxa were more effective than acupuncture alone. Moxibustion
 21 types in these studies included indirect methods such as moxa on the needle or moxa cone
 22 on a slice of ginger. Three studies used direct moxa. Adverse events were reported in only
 23 four studies. Two of these studies reported no adverse events. Two reported permanent
 24 scars with blister-forming moxa treatments. The authors recommend more rigorous study
 25 designs to evaluate safety and efficacy.

26
 27 Liu et al. (2020) showed indirect moxibustion (moxa stick) was an effective treatment for
 28 primary dysmenorrhea especially when performed during the premenstrual time in a
 29 randomized controlled trial with 208 patients. One adverse event was reported due to
 30 overly long moxibustion administration. The reaction resolved in two days and the patient
 31 resumed the study.

32
 33 Two other studies suggested positive effects for *indirect or direct* moxibustion on pain in
 34 scleroma or herpes zoster compared with pharmaceutical therapy. Due to only a few
 35 studies, most with a high risk of bias, the authors concluded that more rigorous studies are
 36 needed to determine the effectiveness of moxibustion (Lee et al., 2010).

37
 38 A meta-analysis including 11 RCTs and 927 patients with diabetic peripheral neuropathy
 39 was completed in 2020 by Tan et al. Most of the trials included in the analysis used indirect
 40 moxa, but some did not clearly describe moxa methods used. No adverse reactions were
 41 reported in one study and no mention of any adverse reactions was noted in the other 10
 42 studies. Per the author, “attention must be paid to adverse events because moxibustion is

1 not free of risks and generates heat, smoke, and tar that may present a risk of adverse events.
2 The availability of a large amount of safety data will be necessary to standardize the
3 moxibustion therapy.”

4
5 Wu et. al. (2021) conducted a systematic review and meta-analysis of moxibustion
6 treatment for postherpetic neuralgia. A total of 13 RCTs with 798 patients were reviewed.
7 Moxibustion was compared to controls including pharmaceutical and herbal medications,
8 and no treatment. Treatment ranged from 14 to 35 days. The main outcomes were efficacy
9 rate and the Visual Analog Scale (VAS); Secondary outcome measures were adverse
10 events. Moxibustion achieved a significantly higher efficacy rate and lower VAS scores.
11 Five studies reported adverse reactions with moxa including dizziness, abdominal
12 distention, nausea/vomiting, burns, redness/rash/itching, blisters, infection. The authors
13 report that heterogeneity and poor methodological quality (e.g., inappropriate
14 randomization methods, difficulty blinding participants and outcome assessors) impaired
15 the ability to make conclusions about efficacy or safety of moxibustion in the treatment of
16 postherpetic neuralgia.

17
18 Park et al. (2013) completed a systematic review and meta-analysis evaluating the current
19 evidence on moxibustion for improving global symptoms of irritable bowel syndrome
20 (IBS). A total of 20 RCTs were eligible for inclusion ($n = 1,625$). The risk of bias was
21 generally high. The authors suggest that moxibustion may provide benefit to IBS patients
22 although future studies are necessary to confirm these results.

23
24 Similar results for moxibustion and treatment of inflammatory bowel disease (IBD) were
25 noted in a review by Ji et al. (2013). According to Stein (2017), acupuncture and
26 moxibustion therapy have been shown to reduce inflammation and symptoms in animal
27 and human studies. However, current clinical trials of acupuncture and moxibustion are of
28 insufficient quality to recommend them as alternative therapy.

29
30 Ten randomized controlled trials with 760 patients were included in a systematic review
31 and meta-analysis of moxibustion treatment for constipation by Yao et al. (2020). Any
32 type, duration of moxibustion was permitted in the reviewed trials. Moxibustion was noted
33 to be more clinically effective than controls (other Chinese Medicine Treatments or
34 Western Medical therapies) regardless of the type of moxa therapy used. Four out of 10
35 studies listed adverse reactions due to moxa and one reported no side effects. The authors
36 concluded, “it is not yet possible to assess the safety level of moxibustion therapy, and the
37 quality of the included literature is low, so rigorous studies are warranted.”

1 Lee et al. (2010) reviewed 5 RCTs comparing the effects of moxa with conventional
2 therapies for nausea and vomiting in cancer patients. A meta-analysis showed a
3 significantly lower frequency of chemotherapy-related nausea and vomiting when moxa
4 was used. The authors reported that all studies had a high risk of bias so there is not enough
5 evidence to draw a conclusion without further research.

6
7 A review by Lee et al. (2014) assessed the effectiveness of moxibustion with usual care for
8 cancer-related fatigue vs. usual care alone. Four RCTs with 374 subjects were included in
9 the review. Indirect moxa was used in all four studies, either moxa stick, moxa on ginger
10 or both. Points for moxibustion were chosen according to Traditional Chinese Medicine
11 theory. The moxa treatments ranged in length from 5-30 minutes and in number from 14
12 to 40. One study reported an adverse effect of burning with a mild blister after moxibustion
13 that resolved in two days. No serious adverse reactions were reported. The authors
14 expressed concern about using moxa with related smoke in patients with lung cancer or
15 other related pulmonary issues, but no pulmonary issues were reported in the trials. The
16 authors concluded that the evidence is limited to suggest moxibustion is an effective
17 supportive cancer care. All studies had a high risk of bias so there was not enough evidence
18 to draw any conclusions.

19
20 Coyle et al. (2012) examined the effectiveness and safety of moxibustion on changing the
21 presentation of an unborn baby in the breech position. The inclusion criteria were published
22 and unpublished randomized controlled trials comparing moxibustion (either alone or in
23 combination with acupuncture or postural techniques) with a control group (no
24 moxibustion), or other methods (e.g., external cephalic version, acupuncture, postural
25 techniques) in women with a singleton breech presentation. This updated review now
26 includes a total of eight trials (involving 1,346 women). Meta-analyses were undertaken
27 (where possible) for the main and secondary outcomes. Moxibustion was not found to
28 reduce the number of non-cephalic presentations at birth compared with no treatment.
29 Moxibustion resulted in decreased use of oxytocin before or during labor for women who
30 had vaginal deliveries compared with no treatment. Moxibustion was found to result in
31 fewer non-cephalic presentations at birth compared to acupuncture. When combined with
32 acupuncture, moxibustion resulted in fewer non-cephalic presentations at birth and fewer
33 births by caesarean section compared with no treatment. When combined with a postural
34 technique, moxibustion was found to result in fewer non-cephalic presentations at birth
35 compared with the postural technique alone. The authors found limited evidence to support
36 the use of moxibustion for correcting a breech presentation. Liao et al (2021) completed a
37 systemic review and meta-analysis to evaluate the effectiveness and safety of moxibustion
38 and acupuncture for correction of breech presentation. Sixteen randomized, controlled
39 trials with 2,555 participants were included. All the studies used moxibustion at acupoint
40 Urinary Bladder 67. Moxibustion therapy significantly increased the number of cephalic
41 presentations at birth especially in Asian populations compared with controls.
42 Moxibustion and acupuncture effects were synergistic for correcting breech presentations.

1 Four trials reported on adverse events which included either none, abdominal pain, throat
2 issues, or unpleasant odor with or without nausea. The possibility of publication bias was
3 noted as well as the small sample sizes of some of the studies and variation of the treatment
4 application time and frequency. The authors suggested more clinical trials “to evaluate
5 whether our estimate of the magnitude of the effect of moxibustion remains constant”.

6
7 Chen et al. (2023) included 38 RCTs with 4,257 patients in a systematic review and meta-
8 analysis of the use of nine moxibustion methods for treating allergic rhinitis. Overall, heat-
9 sensitive moxa (moxa at specifically designated heat-sensitive points) was the most
10 effective. Moxibustion on the needle was more effective than acupuncture alone.
11 Moxibustion combined with medications was more effective at improving VAS scores and
12 regulating serum IgE than medications alone. Adverse effects were mostly related to skin
13 damage from vesiculating moxibustion. The authors note that there were also a few patients
14 with mild skin burns and suggest that this is more of an issue with the provider operation
15 specifications. A small number of participants were allergic to moxa smoke. Limitations
16 of the study included the many types of moxibustion studied, the variation in acupuncture
17 points selected, and the acupuncturist’s technique. The conclusion was that heat sensitive
18 moxa can be used for people with allergic rhinitis if traditional medication is not
19 appropriate.

20
21 In a systematic review and meta-analysis, Yu, et. al. (2023) evaluated eight randomized,
22 controlled trials with six hundred and sixty-four patients with chronic prostatitis. Results
23 showed moxibustion with an overall response rate that was greater than Western medical
24 care or herbs. Study participants in the moxa group reported improved National Institute
25 of Health-Chronic Prostatitis Symptom Index scores. The authors recommend additional
26 studies of higher quality and longer duration.

27
28 Xin, et. al. (2023) performed a systematic review and meta-analysis of twenty-one studies
29 of knee osteoarthritis from 1964 to 2022 including over 1000 participants. Participants
30 receiving acupuncture and moxibustion showed statistically significant improvement over
31 those only receiving acupuncture. Of the types of moxibustion used, fire needle was
32 therapeutically superior.

33 34 **PRACTITIONER SCOPE AND TRAINING**

35 Practitioners should practice only in the areas in which they are competent based on their
36 education, training, and experience. Levels of education, experience, and proficiency may
37 vary among individual practitioners. It is ethically and legally incumbent on a practitioner
38 to determine where they have the knowledge and skills necessary to perform such services
39 and whether the services are within their scope of practice.

1 It is best practice for the practitioner to appropriately render services to a member only if
 2 they are trained, equally skilled, and adequately competent to deliver a service compared
 3 to others trained to perform the same procedure. If the service would be most competently
 4 delivered by another health care practitioner who has more skill and training, it would be
 5 best practice to refer the member to the more expert practitioner.

6
 7 Best practice can be defined as a clinical, scientific, or professional technique, method, or
 8 process that is typically evidence-based and consensus driven and is recognized by a
 9 majority of professionals in a particular field as more effective at delivering a particular
 10 outcome than any other practice (Joint Commission International Accreditation Standards
 11 for Hospitals, 2020).

12
 13 Depending on the practitioner’s scope of practice, training, and experience, a member’s
 14 condition and/or symptoms during examination or the course of treatment may indicate the
 15 need for referral to another practitioner or even emergency care. In such cases it is prudent
 16 for the practitioner to refer the member for appropriate co-management (e.g., to their
 17 primary care physician) or if immediate emergency care is warranted, to contact 911 as
 18 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice
 19 guideline for information.

20 21 REFERENCES

22 Cardini, F., & Weixin, H. (1998). Moxibustion for correction of breech presentation: a
 23 randomized controlled trial. *JAMA*, *280*(18), 1580–1584

24
 25 Chen K, Hou C, Liu C, Meng Y. Efficacy comparison of different moxibustion treatments
 26 for allergic rhinitis: A systematic review and Bayesian network meta-analysis.
 27 *Medicine (Baltimore)*. 2023 Mar 3;102(9):e32997. doi:
 28 10.1097/MD.00000000000032997. PMID: 36862898; PMCID: PMC9981372

29
 30 Choi, T. Y., Kim, T. H., Kang, J. W., Lee, M. S., & Ernst, E. (2011). Moxibustion for
 31 rheumatic conditions: a systematic review and meta-analysis. *Clinical*
 32 *rheumatology*, *30*(7), 937–945. <https://doi.org/10.1007/s10067-011-1706-5>

33
 34 Choi, T. Y., Choi, J., Kim, K. H., & Lee, M. S. (2012). Moxibustion for the treatment of
 35 osteoarthritis: a systematic review and meta-analysis. *Rheumatology*
 36 *international*, *32*(10), 2969–2978. <https://doi.org/10.1007/s00296-012-2367-7>

37
 38 Choi, T. Y., Lee, M. S., Kim, J. I., & Zaslowski, C. (2017). Moxibustion for the treatment
 39 of osteoarthritis: An updated systematic review and meta-analysis. *Maturitas*, *100*, 33–
 40 48. <https://doi.org/10.1016/j.maturitas.2017.03.314>

- 1 Coyle, M. E., Smith, C. A., & Peat, B. (2012). Cephalic version by moxibustion for breech
 2 presentation. *The Cochrane database of systematic reviews*, (5), CD003928.
 3 <https://doi.org/10.1002/14651858.CD003928.pub3>
 4
- 5 Deng, H., & Shen, X. (2013). The mechanism of moxibustion: Ancient theory and modern
 6 research. *Evidence-Based Complementary and Alternative Medicine*, 2013, 1-7.
 7 <https://doi.org/10.1155/2013/379291>
 8
- 9 Dharmananda, S. (2004). *Moxibustion: Practical considerations for modern use of an*
 10 *ancient technique*. Retrieved June 16, 2021, from
 11 <http://www.itmonline.org/arts/moxibustion.htm>
 12
- 13 Furuse, N., Shinbara, H., Uehara, A., Sugawara, M., Yamazaki, T., Hosaka, M., &
 14 Yamashita, H. (2017). A Multicenter Prospective Survey of Adverse Events Associated
 15 with Acupuncture and Moxibustion in Japan. *Medical acupuncture*, 29(3), 155–162.
 16 <https://doi.org/10.1089/acu.2017.1230>
 17
- 18 Gadau, M., Yeung, W. F., Liu, H., Zaslowski, C., Tan, Y. S., Wang, F. C., Bangrazi, S.,
 19 Chung, K. F., Bian, Z. X., & Zhang, S. P. (2014). Acupuncture and moxibustion for
 20 lateral elbow pain: a systematic review of randomized controlled trials. *BMC*
 21 *complementary and alternative medicine*, 14, 136. [https://doi.org/10.1186/1472-6882-](https://doi.org/10.1186/1472-6882-14-136)
 22 14-136
 23
- 24 Guo, Z., & Cheng, M. (1998). Treatment of tennis elbow by acupuncture and moxibustion.
 25 *Journal of Traditional Chinese Medicine*, 18(4), 304-307
 26
- 27 Ji, J., Lu, Y., Liu, H., Feng, H., Zhang, F., Wu, L., Cui, Y., & Wu, H. (2013). Acupuncture
 28 and moxibustion for inflammatory bowel diseases: a systematic review and meta-
 29 analysis of randomized controlled trials. *Evidence-based complementary and*
 30 *alternative medicine : eCAM*, 2013, 158352
 31
- 32 Jun JH, Choi TY, Park S, Lee MS. Warm needle acupuncture for osteoarthritis: An
 33 overview of systematic reviews and meta-analysis. *Front Med (Lausanne)*. 2023 Mar
 34 14;10:971147. doi: 10.3389/fmed.2023.971147. PMID: 36999074; PMCID:
 35 PMC10043310
 36
- 37 Kim, S., Chae, Y., Lee, S., Lee, H., & Park, H. (2011). The effectiveness of moxibustion:
 38 An overview during 10 years. *Evidence-Based Complementary and Alternative*
 39 *Medicine*, 2011, 1-19. <https://doi.org/10.1093/ecam/nep163>

- 1 Kim, T. H., Kim, K. H., Kang, J. W., Lee, M., Kang, K. W., Kim, J. E., Kim, J. H., Lee,
2 S., Shin, M. S., Jung, S. Y., Kim, A. R., Park, H. J., Jung, H. J., Song, H. S., Kim, H.
3 J., Choi, J. B., Hong, K. E., & Choi, S. M. (2014). Moxibustion treatment for knee
4 osteoarthritis: a multi-centre, non-blinded, randomised controlled trial on the
5 effectiveness and safety of the moxibustion treatment versus usual care in knee
6 osteoarthritis patients. *PloS one*, *9*(7), e101973.
7 <https://doi.org/10.1371/journal.pone.0101973>
8
- 9 Lee, M. S., Choi, T. Y., Kang, J. W., Lee, B. J., & Ernst, E. (2010). Moxibustion for treating
10 pain: a systematic review. *The American journal of Chinese medicine*, *38*(5), 829–838.
11 <https://doi.org/10.1142/S0192415X1000827>
12
- 13 Lee, S., Jerng, U. M., Liu, Y., Kang, J. W., Nam, D., & Lee, J. D. (2014). The effectiveness
14 and safety of moxibustion for treating cancer-related fatigue: a systematic review and
15 meta-analyses. *Supportive care in cancer : official journal of the Multinational
16 Association of Supportive Care in Cancer*, *22*(5), 1429–1440.
17 <https://doi.org/10.1007/s00520-014-2161-z>
18
- 19 Lee, M. S., Choi, T. Y., Park, J. E., Lee, S. S., & Ernst, E. (2010). Moxibustion for cancer
20 care: a systematic review and meta-analysis. *BMC cancer*, *10*, 130.
21 <https://doi.org/10.1186/1471-2407-10-130>
22
- 23 Liao, J. A., Shao, S. C., Chang, C. T., Chai, P. Y., Owang, K. L., Huang, T. H., Yang, C.
24 H., Lee, T. J., & Chen, Y. C. (2021). Correction of Breech Presentation with
25 Moxibustion and Acupuncture: A Systematic Review and Meta-Analysis. *Healthcare
26 (Basel, Switzerland)*, *9*(6), 619. <https://doi.org/10.3390/healthcare9060619>
27
- 28 Liu, L. Y., Li, X. J., Wei, W., Guo, X. L., Zhu, L. H., Gao, F. F., Liang, F. R., Yu, S. Y.,
29 & Yang, J. (2020). Moxibustion for Patients with Primary Dysmenorrhea at Different
30 Intervention Time Points: A Randomized Controlled Trial. *Journal of pain
31 research*, *13*, 2653–2662. <https://doi.org/10.2147/JPR.S270698>
32
- 33 Moon, S. K., Whang, Y. K., Park, S. U., Ko, C. N., Kim, Y. S., Bae, H. S., & Cho, K. H.
34 (2003). Antispastic effect of electroacupuncture and moxibustion in stroke
35 patients. *The American journal of Chinese medicine*, *31*(3), 467–474.
36 <https://doi.org/10.1142/S0192415X03001077>
37
- 38 Park, J. W., Lee, B. H., & Lee, H. (2013). Moxibustion in the management of irritable
39 bowel syndrome: systematic review and meta-analysis. *BMC complementary and
40 alternative medicine*, *13*, 247. <https://doi.org/10.1186/1472-6882-13-247>

- 1 Park, J. E., Lee, S. S., Lee, M. S., Choi, S. M., & Ernst, E. (2010). Adverse events of
 2 moxibustion: a systematic review. *Complementary therapies in medicine*, 18(5), 215–
 3 223. <https://doi.org/10.1016/j.ctim.2010.07.001>
 4
- 5 Singh, H., Chetha, A. S., & Shalikaar, H. (2020). Moxibustion-septic shock and necrotizing
 6 fasciitis. *IDCases*, 22, e00990. <https://doi.org/10.1016/j.idcr.2020.e00990>
 7
- 8 Stein D. J. (2017). Massage Acupuncture, Moxibustion, and Other Forms of
 9 Complementary and Alternative Medicine in Inflammatory Bowel
 10 Disease. *Gastroenterology clinics of North America*, 46(4), 875–880.
 11 <https://doi.org/10.1016/j.gtc.2017.08.015>
 12
- 13 Tan, Y., Hu, J., Pang, B., Du, L., Yang, Y., Pang, Q., Zhang, M., Wu, Q., Zhang, Y., & Ni,
 14 Q. (2020). Moxibustion for the treatment of diabetic peripheral neuropathy: A
 15 systematic review and meta-analysis following PRISMA guidelines. *Medicine*, 99(39),
 16 e22286. <https://doi.org/10.1097/MD.00000000000022286>
 17
- 18 Thorne, T. L., Hanes, D. A., Wild, H., & Colbert, A. (2014). Direct moxibustion to treat
 19 spleen qi and yang deficiency fatigue: a pilot study. *Journal of acupuncture and*
 20 *meridian studies*, 7(2), 76–82. <https://doi.org/10.1016/j.jams.2013.04.003>
 21
- 22 Tian, R., Zhang, X., Li, S. Y., Aixinjueluo, Q. Y., Lam, W. C., & Bian, Z. X. (2020).
 23 Reporting quality of systematic reviews with moxibustion. *Chinese medicine*, 15, 104.
 24 <https://doi.org/10.1186/s13020-020-00385-z>
 25
- 26 Weiner, D. K., & Ernst, E. (2004). Complementary and alternative approaches to the
 27 treatment of persistent musculoskeletal pain. *Clinical Journal of Pain*, 20(4), 244-255
 28
- 29 Wu Q, Hu H, Han D, Gao H. Efficacy and Safety of Moxibustion for Postherpetic
 30 Neuralgia: A Systematic Review and Meta-Analysis. *Front Neurol*. 2021 Aug
 31 26;12:676525. doi: 10.3389/fneur.2021.676525. PMID: 34512502; PMCID:
 32 PMC8427698
 33
- 34 Xin S, Liu J, Yang Z, Li C. Comparative effectiveness of moxibustion and acupuncture for
 35 the management of osteoarthritis knee: A systematic review and meta-analysis.
 36 *Heliyon*. 2023 Jul 4;9(7):e17805. doi: 10.1016/j.heliyon.2023.e17805. PMID:
 37 37449100; PMCID: PMC10336830. Yamashita, H., Tsukayama, H., Tanno, Y., &
 38 Nishijo, K. (1999). Adverse events in acupuncture and moxibustion treatment: A six-
 39 year survey at a national clinic in Japan. *Journal of Alternative and Complementary*
 40 *Medicine*, 5(3), 229-236

- 1 Yao, F., Zhang, Y., Kuang, X., Zhou, Q., Huang, L., Peng, J., & Du, S. (2020).
 2 Effectiveness and Safety of Moxibustion on Constipation: A Systematic Review and
 3 Meta-Analysis. *Evidence-based complementary and alternative medicine : eCAM*, 2020, 8645727
 4
 5
- 6 Yao Y, Zhenni Z, Fengqin C, Yufei L, Xiangtian P, Xiao XU, Zhiling S. Effectiveness of
 7 moxibustion alone on lumbar disc herniation: a Metaanalysis of randomized controlled
 8 trials. *J Tradit Chin Med.* 2023 Feb;43(1):14-26. Doi:
 9 10.19852/j.cnki.jtcm.20221108.001. PMID: 36639991; PMCID: PMC9924778
 10
- 11 Yin S, Zhu F, Li Z, Che D, Li L, Feng J, Zhang L, Huo Z. An Overview of Systematic
 12 Reviews of Moxibustion for Knee Osteoarthritis. *Front Physiol.* 2022 Feb 3;13:822953.
 13 doi: 10.3389/fphys.2022.822953. PMID: 35185621; PMCID: PMC8850775
 14
- 15 Yu XW, Wang CS, Yu XH. A systematic review and meta-analysis of moxibustion for
 16 chronic prostatitis. *Medicine (Baltimore).* 2023 Dec 15;102(50):e36742. doi:
 17 10.1097/MD.00000000000036742. PMID: 38115243; PMCID: PMC10727555
 18
- 19 Yu, Z., Wang, Y., Li, Y., Liao, C., Dai, J., Luo, Y., Hu, Y., Tao, S., Tang, J., Chen, G., &
 20 Wu, P. (2020). Effect of Moxibustion on the Serum Levels of MMP-1, MMP-3, and
 21 VEGF in Patients with Rheumatoid Arthritis. *Evidence-based complementary and*
 22 *alternative medicine : eCAM*, 2020, 7150605. <https://doi.org/10.1155/2020/7150605>
 23
- 24 Yuan, Q. L., Guo, T. M., Liu, L., Sun, F., & Zhang, Y. G. (2015). Traditional Chinese
 25 medicine for neck pain and low back pain: a systematic review and meta-analysis. *PLoS*
 26 *one*, 10(2), e0117146. <https://doi.org/10.1371/journal.pone.0117146>
 27
- 28 Zhao, L., Cheng, K., Wang, L., Wu, F., Deng, H., Tan, M., Lao, L., & Shen, X. (2014).
 29 Effectiveness of moxibustion treatment as adjunctive therapy in osteoarthritis of the
 30 knee: a randomized, double-blinded, placebo-controlled clinical trial. *Arthritis*
 31 *research & therapy*, 16(3), R133. <https://doi.org/10.1186/ar4590>
 32
- 33 Zhang, X., Tan, R., Lam, W. C., Cheng, C. W., Yao, L., Wang, X. Q., Li, S. Y.,
 34 Aixinjueluo, Q. Y., Yang, K. H., Shang, H. C., Wu, T. X., Lyu, A. P., & Bian, Z. X.
 35 (2020). PRISMA extension for moxibustion 2020: recommendations, explanation, and
 36 elaboration. *Systematic reviews*, 9(1), 247. [https://doi.org/10.1186/s13643-020-01502-](https://doi.org/10.1186/s13643-020-01502-7)
 37 7