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| Policy Name: | Medical Policy: Complementary and Alternative Medicine/Therapies (CAM) | Policy #: | MP-278 |
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Policy Information

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| Owner Department: | Medical UM & Systems Department |
| Owner: | Assigned Medical Director |
| Electronic Signature/Date: | Krystal Revai (11/07/2023), Lori Slaughter (10/30/2023) |

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

Essential Health Benefits

APPLIES TO ILLINOIS:

The Affordable Care Act (ACA) requires coverage of a minimal set of benefits known as Essential Health Benefits (EHB). The Illinois Department of Insurance (DOI) requires coverage of naprapathy services as an EHB. Naprapathic services are included in and coverage is subject to the limitations of outpatient rehabilitation benefits.

APPLIES TO STATE OF WASHINGTON:

Per EHB, [WAC 284-43-5640](https://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5640), (<https://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5640>), acupuncture and Eastern Medicine (includes Dry Needling) is covered up to 12 visits per contract year. However, if the visits are for chemical dependency, they are not subject to the visit limit.

NOTE: Complementary and Alternative Medicine/Therapy coverage benefits vary significantly between Health Alliance plans. Please refer to the member's Plan File to determine eligibility for these benefits.

Interpretations

- 1. Acupuncture Benefits: Vary significantly between plans. A member's specific coverage is determined by their specific Plan File.**
 - 1.1 Commercial Members
 - Acupuncture treatment visits (CPT 97810 or, 97813) and/or Dry Needling treatment visits (CPT 20560 or, 20561) may not be billed on the same date of service and are covered for various diagnosis by most plans. See specific Plan Benefits.
 - **Medicare Advantage Members:** See [Section 4](#) below.
- 2. Chiropractic and Osteopathic Manipulative Therapy**

Chiropractic and Osteopathic manipulation are covered services. Please refer to the Chiropractic Services medical policy. Chiropractic Services are adjudicated using eviCore criteria. eviCore criteria are available in the Utilization Management software system and can be accessed by providers when submitting an authorization digitally.

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| Craniosacral Therapy | Deep Tissue Massage | Graston Technique |
| Massage Therapy | MEDEK Therapy | Mettler Release Technique |
| Myofascial Release | NUCCA Procedure | Reflexology/Zone Therapy |
| Sports Massage | Swedish Massage | Trigger Point Massage |
| Whitcomb Technique | Wurn Technique/Clear Passage therapy | Visceral Manipulation Therapy |

3. Complementary and Alternative Medicine/Therapies: Defined by the National Institute of Health's Center for Complementary and Alternative Medicine, as “a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine because there is insufficient scientific evidence that they are safe and effective at treating medical conditions, and thus they are not covered benefits.”

3.1 The following items and services are Not-Covered Benefits for Health Alliance members. However, some of these items/services are covered for State of Washington members only.

- Please see link under EHB Coverage for Mandated State of Washington coverage of Acupuncture and Eastern Medicine Health Care Services provided for fully insured group and individual plan members.

3.1.1 Natural Products - herbal medicines (also known as herbal products or botanicals), vitamins, minerals, and other "natural products/supplements"; including, but not limited to:

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| Actra-Rx | Antineoplastons | Apitherapy |
| Aromatherapy | Auto Urine Therapy | Bilberry |

Bioidentical Hormone

- Therapy According to Pharmacy Policy, Experimental and investigational medications are defined as relating to medications which are still the subject of ongoing Phase I, Phase II, or Phase III trials to establish the medication's effectiveness, optimal dosage, toxicity, and side-effects, or to establish the medication's effectiveness and specific usage patterns. Experimental medications may be medications that have not been approved by the FDA or may be medications that have usages which are not approved by the FDA. The use of bioidentical soy-based products is not considered the standard of care for treatment of menopausal symptoms based on a peer review journal search Committee opinion No. 532: compounded bioidentical menopausal hormone therapy. [Committee on Gynecologic Practice and the American Society for Reproductive Medicine Practice Committee et al. Obstet Gynecol. \(2012\) \(Reaffirmed 2023\)](#)

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| Black Cohosh | Bovine Cartilage Products | Cancell (Enteleu) |
| Cat's Claw | Cellular Therapy (M0075) | Coley's Toxin |
| Coenzyme Q10 | Coriolus Versicolor | Echinacea |
| Essiac | Fecal Bacteriotherapy (covered for refractory/chronic recurring <i>Clostridium difficile</i> infection) | |
| Fish Oil (Omega-3 Fatty Acids) | Flower Essences/ Vibrational essences | Fresh Cell Therapy (animal donors) |
| Gerson Therapy | Ginkgo Biloba | Glucosamine |

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| Glyconutrients | Histamine Therapy, Intravenous | Hoxsey Method |
| Human Placental Tissue | Hydrazine Sulfate | Hydrogen Peroxide, Intravenous |
| Hydrolysate Injections | Hyperoxygen Therapy | Immunoaugmentive Therapy |
| Kava | Kelley-Gonzales Therapy | Laetrile and related substances (e.g., amygdalin, Sarcocarpinase, vitamin B-17, nitriloside) (J3570) |
| Lorenzo's Oil | Megavitamin Therapy (Orthomolecular Medicine) | Mesotherapy |
| Milk Thistle | Mistletoe (Iscador®) | MTH-68 Vaccine |
| Ozone Therapy | Poon's Chinese Blood Cleansing | Probiotics |
| Purging | Revici's Guided Chemotherapy | Saw Palmetto |
| Serapin Injections | Shark Cartilage Products | St. John's Wort |
| Traumeel Preparation | Trichuris Suis Ova Therapy | Valerian |
| Yohimbe | 714-X | Medical Marijuana – Medical Marijuana is excluded from coverage since it is classified by the federal government as a Schedule I controlled substance, and therefore cannot be prescribed by a health professional. Refer to Excluded Drug List policy. |

3.1.2 Mind-Body Medicine - interactions among the brain, mind, body, and behavior, with the intent to use the mind to effect physical functioning and promote health; including, but not limited to:

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| Art Therapy (G0176) | Bioenergetics' Analysis/ Bioenergetic Therapy | Brain Integration Therapy |
| Carbon Dioxide Therapy | Chakra Healing | Chung Moo Doe Therapy |
| Color Therapy | Conceptual Mind-Body Techniques | Dance Movement Therapy (G0176) |
| Deep-Breathing Therapy | Equestrian Therapy (Hippotherapy) (S8940) | Faith Healing |
| Guided Imagery | Hellerwork | Humor Therapy |
| Hypnotherapy (CPT code 90880) | Meditation/Transcendental Meditation (TM®) | Mirror Box Therapy |
| Music Therapy (G0176) | Primal Therapy | Progressive Relaxation |
| Psychodrama | Qi Gong | Reflex Therapy |
| Rubenfeld Synergy Method | Tai Chi | Thought Field Therapy (Callahan Techniques Training) |
| Yoga | | |

3.1.3 Manipulative and Body-Based Practices not covered, including but not limited to:

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| Active Release Technique | Airrosti (Applied Integration for the Rapid Recovery of Soft Tissue Injuries) | AMMA Therapy® |
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3.2 Other CAM Practices

- a. Supervised Therapies**, some not requiring a professional license - promote physical, mental, emotional, and spiritual well-being; including, but not limited to:

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| Alexander Technique | Antioxidant function Testing (e.g., Spectrox™) | |
| Applied Kinesiology | Colonic Irrigation | Diaphanography |
| Digital Myography | Doula Services | |
| Dry Needling (Illinois 225 ILCS 90/1.5) (Section scheduled to be repealed on January 1, 2026 – we currently cover PT for dry needling when included as per diem treatment. WA state allows PT to do Dry Needling, eff. May 2023.) | | |
| Ear Candling | Egoscue | Electrodermal Stress Analysis |
| Essential Metabolics Analysis | Feldenkrais Method (Awareness Through Movement) | Functional Intracellular Analysis |
| Greek Cancer Cure Test | Hair Analysis | Hako-Med Electronic Horizontal Therapy Machine |
| Inversion Therapy | Iridology | Juvant Platform for Dynamic Motion Therapy |
| Live Blood Cell Analysis | Micronutrient Panel Testing | Myotherapy |
| Neural Therapy | Nambudripad's Allergy Elimination Techniques (Ref. 5) | Pfrimmer Deep Muscle Therapy® |
| Pilates | Progressive Relaxation | Ream's Testing |
| Remedial Massage | Rife Therapy/Rife Machine | Rolfing Structural Integration |
| Saliva Hormone Testing | Telemere Testing | Therapeutic Eurhythmy Tui Na |
| Trager® Psychophysical Integration/Bodywork | | Tui Na |

- b. Traditional Healers** - methods based on indigenous theories, beliefs, and experiences handed down from generation to generation; including, but not limited to:

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| Botanica | Curandero | Espiritista |
| Hierbero | Native American Medicine Men | Shaman |
| Sobador | Yerbera | |

- c. Manipulation of Energy Fields** - veritable forms of energy include those involving electromagnetic fields; including, but not limited to:

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| Aura Healing | Biofield Therapeutics/ Biofield Cancell (Entelev) Cancer Therapy | |
| Crystal Healing | Cupping | Electrosleep Therapy |
| Gemstone Therapy | Healing Touch | Light Therapy |
| Magnetic Therapy | Meridian Therapy | Millimeter Wave Therapy |

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| Moxibustion Therapy | Qi gong | Reiki |
| Therapeutic Touch | Thermogenic Therapy | |

d. Whole Medical Systems - complete systems of theory and practice that have evolved over time in different cultures and apart from conventional or Western medicine; including, but not limited to:

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| Ayurveda | Homeopathy | Macrobiotics |
| Naprachy (Except for members provided coverage through the Illinois Essential Health Benefit listed above.) | | |
| Naturopathy | Polarity Therapy | Traditional Eastern Medicine |

e. Transillumination Light Scanning Miscellaneous Therapies

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| Autogenous Lymphocytic Factor | individualized autogenous vaccines specially designed for those with immune system dysfunction |
| Chelation Therapy for atherosclerosis (M0300) | a chemical process in which a substance is used to bind molecules, such as metals or minerals, and hold them tightly so that they can be removed from a system, such as the body. |
| Insulin Potentiation Therapy | targets cancer cell metabolism allowing lower doses of chemotherapy by increasing cancer cell membrane permeability. |
| NaProTechnology | monitors and maintains a woman's reproductive and gynecological health; includes medical and surgical treatments. |
| Prolotherapy (M0076) | an injection-based CAM therapy for chronic musculoskeletal pain that triggers an inflammatory response in order to strengthen ligaments and decrease pain and disability. |
| Vascular endothelial cells (VECs) therapy | generating large numbers of circulatory system cells (vascular endothelial cells) from human amniotic-fluid-derived cells (ACs) to treat vascular disorders and promote organ regeneration. |

4. Medicare Advantage Criteria details:

- For specific criteria and coverage information please refer to Medicare Manual, [Medical National Coverage Determinations \(NCD\) Chapter 1, Section 30](#).
- Medicare Acupuncture for [cLBP NCD 30.3.3](#)
- [Medicare Claims Processing Manual](#) related to acupuncture for cLBP

Codes

*Codes listed are for informational purposes only and do not necessarily indicate that prior authorization is or is not required or coverage is guaranteed.

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

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History

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| Created Date: | 03/09/11 | | |
| Effective Date: | 02/14/18 | | |
| Next Review Date: | 11/07/2024 | | |
| Revision Date: | 09/14/11 – MDC-Acupuncture added. | | 01/11/12 – MDC |
| | 01/11/12 – MDC-Prolotherapy added and Fecal Bacteriotherapy | | |
| | 02/28/12 – MDC-Saliva Hormone Testing added. | 11/15/12 – MDC | 06/11/13 – MDC |
| | 12/11/13 – Add coverage for Naprapathy services for EHB mandate beneficiaries. | | |
| | 05/26/14 | 04/08/15 | |
| | 12/08/15 – MDC-Added EHB language for State of WA. | | |
| | 11/02/16 – MDC-Added as investigational: Acupuncture treatment of infertility and Nambudripad's Allergy Elimination Techniques. | | |
| | 12/13/17 – MDC-Revision-no coverage for Dry Needling as investigational. | | |

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| | 11/20/18 – MDC-Deletion of "Statement of the Policy" material and placing reference to covered chiropractic manipulation under 1.3 - Manipulative Practices. | |
| | 12/17/19 – MDC-Annual review, addition of limited acupuncture benefit effective 1/1/2020 & WA state mandate language effective 1/1/2020. | |
| | 07/13/20 – D. Hasler-Added references 20 & 21 per Dr. Burke. | |
| | 11/17/20 – MDC-Annual review, revisions related to new Medicare acupuncture benefit & dry needling. | |
| | 07/20/21 – MDC-Annual review, added Medical Marijuana reference to pharmacy policy; added some HCPCS codes in policy. | |
| | 08/16/22 – MDC-Annual review, further disclaimer added to check Plan Benefit language for CAM and Acupuncture, no changes. | |
| | 10/17/23 – MDC-Annual review, removed benefit language and point to member's plan documents, added WA state mandate link & deleted section related to WA mandate details. | |
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