



COMPLEMENTARY AND ALTERNATIVE MEDICINE

Guideline Number: CDG-A-025
Effective Date: August 1, 2013

Applicable Products:

- UHIC
- Community and State
- MAHP (MDIPA and Optimum Choice Inc.)
- Neighborhood Health Partnership

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Related Policies:

- [Apheresis](#)
- [Hyperbaric Oxygen Therapy and Topical Oxygen Therapy](#)
- [Transcutaneous Electrical Nerve Stimulation \(TENS\) for the Treatment of Nausea and Vomiting](#)

Related Coverage Determination Guidelines:

- [Nutrition](#)

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee’s document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COVERAGE RATIONALE

Plan Document Language

Before using this guideline, please check enrollee’s specific plan document and any federal or state mandates, if applicable.

Indications for Coverage

Some plans may cover certain forms of Complementary and Alternative Medicine. Please refer to the enrollee's plan specific COC for coverage information.

Acupuncture:

Check the group-specific plan documents to determine if the policy covers acupuncture.

When covered, the following provisions apply:

1. **Providers Covered:** Some plans limit the acupuncture benefit to certain provider types. Check the group-specific plan documents to determine if the benefit is limited to certain provider types.
2. **Place of Service:** Most plans limit the acupuncture benefit to office place of service. Check the group-specific plan documents to determine if the benefit is limited to certain places of service.
3. **Conditions Covered:** Some plans limit the acupuncture benefit to certain conditions or diagnoses. Check the group-specific plan documents to determine if the benefit is limited to certain conditions or diagnoses.
4. **Visit Limits:** Most plans have a visit limit per year for acupuncture. Check the group-specific plan documents to determine the number of allowable visits.

Other Complementary and Alternative Medicine:

Please see the Coverage Limitations and Exclusions section below.

Coverage Limitations and Exclusions

Standard plans exclude Complementary and Alternative Medicine. The exclusion includes, but is not limited to:

1. Acupressure therapy
2. Acupuncture therapy (*Some plans provide coverage. See Indications for Coverage section above.*)
3. Applied kinesiology
4. Aromatherapy
5. Bioelectromagnetic-based therapy (ie: unconventional use of electromagnetic fields for medical purposes, such as magnetic chairs)
6. Cellular Therapy
7. Colonics (colon therapy), Colonic Irrigation
8. Color therapy
9. Community programs (eg: Alcoholics Anonymous, Overeaters Anonymous)
10. Cranio-sacral therapy
11. Energy therapy (eg: gi gong, Reiki, therapeutic touch)
12. Hypnosis, hypno-therapy, hypnotism
13. Light therapy
14. Massage therapy (oriental, Swedish, or other massage)
15. Meditation and Mind Body therapy (eg: meditation, prayer, art therapy, music therapy, dance therapy, horseback therapy)
16. Meridian stress assessment (MSA) (a.k.a. Electroacupuncture)
17. Neural therapy
18. Reiki therapy
19. Rolfing therapy
20. Spiritual healing therapy
21. Tai chi
22. Therapeutic touch

23. Transcendental Meditation
24. Yoga
25. Other forms of alternative treatments, or Complementary and Alternative Medicine, as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health.

ADDITIONAL INFORMATION:

1. *The lack of a specific therapy or treatment in the list above does **not** mean that it is covered.*
2. *The above exclusion determinations do not apply to covered chiropractic manipulative treatment or osteopathic manipulative treatments.*
3. *Please see the Nutrition Coverage Determination Guideline for details on other alternative treatments such as mega vitamin nutritional therapy, cosmetic nutritional therapy and food (including herbal therapy).*
4. *The exclusion of coverage for spiritual healing therapy does not apply to the hospice benefit which provides coverage for spiritual and bereavement counseling that is part of a hospice agency program.*

For ASO plans with SPD language other than fully-insured Generic COC language:
Please refer to the enrollee's plan specific SPD for coverage.

DEFINITIONS

Acupuncture: The technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms.

Aromatherapy: The use of essential oils from plants to support and balance the mind, body and spirit.

Cellular Therapy: Procedure which involves the practice of injecting humans with foreign proteins like the placenta or lungs of unborn lambs.

Colonic Irrigation: A procedure to wash out or lavage material on the walls of the bowel to an unlimited distance without inducing defecation. This procedure is distinguished from all types of enemas which are primarily used to induce defecation.

Complementary and Alternative Medicine (as defined by NCCAM): A group of diverse medical and health care systems, practices, and products that are not presently considered to be part of Conventional Medicine. **Complementary** medicine is used together with Conventional Medicine. (e.g., using aroma therapy to help lessen a patient's discomfort following surgery). **Alternative** medicine is used in place of conventional medicine (e.g., using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor).

Conventional Medicine (as defined by NCCAM): Medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. Other terms for conventional medicine include allopathy; western, mainstream, orthodox, and regular medicine; and biomedicine. Some conventional medical practitioners are also practitioners of complementary and alternative medicine.

Transcendental Meditation: A technique that is claimed to produce a state of rest and relaxation when practiced effectively. Typically, patients are taught TM techniques over the course of

several sessions by persons trained in TM. The patient then uses the TM technique on his or her own to induce the relaxed state.

APPLICABLE CODES

The Current Procedural Terminology (CPT[®]) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply.

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Limited to specific procedure codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NOTE: The following is a partial list of Complementary and Alternative Medicine since not all types of Complementary and Alternative Medicine have CPT or HCPCS codes.
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Acupuncture Code Section – OPTIONAL BENEFIT:	
Procedure Code	Description
97810	ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION; INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT
97811	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97813	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT
97814	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH PATIENT

All Other Complementary and Alternative Medicine Code Section NOT COVERED:	
Procedure Code	Description
90880	HYPNOTHERAPY
97124	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS, PER SESSION (45 MINUTES OR MORE)

All Other Complementary and Alternative Medicine Code Section NOT COVERED:	
Procedure Code	Description
J3570	LAETRILE, AMYGDALIN, VITAMIN B-17
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION
M0075	CELLULAR THERAPY

Limited to specific diagnosis codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – See clarifications below:
	<p>Acupuncture:</p> <ul style="list-style-type: none"> When a plan excludes acupuncture, the exclusion applies to all diagnoses. When a plan covers acupuncture, check the group-specific plan documents to determine if the benefit is limited to certain diagnoses. <p>All Other Complementary & Alternative Medicine:</p> <ul style="list-style-type: none"> The exclusion applies to all diagnoses.

Limited to place of service (POS)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – See clarifications below:
	<p>Acupuncture:</p> <ul style="list-style-type: none"> When a plan excludes acupuncture, the exclusion applies to all places of service. When a plan covers acupuncture, check the group-specific plan documents to determine if the benefit is limited to certain places of service. <p>All Other Complementary & Alternative Medicine:</p> <ul style="list-style-type: none"> The exclusion applies to all places of service.

Limited to specific provider type?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – See clarifications below:
	<p>Acupuncture:</p> <ul style="list-style-type: none"> When a plan excludes acupuncture, the exclusion applies to all provider types.. When a plan covers acupuncture, check the group-specific plan documents to determine if the benefit is limited to certain provider types. <p>All Other Complementary & Alternative Medicine:</p> <ul style="list-style-type: none"> The exclusion applies to all provider types.

Limited to specific revenue codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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NOTE: The following is a partial list of Complementary and Alternative Medicine since not all types of Complementary and Alternative Medicine have revenue codes. Also, note that outpatient code 2101 is not covered on the acupuncture buy-up since the buy-up only covers office place of service.

NOT COVERED:

Revenue Code	Description
2100	ALTERNATIVE THERAPY SERVICES, GENERAL CLASSIFICATION
2101	ACUPUNCTURE
2102	ACUPRESSURE
2103	MASSAGE
2104	REFLEXOLOGY
2106	HYPNOSIS NON PSYCHIATRIC
2109	OTHER ALTERNATIVE THERAPY SERVICES

REFERENCES

1. National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM), website, last accessed November 2010: <http://nccam.nih.gov/health/whatiscam/>

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
12/4/09	Original Effective Date.
12/13/10	<ul style="list-style-type: none"> • Annual Review • Deleted “when another method of pain management has failed” from p.2, #3,b.1 • Added “and 2011” next to each 2007 COC reference throughout the document. • Updated the coding disclaimer on pg. 4
8/1/11	<ul style="list-style-type: none"> • Annual Review • Reviewed/confirmed all codes current, no coding changes.
4/1/12	<ul style="list-style-type: none"> • Acupuncture Coding: <ul style="list-style-type: none"> ◦ Added code S8930 (new HCPCS code effective 4/1/12) • Updated Instructions for Use paragraph, pg.1
8/1/12	<ul style="list-style-type: none"> • Annual Review • Reviewed/confirmed all codes current, no coding changes.
3/1/13	<ul style="list-style-type: none"> • New Template Format • Coverage Rationale Section: Removed plan design provisions

Date	Action/Description
	<p>for UHIC 2001 – 2011 COCs and replaced with generic instructions referring to group-specific plan documents.</p> <ul style="list-style-type: none"> • Coding Section: Added generic instructions for Diagnosis, Place of Service and Provider Type (referring to group-specific plan documents).
8/1/13	<ul style="list-style-type: none"> • Annual Review. • Added links to medical policies, page 1. • Updated MCGTM Care Guidelines reference, (Instructions for Use paragraph) • Corrected typo on page 2. • All codes reviewed no changes.