

BENEFIT COVERAGE POLICY

Title: BCP-29 Complementary and Alternative Medicine (CAM)

Effective Date: 10/01/2023

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Please refer to the member's benefit plan coverage guidelines for specific service. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

Prior approval is required for all non-network covered services to be paid at the network benefit level, except for emergency/urgent services.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

2.0 Terms & Definitions:

Alternative – use of a non-mainstream practice in place of conventional medicine.

Complementary medicine – the combination of a non-mainstream practice used together with conventional medicine. Includes use of natural products, sold as dietary supplements (e.g., herbs, vitamins, minerals, and probiotics) with mind and body practices (e.g., acupuncture, deep breathing, yoga, meditation, massage, guided imagery, etc.).

Homeopathy – the practice of medicine that uses a holistic, natural approach to the treatment of the sick based on the belief that the body can cure itself.

Functional Medicine – a systems biology-based approach that focuses on identifying and addressing the root cause of a disease or symptom. This approach considers an individual's genes, environment, and lifestyle in diagnosing a disease or factors of a disease.

Integrative health – brings conventional and complementary approaches together in a coordinated way. It emphasizes a holistic, patient-focused approach to health care and wellness, often including mental, emotional, functional, spiritual, social, and community aspects, and treating the whole person rather than, for example, one organ system.

Naturopathy – a medical system that has evolved from a combination of traditional practices and health care approaches popular in Europe during the 19th century.

3.0 Background:

The National Center for Complementary and Integrative Health (NCCIH), formerly the National Center for Complementary and Alternative Medicine (NCCAM), is the federal government's lead agency for scientific research on the diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. The mission of the NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative interventions and to provide the public with research-based information to guide healthcare decision making.

Large population-based surveys have found that the use of alternative medicine (i.e., unproven non-mainstream practices used in place of conventional medicine) is rare. Integrative health care, defined as a comprehensive, often interdisciplinary approach to treatment, prevention, and health promotion that brings together complementary and conventional medicine, is more common. The intent of an integrative approach is to enhance overall health, prevent disease, and alleviate debilitating symptoms such as pain and stress and anxiety management that often affect individuals coping with complex and chronic disease. However, unlike conventional medicine, which relies upon carefully designed trials and research, the scientific foundation for many complementary health approaches are generally not supported by clinical evidence because their effectiveness and safety are unproven in medical literature.

The NCCIH classifies complementary health approaches not considered an integral part of conventional medicine into the five broad categories described below:

- Alternative medical systems (e.g., homeopathy, naturopathy, Ayurveda, traditional Chinese medicine).
- Mind-body interventions: A variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms (e.g., meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance).
- Biologically based therapies: The use of natural substances such as herbs, foods, vitamins, or nutritional supplements to prevent and treat illness (e.g., macrobiotics, megavitamin therapy).
- Manipulative and body-based methods (e.g., massage, equestrian/hippotherapy).
- Energy therapies: Therapies involving the use of energy fields. They are of two types:
 - Biofield therapies: Therapies that are intended to affect energy fields that some claim surround and penetrate the human body. This includes forms of energy therapy that manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields (e.g., Qi Gong, Reiki, and therapeutic touch).
 - Bioelectromagnetic-based therapies: Therapies involving the unconventional use of electromagnetic fields (e.g., pulsed fields, magnetic fields, or alternating-current or direct-current fields).

4.0 Clinical Determination Guidelines:

A. The Health Plan considers some alternative medicine interventions medically necessary if they are supported as adequately safe and effective in peer-reviewed published medical literature. The following are some alternative medicine interventions that the Health Plan considers medically necessary for properly selected members, when medical criteria are met, and/or subject to applicable benefit plan limitations and exclusions.

1. Biofeedback (See BCP-06 "Outpatient Rehabilitative Services – PT/OT").
2. Chiropractic Services (See member benefit plan for coverage and limitations).

3. Electrical stimulation (See BCP-73 "Spinal Cord Stimulation for Pain Management," BCP-06 "Outpatient Rehabilitative Services – PT/OT").

B. The plan considers the following complimentary alternative medicine interventions experimental and investigational, as there is inadequate evidence in peer-reviewed published medical literature of their safety and/or effectiveness (not an all-inclusive list):

Active Release Technique	IV Vitamin C
Acupressure	Inversion Therapy
Acupuncture	Iridology
Alexander's Technique (physical alignment)	Juvent Platform (dynamic motion therapy)
AMMA Therapy	Kelley-Gonzales Dietary Therapy
Antineoplastons	Laetrile (almond oil)
Anti-oxidant Function Testing (e.g., Spectrox™)	Laughter Therapy
Actra-Rx	Leech Therapy / Hirudotherapy
Apitherapy (honey bee products)	Live Blood Cell Analysis
Applied Kinesiology	Macrobiotic Diet
Aromatherapy	Magnet Therapy
Art Therapy	MEDEK physiotherapy (Cuevas Medek Exercises)
Aura Healing	Megavitamin Therapy (orthomolecular medicine)
Autogenous Lymphocytic Factor	Meridian Therapy (acupuncture)
Auto Urine Therapy	Mesotherapy injections
Ayurveda	Micronutrient Panel Testing
Bee Sting Therapy	Millimeter Wave Therapy; acoustic or electromagnetic
Bioenergetic Therapy	Mirror Box Therapy
Biofield Cancell (Entelev) cancer therapy	Mistletoe (Isador)
Bioidentical Hormones	Moxibustion (heat therapy)
Biomagnetic Therapy	MTH-68 Vaccine (Newcastle Disease Virus)
Biophotonic Therapy (light emitting diodes [LED]) (e.g., Celluma)	Muscle Testing
Bovine Cartilage products	Musgutova Neuro-sensorimotor Reflex Integration (MNRI)
Brain Integration Therapy	Music Therapy
Buteyko Breathing Technique	Myotherapy (myofunctional therapy)
Carbon Dioxide Therapy	Naprapathy (pain treatment)
Cari Loder Regimen	Neural Injection Therapy
Cellular (Fresh Cell) Therapy	NUCCA (chiropractic procedure)
Chakra Healing / Balance	Ozone Therapy
Chelation Therapy	Pfrimmer (deep muscle therapy)
Chung Moo Doe (martial arts therapy)	Pilates
Coley's Toxin (cancer treatment)	Placentophagy / placenta capsules

Colonic Irrigation / Colonic Cleansing / Colonic Lavage	Polarity Therapy
Color Therapy	(Poon's) Chinese Blood Cleaning
Conceptual Mind-Body Techniques	Primal Psychotherapy
Craniosacral Therapy	Prolotherapy
Crystal Healing	Psychodrama
Cupping	Purging
Dance / Movement Therapy	Qigong (exercise)
Denneroll Posture Regainer	Ream's (urine and saliva testing)
Digital Myography	Reflexology / Reflexotherapy (zone therapy)
Dry Needling	Regenokine / Orthokine (injection therapy)
Ear Candling	Reiki
Egoscue (postural therapy)	Remedial Massage
Electrodermal Stress Analysis	Revici's Guided Chemotherapy
Electrodiagnosis According to Voll	Rife Electromagnetic Therapy / Rife machine
Electrosleep Therapy	Rolfing (structural integration)
Equestrian Therapy (hippotherapy)	Rubinfeld Synergy Method
Essential Metabolics Analysis (EMA)	714-X Immune-modulator (for cancer)
Essiac (herbal tea)	Salt Room Therapy / Halotherapy
Faith/ Spiritual Healing	Sarapin Injections (for chronic pain)
Feldenkrais Movement Therapy	Shark Cartilage products
Float Therapy / Sensory Deprivation Tank	Shiatsue Pressure Technique
Functional Intracellular Analysis	Sono Kinesthesia Treatment
Gemstone Therapy	Tai Chi
Gerson Nutritional Therapy	Telomere Testing
Glutathione	Therapeutic Eurythmy (movement therapy)
Glyconutrients	Therapeutic Touch
Graston Manual Therapy	Thought Field Therapy (Callahan Techniques Training)
Greek Cancer Cure (METBAL®/Cellbal®)	Thermogenic Therapy
Gua Sha (scraping therapy)	Trager Approach (movement education)
Guided Imagery	Transcendental Meditation
Hair Analysis	Traumeel (non-steroidal anti-inflammatory preparation)
Hako-Med machine (electro-medical horizontal therapy)	Trichuris suis Ova Therapy
Hellerwork (structural integration)	Tui Na (manipulative therapy)
Hivamat Therapy (deep oscillation)	UVLrx blood treatment
Hoxsey Herbal Therapy	Vascular Endothelial Cell Therapy
Human Placental Tissue	Vibrational (Flower) Essences

Hydrolysate Injections	Vibratory Pads (stimulation)
Humor Therapy	Vibro-Acoustic Therapy
Hydrazine sulfate	Visceral Manipulation Therapy
Hypnosis	Whitcomb Chiropractic Technique
Immunoaugmentive Therapy	Wilderness Programs / Outdoor Behavioral Healthcare / Adventure Therapy
Infratronic Qi-Gong machine	
Insulin Potentiation Therapy	
Insulin Sensitivity Therapy	
IV Histamine Therapy	
IV Hydrogen peroxide	
IV Micronutrient Therapy (Myers' Cocktail)	

- C. Nutritional supplements are a specific plan benefit exclusion - this includes bilberry, black cohosh, bovine cartilage, cat's claw, Coriolus versicolor mushroom, Echinacea, fish oil, Ginkgo biloba, glucosamine, kava, milk thistle, saw palmetto, shark cartilage, St. John's wort, valerian, and yohimbine (not an all-inclusive list).
- D. Medical marijuana is not a covered benefit as it is not an FDA-approved prescription medication.
- E. Functional Medicine testing remains experimental/investigational and a specific plan benefit exclusion. This includes the following services (not an all-inclusive list):
1. GI Effects Function Profile by Genova (includes both the microbial ecology and chemistries profile). Assesses bacteria, fungus, parasites, and tests for markers of inflammation and malabsorption; including but not limited to: comprehensive stool analysis; small intestinal bacterial overgrowth (SIBO) breath test; gastrointestinal pathogen screen.
 2. Metabolomix by Genova is a comprehensive functional and nutritional test that provides an analysis of key nutritional biomarkers and targets nutritional therapies.
 3. Ion Panel Test by Genova is a comprehensive nutritional evaluation that assesses a patient's functional need for antioxidants, B-vitamins, minerals, essential fatty acids, amino acids, and other select nutrients.
 4. Micronutrient Testing including, but not limited to SpectraCell MicroNutrient Testing.
 5. Adrenal Stress Profile including, but not limited to:
 - a. Adrenal Stress Index (assesses cortisol levels x4, DHEA, progesterone, insulin, and gluten sensitivity);
 - b. Neurotransmitter Profile (analyzes six main neurotransmitters: serotonin, GABA, dopamine, noradrenaline, adrenaline, and glutamate);
 - c. Functional Adrenal Stress Profile.
 6. Organic Acid Testing (urine) including, but not limited to Organix Comprehensive Profile.
 7. Comprehensive Hormone Testing including, but not limited to:
 - a. Cycling Female Hormone Panel – a non-invasive test consisting of 11 saliva specimens collected during specified time periods through the menstrual cycle;
 - b. Menopause Hormone Profile – provides measurements of six key hormones: Estrone (E1), Estradiol (E2), Estriol (E3), Progesterone (P), Testosterone (T), and DHEA, DHEA-S.

8. Advanced Celiac Profile – includes endomysial antibody IgA, tissue transglutaminase antibody IgA, and total serum IgA.
9. Advanced Cardio-metabolic Testing – includes lipid panel, comprehensive metabolic panel (CMP), routine urinalysis, complete blood count (CBC) with differential, C-reactive protein (CRP) with high sensitivity (cardiac risk assessment), homocysteine, lipoprotein (a).
10. Heavy Metal/ Essential Element Testing including, but not limited to:
 - a. Nutrient & Toxic Elements (hair);
 - b. Heavy metal provoked urine test.
11. Food Sensitivity Testing including, but not limited to:
 - a. IgG Food Sensitivity Profile;
 - b. Gluten intolerance testing.
12. Comprehensive Heart Health Test – includes lipid panel, C-reactive protein, homocysteine
13. Genetic testing for genetic variants in enzyme activity or single nucleotide polymorphisms (SNPs), unless criteria met under genetic testing.
14. Testing for Lyme/tick borne disease outside of CDC recommended tests including, but not limited to:
 - a. CD57 Panel (cellular stress) (HNK-1) and Complement C4a (complement stress);
 - b. Lyme Dot Blot Assay (LDA) looks for the presence of pieces of the Lyme bacteria in urine.

F. Saliva Hormone Level testing or any other lab/pathology code utilized for saliva testing is considered experimental/investigational, except when performed in the setting of diagnostic evaluation of Cushing’s syndrome or suspected Cushing’s syndrome.

G. NutrEval services (i.e., lab panel testing) are considered experimental/investigational.

5.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
90901	Biofeedback training by any modality	Y	Outpatient rehabilitation/habilitation therapy visit; Professional fees for surgical and medical services
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Y	Outpatient rehabilitation/habilitation therapy visit; Professional fees for surgical and medical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Y	Outpatient rehabilitation/habilitation therapy visit; Professional fees for surgical and medical services
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	N	Professional fees for surgical and medical services; Physician office visit for sickness or injury
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	N	Professional fees for surgical and medical services
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	N	Professional fees for surgical and medical services
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	N	Professional fees for surgical and medical services
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	N	Professional fees for surgical and medical services; Physician office visit for sickness or injury
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	N	Chiropractic visit
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	N	Chiropractic visit
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	N	Chiropractic visit
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	N	Chiropractic visit

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia") *When billed for Prolotherapy using phenol or morrhuate sodium.	Specific exclusion if used to report CAM service
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Experimental/Investigational
20561	Needle insertion(s) without injection(s); 3 or more muscles	Experimental/Investigational
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	Experimental/Investigational
88182	Flow cytometry, cell cycle or DNA analysis	Specific exclusion if used to report CAM service
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	Specific exclusion if used to report CAM service

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	Specific exclusion if used to report CAM service
90880	Hypnotherapy	Specific exclusion if used to report CAM service
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Specific exclusion
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Specific exclusion if used to report CAM service
97811	Acupuncture, 1 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)	Specific exclusion if used to report CAM service
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Specific exclusion if used to report CAM service
97814	Acupuncture, 1 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)	Specific exclusion if used to report CAM service
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)	Specific exclusion if used to report CAM service
J3570	Laetrile, amygdalin, vitamin B17	Specific exclusion if used to report CAM service
M0075	Cellular therapy	Specific exclusion if used to report CAM service
M0076	Prolotherapy	Specific exclusion if used to report CAM service
M0300	IV chelation therapy (chemical endarterectomy)	Specific exclusion if used to report CAM service
P2031	Hair analysis (excluding arsenic)	Specific exclusion if used to report CAM service
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	Specific exclusion if used to report CAM service
S8940	Equestrian/ hippotherapy, per session	Specific exclusion if used to report CAM service
S9451	Exercise classes, non-physician provider, per session	Specific exclusion if used to report CAM service
T2036	Therapeutic camping, overnight, waiver; each session	Specific exclusion if used to report CAM service
T2037	Therapeutic camping, day, waiver; each session	Specific exclusion if used to report CAM service

6.0 Unique Configuration/Prior Approval/Coverage Details:

ASO group L0001269 plans DAS01601, DAS02001 have coverage for alternative care (see specific SPDs).

7.0 References, Citations & Resources:

1. NCCIH National Center for Complementary and Integrative Health. Available at: <https://www.nccih.nih.gov/> (Accessed: 12 July 2023).
2. National Center for Complementary and Integrative Health (NCCIH) Pub No.: D347, “Complementary, Alternative, or Integrative Health: What’s In a Name?” July 2018. Available at: <https://nccih.nih.gov/health/integrative-health>
3. U.S. Food and Drug Administration (FDA). Complementary and alternative medicine products and their regulation by the Food and Drug Administration. December 2006. Available at: <http://www.fda.gov/RegulatoryInformation/Guidances/ucm144657.htm>

8.0 Associated Documents [For internal use only]:

Benefit Coverage Policies - BCP-06 Outpatient Rehabilitative Services – PT/OT, BCP-73 Spinal Cord Stimulation for Pain Management

Policies and Procedures (P&Ps) – MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedures (SOPs) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History:

Original Effective Date: 01/01/2020

Next Review Date: 10/01/2024

Revision Date	Reason for Revision
3/19	Policy created; 2/18/20 1/1/20 code changes made.
3/20	Off cycle review for 2020 code updates, updated formatting
10/20	Off cycle review to remove reference to mcg.
6/21	Annual review – removed “unlisted” codes. Added Prolotherapy and Metabolomix.
7/22	Annual review – no changes
7/23	Annual review, Updated Section 3.0; added Ion Panel test - Genova Diagnostics under Functional testing exclusion section, added dry needling under section 4.0 B and non-covered code section (20560, 20561), added 86001 to non-covered code section, Added ASO group L0002193, replaced references in policy from NCCAM to NCCIH, updated section 8.0 associated documents