

BENEFIT COVERAGE POLICY

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

Effective Date: 08/07/2020



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP 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 PHP 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 Alternative Medicine (NCCAM) defines complementary and alternative medicine (CAM) as “a group of diverse medical and health care systems, practices and products that are not generally considered to be part of conventional medicine (i.e., Western medicine).” The list of CAM frequently changes.

Therapies are commonly initiated for non-specific symptoms like fatigue, diarrhea, bloating, difficulty concentrating or other similar vague symptoms. Non-traditional diagnoses include Intestinal Dysbiosis, Chronic Yeast Syndrome, Neurotransmitter Imbalance, and Adrenal Fatigue, which are not commonly accepted by traditional medicine. These diagnoses are often “established” through extensive laboratory testing, performed by labs specializing in lab profiles for these “diseases.” Therapeutic progress is often monitored by repeating the lab testing on a regular basis, with adjustments made to the therapies based on test results.

There is no common or consistent ideology, therapy of illness, or treatment on which alternative therapies are based. They are derived from a variety of sources: ethnic and folk traditions, mainstream medical practices, established religions or semi-religious cults, philosophies or metaphysical movements, and health-and-wellness groups. NCCAM classifies CAM therapies into five categories:

- Biologically-based Products – use of substances found in nature. Examples include herbal products, vitamins, creams, ointments, and/or dietary supplements. Also included are CAM therapies to treat cancer such as auto urine therapy, cellular therapy, Coley’s Toxin, immunoaugmentive therapy, Kelly-Gonzales therapy, Laetrile, and ozone therapy.
- Energy Therapies – techniques that are intended to affect the energy fields that purportedly surround and penetrate the human body. Examples include Reiki, therapeutic touch, Qi Gong, pulsed fields, magnetic fields, electromagnetic, and/or alternating current or direct current fields.
- Manipulative and Body-based Practices – techniques based on manipulation and/or movement of one or more body parts. Examples include massage by a massage therapist, myotherapy, craniosacral therapy, inversion therapy, yoga, and/or reflexology.
- Mind - Body Medicine – a variety of techniques designed to enhance the mind’s capacity to affect bodily function and symptoms. Some techniques have become part of mainstream practice, such as patient support groups and cognitive-behavioral therapy. Examples of CAM therapies include hypnotherapy, meditation, prayer, mental healing, and/or therapies that use creative outlets such as art, music, or dance.
- Whole Medical Systems – medicine based on theory and practice. Examples include homeopathic and naturopathic medicine, macrobiotics, and traditional Chinese medicine such as acupuncture and Ayurveda.

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

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

Hydrolysate Injections	UVLrx blood treatment
Humor Therapy	Vascular Endothelial Cell Therapy
Hydrazine sulfate	Vibrational (Flower) Essences
Hypnosis	Vibratory Pads (stimulation)
Immunoaugmentive Therapy	Vibro-Acoustic Therapy
Infratronic Qi-Gong machine	Visceral Manipulation Therapy
Insulin Potentiation Therapy	Whitcomb Chiropractic Technique
Insulin Sensitivity Therapy	Wilderness Programs / Outdoor Behavioral Healthcare / Adventure Therapy
	Wurn Technique / Clear Passage Physical Therapy
	Yoga

- 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. Micronutrient Testing including, but not limited to SpectraCell MicroNutrient Testing.
 3. 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.
 4. Organic Acid Testing (urine) including, but not limited to Organix Comprehensive Profile.
 5. 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.
 6. Advanced Celiac Profile – includes endomysial antibody IgA, tissue transglutaminase antibody IgA, and total serum IgA.
 7. 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).

- 8. Heavy Metal/ Essential Element Testing including, but not limited to:
 - a. Nutrient & Toxic Elements (hair);
 - b. Heavy metal provoked urine test.
 - 9. Food Sensitivity Testing including, but not limited to:
 - a. IgG Food Sensitivity Profile;
 - b. Gluten intolerance testing.
 - 10. Comprehensive Heart Health Test – includes lipid panel, C-reactive protein, homocysteine
 - 11. Genetic testing for genetic variants in enzyme activity or single nucleotide polymorphisms (SNPs), unless criteria met under genetic testing.
 - 12. 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.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
90901	Biofeedback training by any modality	Y	Outpatient rehabilitation/habilitation therapy visit OR Professional fees for surgical and medical services
90911 Code deleted 1/1/20	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	Y	Outpatient therapeutic treatment
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 OR Professional fees for surgical and medical services
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one	Y	Outpatient rehabilitation/habilitation therapy visit OR Professional fees for

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)		surgical and medical services
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	N	Professional fees for surgical and medical services
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
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
45399	Unlisted procedure, colon	Specific exclusion if used to report CAM service
66999	Unlisted procedure, anterior segment of eye	Specific exclusion if used to report CAM service
69399	Unlisted procedure, external ear	Specific exclusion if used to report CAM service
84999	Unlisted chemistry procedure	Specific exclusion if used to report CAM service
85999	Unlisted hematology and coagulation procedure	Specific exclusion if used to report CAM service
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
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

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
90880	Hypnotherapy	Specific exclusion if used to report CAM service
90899	Unlisted psychiatric service or procedure	Specific exclusion if used to report CAM service
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Specific exclusion if used to report CAM service
96549	Unlisted chemotherapy procedure	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
97139	Unlisted therapeutic procedure (specify)	Specific exclusion if used to report CAM service
97799	Unlisted physical medicine/rehabilitation service or procedure	Specific exclusion if used to report CAM service
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
99199	Unlisted special service, procedure or report	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
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

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
		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, DAS01801 (plan terminating 12/31/20), DAS02001, DAS02201 (plan terminated 12/31/2019), DAS02301 (plan terminated 12/31/2019) and DAS02601 (plan terminated 12/31/2019) have coverage for alternative care (see specific SPDs).

7.0 References, Citations & Resources:

1. 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>
2. 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]:

Policies and Procedure (P&P) – MMP-07 Benefit Determinations

Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations.

Form – Prior Authorization Request Form for Services.

9.0 Revision History:

Original Effective Date: 01/01/2020

Next Review Date: 07/01/2021

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.