

Medical Policy

Complementary and Alternative Medicine

Policy Number: OCA 3.194

Version Number: 20

Version Effective Date: 01/01/22

Product Applicability

All Plan⁺ Products

WellSense Health Plan

- NH Medicaid
 NH Medicare Advantage

Boston Medical Center HealthNet Plan

- MassHealth ACO
 MassHealth MCO
 Qualified Health Plans/ConnectorCare/Employer Choice Direct
 Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers complementary and alternative medicine (CAM) **NOT medically necessary** unless the service and indication for treatment are covered for the member.

Clinical Criteria

The member's product-specific benefit documents will determine coverage for complementary and alternative medicine (CAM) services as specified below in items 1 and 2:

1. The Plan considers CAM services NOT medically necessary for Plan members, except as covered in the member's applicable benefit documents.
2. There may be separate medical policies that address the treatment of specific conditions or procedures that supersede this policy. See the Plan's *Prior Authorization/Notification Requirements* matrix available at www.bmchp.org or www.wellsense.org for prior authorization guidelines by service type for Plan members.

Complementary and Alternative Medicine

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Limitations and Exclusions

The Plan considers the services listed in items 1 through 5 to be non-inclusive. Complementary Alternative Medicine services not covered include (except as stated in the member's applicable benefit document):

1. Whole Medicine Systems: Medicine based on theory and practice. Examples are homeopathic and naturopathic medicine and traditional Chinese medicine such as Ayurveda.
2. Mind Body Medicine: Methods designed to improve the mind's ability to affect bodily function and symptoms. Examples are biofeedback (except for treatment of urinary incontinence); hypnotherapy/hypnosis; meditation; prayer; mental healing; and therapies that use creative outlets such as art, music, or dance.
3. Substances that are found in nature. Examples are herbal products, vitamins, and dietary supplements.
4. Manipulative and Body Based Practices: Methods involving manipulating or moving one or more parts of the body. Examples are massage, myotherapy, craniosacral therapy, osteopathic manipulation, hippotherapy, yoga, and reflexology.
5. Energy Medicine: Methods involving use of energy fields. Examples are Reiki, therapeutic touch, pulsed fields, magnetic fields, electromagnetic, or alternating-current or direct-current field.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, there was no applicable clinical policies by CMS. Verify CMS guidelines in effect on the date of the prior authorization request for the service and indication for treatment. When there is no guidance from CMS for the requested service, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior

Complementary and Alternative Medicine

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria section and Limitations and Exclusions section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan’s reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member’s benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members.

CPT Codes	Description: Service is considered NOT medically necessary, except as specified in the member’s applicable benefit document
90880	Hypnotherapy Plan note: Code is NOT payable for the Senior Care Options product.
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
HCPCS Codes	Description: Service is considered NOT medically necessary, except as specified in the member’s applicable benefit document
M0075	Cellular therapy Plan note: Code is NOT payable for the Senior Care Options and WellSense Medicare Advantage HMO products.
S8940	Hippotherapy, per session Plan note: Code is NOT payable for the Senior Care Options and WellSense Medicare Advantage HMO products.

References

American Chronic Pain Association (ACPA). ACPA Resource Guide to Chronic Pain management, An Integrated Guide to Medical, Interventional, Behavioral Pharmacologic and Rehabilitation Therapies. Feinberg S (ed.) American Chronic Pain Association Inc., Rocklin, California. 2019.

American College of Chest Physicians (ACCP). Deng GE, Rausch SM, Jones LW, Gulati A, Kumar NB, Greenlee H, Pietanza MC, Cassileth BR. Complementary therapies and integrative medicine in lung cancer: diagnosis and management of lung cancer, 3rd ed: ACCP evidence-based clinical practice guidelines. Chest. 2013 May;143(5 Suppl):e420S-36S. doi: 10.1378/chest.12-2364. PMID: 23649450.

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

American College of Physicians (ACP). Qaseem A, Wilt TJ, McLean RM, Forciea MA; Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Guideline from the ACP. *Ann Intern Med.* 2017 Apr 4;166(7):514-530. doi: 10.7326/M16-2367. Epub 2017 Feb 14. PMID: 28192789.

American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA). Rosenquist RW, Benzon HT, Connis RT, De Leon-Casasola OA, Glass D, Korevaar WC, Cynwyd B, Mekhail NA, Merrill DG, Nickinovich DG, Rathnmell JP, Nai-Mei Sang C, Simon DL; ASA Task Force on Chronic Pain Management. Practice guidelines for chronic pain management: an updated report by the ASA Task Force on Chronic Pain Management and the ASRA. *Anesthesiology.* 2010 Apr;112(4):810-33. doi: 10.1097/ALN.0b013e3181c43103. PMID: 20124882.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual.

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD).

Centers for Medicare & Medicaid Services (CMS). Transmittals.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, Fu R, Dana T, Kraegel P, Griffin J, Grusing S, Brodt E. Noninvasive Treatments for Low Back Pain. Comparative Effectiveness Review No. 169. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2012-00014-I.) AHRQ Publication No. 16-EHC004-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2016 Feb.

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, Fu R, Dana T, Kraegel P, Griffin J, Grusing S, Brodt ED. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017 Apr 4;166(7):493-505. doi: 10.7326/M16-2459. Epub 2017 Feb 14. PMID: 28192793.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Manuals.

Commonwealth of Massachusetts. MassHealth Transmittal Letters.

Greenlee H, Balneaves LG, Carlson LE, Cohen M, Deng G, Hershman D, Mumber M, Perlmutter J, Seely D, Sen A, Zick SM, Tripathy D; Society for Integrative Oncology. Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. *J Natl Cancer Inst Monogr*. 2014 Nov;2014(50):346-58. doi: 10.1093/jnci monographs/lgu041. Review. Erratum in: *J Natl Cancer Inst Monogr*. 2015 May;2015(51):98. PMID: 25749602.

Institute for Clinical Systems Improvement (ICSI). *Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management*. Eighth Edition. Version 2. 2017 Aug.

Levy SE, Hyman SL. Complementary and alternative medicine treatments for children with autism spectrum disorders. *Child Adolesc Psychiatr Clin N Am*. 2015 Jan;24(1):117-43. doi: 10.1016/j.chc.2014.09.004. Epub 2014 Oct 3. PMID: 25455579.

National Academies of Sciences, Engineering, and Medicine. 2017. *Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. 2017 Jul 13. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/24781>.

National Cancer Institute. National Institutes of Health (NIH). *Complementary and Alternative Medicine*. 2019 Sep 30.

National Center for Complementary and Integrative Health (NCCIH). National Institutes of Health (NIH). *Acupuncture*. 2017 Sep 24.

National Center for Complementary and Integrative Health (NCCIH). National Institutes of Health (NIH). *Acupuncture: In Depth*. 2017 Feb 21.

National Center for Complementary and Integrative Health (NCCIH). National Institutes of Health (NIH). *Complementary, Alternative, or Integrative Health: What's In a Name?* 2019 Apr 2.

New Hampshire Department of Health and Human Services. *Billing Manuals*.

New Hampshire Department of Health and Human Services. *Provider Notices*.

Office of Patient Centered Care and Cultural Transformation (OPCC&CT). *Complementary and Integrative Health (CIH) Resource Guide*. Version 2. Last Update: 2017 Oct.

U.S. Department of Veterans Affairs (VA), Department of Defense (DoD). *VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain*. Version 2.0 – 2017.

U.S. Department of Veterans Affairs. Department of Defense (DoD). *VA/DoD Clinical Practice Guideline for the Management of Chronic Multisymptom Illness CMI 2014*.

U.S. National Library of Medicine. National Institutes of Health. *Collection Development Manual. Complementary and Alternative Medicine*. 2018 Mar 26.

Complementary and Alternative Medicine

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Yuan QL, Guo TM, Liu L, Sun F, Zhang YG. Traditional Chinese medicine for neck pain and low back pain: a systematic review and meta-analysis. PLoS One. 2015 Feb 24;10(2):e0117146. doi: 10.1371/journal.pone.0117146. eCollection 2015. PMID: 25710765.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 07/28/09: MPCTAC 08/26/09: QIC	11/01/09 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	MPCTAC and Quality Improvement Committee (QIC)

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12

*Effective Date for the Senior Care Options Product: 01/01/16

*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Policy title was *Complementary and Alternative Medicine, Including Acupuncture Treatment* until 06/30/19. As of 07/01/19, policy title changed to *Complementary and Alternative Medicine, Including Acupuncture*. As of 1/1/22, policy title changed to *Complementary and Alternative Medicine*.

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date and Version Number	Approved by
07/01/10	Removed osteopathic manipulation from the list of CAM services. Changed the “non-covered” language to “not medically necessary,” added massage by a massage therapist and updated references.	Version 2	07/21/10: MPCTAC 08/25/10: QIC
07/01/11	Updated references and added commercial language.	Version 3	07/22/11: MPCTAC 08/24/11: QIC
07/01/12	Updated references, added language to Applicable Code section and added applicable code list. Updated Summary section and Applicable Code section to specify that acupuncture is considered a medically necessary service for Commonwealth Care and MassHealth members when used for substance abuse detoxification, as managed and authorized by Beacon Health Strategies. Included statement	Version 4	07/18/12: MPCTAC 08/22/12: QIC

Complementary and Alternative Medicine

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	that acupuncture is not a covered service for Commercial members and added a reference to the Medically Necessary policy in the Summary section.		
05/01/13	Review for effective date 09/01/13. Updated Summary section and applicable code list. Referenced Reimbursement Guidelines: Chiropractic Services (Spinal Manipulation), policy number 4.114. Medical Policy Statement section revised without changing criteria. Hippotherapy added to applicable code list, and the reference to the Hippotherapy policy deleted from Medical Policy Statement section (since Hippotherapy policy will be retired effective 09/01/13). Renumbered policy from OCA: 3.193 to OCA: 3.194.	09/01/13 Version 5	05/15/13: MPCTAC 06/20/13: QIC
05/01/14	Review for effective date 07/01/14. Updated Summary section. Added acupuncture services in the Description of Item or Service and Clinical Background Information sections. Revised language in Medical Policy Statement section and Limitations section without changing criteria. Updated references. Revised policy title.	07/01/14 Version 6	05/21/14: MPCTAC 06/11/14: QIC
01/01/15	Review for effective date 03/01/15. Updated Medical Policy Statement section to clarify guidelines without changing criteria. Updated references.	03/01/15 Version 7	01/21/15: MPCTAC 02/11/15: QIC
04/01/15	Review for effective date 06/01/15. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Administrative changes made to the Applicable Coding section, but no changes made to the code list. Updated Summary and References sections.	06/01/15 Version 8	04/15/15: MPCTAC 05/13/15: QIC
11/25/15	Review for effective date 01/01/16. Updated template with list of applicable products and notes. Administrative changes made to the Summary, Medical Policy Statement, and Limitations section without revising criteria. Revised language in the Applicable Coding section.	01/01/16 Version 9	11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
04/01/16	Review for effective date 06/01/16. Updated	06/01/16	04/20/16: MPCTAC

Complementary and Alternative Medicine

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	the Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections.	Version 10	05/23/16: QIC
04/01/17	Review for effective date 05/08/17. Administrative changes made to the Medical Policy Statement and Applicable Coding sections (without changing the code list or criteria). Updated Definitions, Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections.	05/08/17 Version 11	04/19/17: MPCTAC
02/01/18	Review for effective date 03/01/18. Updated Description of Item or Service and Other Applicable Policies sections.	03/01/18 Version 12	02/21/18: MPCTAC
05/01/18	Review for effective date 06/01/18. Administrative changes made to the Limitations sections. Updated Plan notes in the Applicable Coding section without changing the code list. Removed QHP/ConnectorCare/Employer Choice Direct from the list of applicable products for this policy. Updated Policy Summary, Definitions, References, and Other Applicable Policies sections.	06/01/18 Version 13	05/16/18: MPCTAC
03/01/19	Review for effective date 04/01/19. Administrative changes made to the Description of Item or Service, Limitations, Applicable Coding (with Plan notes added), References, and Other Applicable Policies sections.	04/01/19 Version 14	03/20/19: MPCTAC
04/01/19	Review for effective date 05/01/19. Administrative changes made to the Policy Summary, Description of Item or Service, Medical Policy Statement, and Limitations sections. Revised the policy title. Removed non-payable code listed as not medical necessary (administrative change) and updated Plan notes in the Applicable Coding section.	05/01/19 Version 15	04/18/19: MPCTAC (electronic vote)
12/01/19	Review for effective date 01/01/20. Administrative changes made to Plan notes in the Applicable Coding section, References section, and Reference to Applicable Laws and Regulations section.	01/01/20 Version 16	12/18/19: MPCTAC
04/01/20	Review for effective date 07/01/20. Administrative changes made to the Policy Summary, Clinical Background Information, References, and Reference to Applicable Laws	07/01/20 Version 17	04/15/20: MPCTAC

Complementary and Alternative Medicine

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	and Regulations sections. Revised the Plan notes in the Applicable Coding section. Add a prior authorization requirement for acupuncture for Senior Care Options members in the Medical Policy Statement and Limitations sections.		
12/01/20	Review for effective date 01/01/21. Administrative changes made to the Description of Item or Service, Medical Policy Statement, Applicable Coding, and References sections.	01/01/21 Version 18	12/16/20: MPCTAC
11/01/21	Review for effective date 12/01/21. Adopted new medical policy template; removed administrative sections, the Medical Policy Statement section renamed the Clinical Criteria section, and the Limitations section renamed the Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Limitations and Exclusions, Applicable Coding, and References sections.	01/01/22 Version 19	11/17/21: MPCTAC
12/01/21	Review for effective date 01/01/22. Removed acupuncture references. Review the Plan's <i>Acupuncture</i> medical policy, policy number OCA 3.17, rather than this policy for acupuncture services as of 01/01/22.	01/01/22 Version 20	12/15/21: MPCTAC

Next Review Date

12/01/22

Authorizing Entity

MPCTAC

Disclaimer Information:+

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in

Complementary and Alternative Medicine

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

Complementary and Alternative Medicine

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.