Medical Policy

Complementary and Alternative Medicine, Including Acupuncture Treatment

Policy Number: OCA 3.194
Version Number: 10
Version Effective Date: 06/01/16

Product Applicability

<table>
<thead>
<tr>
<th>Well Sense Health Plan</th>
<th>Boston Medical Center HealthNet Plan</th>
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</thead>
<tbody>
<tr>
<td>□ New Hampshire Medicaid</td>
<td>✗ MassHealth</td>
</tr>
<tr>
<td>□ NH Health Protection Program</td>
<td>✗ Qualified Health Plans/ConnectorCare/Employer Choice Direct</td>
</tr>
<tr>
<td></td>
<td>✗ Senior Care Options ◊</td>
</tr>
</tbody>
</table>

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers complementary and alternative medicine to NOT be medically necessary, except as specified in the member’s benefit document. See the Plan policy, Medically Necessary (policy number OCA 3.14), for the definition of a medically necessary service by Plan product type.

Acupuncture treatment is a covered service for a Plan member when the treatment is included in the member’s product-specific benefit documents for the specified indication. See the BMC HealthNet Plan member’s applicable benefit documents at www.bmchp.org (or at www.SeniorsGetMore.org for a
Senior Care Options member) for the most up-to-date information on benefit coverage for acupuncture treatment and other types of complementary and alternative medicine.

When acupuncture treatment is a covered service and used as an aid to a member who is withdrawing from dependence on substances or in recovery from addiction, requests for treatment must be submitted to Beacon Health Options for review and prior authorization approval. Beacon Health Options may be contacted at 1-888-217-3501 or at www.beaconhealthstrategies.com. Other covered indications for acupuncture services (e.g., pain relief or anesthesia), as specified in the member’s product-specific benefit document, do NOT require Plan prior authorization.

**Description of Item or Service**

**Acupuncture Treatment:** The insertion of metal needles through the skin at certain points on the body, with or without herbs, with an electric current and/or heat to the needles or skin. Acupuncture treatment may be used for pain relief or anesthesia, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction, or for other indications. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine.

**Complementary or Alternative Medicine (CAM):** A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. Complementary medicine is used together with conventional medicine. Alternative medicine is used in place of conventional medicine. There are several different types of CAM that include but are not limited to the following examples:

1. **Biologically-Based Practices:** Substances that are found in nature. Some examples include herbal products, vitamins, creams, ointments, and/or dietary supplements.

2. **Energy Medicine:** Techniques that involve the use of energy fields. Some examples include Reiki, therapeutic touch, pulsed fields, magnetic fields, electromagnetic, and/or alternating-current or direct-current fields.

3. **Manipulative and Body-Based Practices:** Techniques that are used to manipulate or move one or more parts of the body. Some examples include massage (by a massage therapist), myotherapy, craniosacral therapy, hippotherapy, yoga, and/or reflexology.

4. **Mind Body Medicine:** A variety of techniques designed to enhance the mind’s capacity to affect bodily function and symptoms. Some examples include biofeedback, hypnotherapy, meditation, prayer, mental healing, and/or therapies that use creative outlets such as art, music, or dance.
5. Whole Medicine Systems: Medicine based on theory and practice. Some examples include homeopathic medicine, naturopathic medicine, and traditional Chinese medicine such as acupuncture and Ayurveda.

Medical Policy Statement

The member’s product-specific benefit documents will determine coverage for complementary and alternative medicine services, including acupuncture treatment and other types of complementary and alternative medicine, as specified below in items 1 through 3:

1. The Plan does NOT consider complementary and alternative medicine (CAM) services medically necessary for Plan members, except as covered in the member’s applicable benefit documents available at www.bmchp.org for a BMC HealthNet Plan member (or at www.SeniorsGetMore.org for a Senior Care Options member).

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 for prior authorization guidelines by service type for BMC HealthNet Plan members (including Senior Care Options members). Reference the applicable medical criteria included in the following Plan policy: Biofeedback for Urinary Incontinence, Outpatient (policy number OCA 3.969).

3. Below are the prior authorization requirements for acupuncture services based on treatment indication; item a lists indications that require prior authorization and item b specifies indications that do not require prior authorization:

   a. Prior authorization is REQUIRED through Beacon Health Options (rather than the Plan) for acupuncture treatment when it is a covered service for the member and used as an aid to a member who is withdrawing from dependence or substances or in recovery from addiction. The treating provider must contact Beacon Health Options at 1-888-217-3501 or at www.beaconhealthstrategies.com; OR

   b. Prior authorization is NOT required for acupuncture treatment for other covered indications not specified above in item a (such as pain relief or anesthesia) when it is a covered benefit for the specified indication, as listed in the member’s product-specific benefit document available at www.bmchp.org for a BMC HealthNet Plan member (or at www.SeniorsGetMore.org for a Senior Care Options member).

Limitations

The Plan considers complementary and alternative medicine NOT to be medically necessary, except as covered in the member’s applicable benefit documents available at www.bmchp.org for a BMC HealthNet Plan member (or at www.SeniorsGetMore.org for a Senior Care Options member).
Plan policy, *Medically Necessary* (policy number OCA 3.14), for the definition of a medically necessary service by Plan product type.

**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). Because 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 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 Medical Policy Statement section and Limitation 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 the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

This applicable code list includes complementary and alternative medicine (CAM) services with an assigned CPT or HCPCS code. See Plan policy, *Reimbursement Guidelines - Chiropractic Services (Spinal Manipulation)*, policy number 4.114, available at [www bmchp org](http://www.bmchp.org) for billing and reimbursement guidelines for chiropractic treatment for BMC HealthNet Plan members.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Service is considered to NOT be medically necessary, except as specified in the member’s applicable benefit document</th>
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<tbody>
<tr>
<td>90880</td>
<td>Hypnotherapy</td>
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<tr>
<td>97124</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</td>
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<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with patient, with re-insertion of needle(s)</td>
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</tbody>
</table>
**Clinical Background Information**

Complementary medicine generally refers to using a non-mainstream approach to treatment together with conventional medicine (also considered integrative medicine or integrative health care). Alternative medicine refers to using a non-mainstream approach to treatment in place of conventional medicine, which is less common.

Acupuncture has been studied for a wide range of pain conditions, such as postoperative dental pain, carpal tunnel syndrome, fibromyalgia, headache, low-back pain, menstrual cramps, myofascial pain, osteoarthritis, and tennis elbow. Acupuncture is generally considered safe when performed by a licensed practitioner using sterile needles. Relatively few complications from acupuncture have been reported. Serious adverse events related to acupuncture are rare, but include infections and punctured organs.

At the time of the Plan’s most recent policy review, no clinical guidelines were found from the Centers for Medicare & Medicaid Services (CMS) for the category of services considered complementary and alternative medicine (i.e., a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine). CMS has the following national coverage determinations (NCD) for acupuncture services that state the treatment is not considered reasonable and necessary because its efficacy has not been established: NCD for Acupuncture (30.3), NCD for Acupuncture for Fibromyalgia (30.3.1), and NCD for Acupuncture for Osteoarthritis (30.3.2). Verify the CMS guidelines for acupuncture services effective on the date of prior authorization request. Determine if applicable CMS criteria are in effect for the specific type of complementary and alternative medicine and the indication for treatment in a national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request for a Senior Care Options member.
References


Complementary and Alternative Medicine, Including Acupuncture Treatment

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<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
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<tr>
<td>Regulatory Approval: N/A Internal Approval: 07/28/09: MPCTAC 08/26/09: QIC</td>
<td>11/01/09 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>MPCTAC and QIC</td>
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*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Senior Care Options Product(s): 01/01/16

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>07/01/10</td>
<td>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.</td>
<td>Version 2</td>
<td>07/21/10: MPCTAC 08/25/10: QIC</td>
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Complementary and Alternative Medicine, Including Acupuncture Treatment

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<th>Description</th>
<th>Version</th>
<th>Last Updated by</th>
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<tr>
<td>07/01/11</td>
<td>Updated references and added commercial language.</td>
<td>Version 3</td>
<td>07/22/11: MPCTAC</td>
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<td>08/24/11: QIC</td>
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<tr>
<td>07/01/12</td>
<td>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 that acupuncture is not a covered service for Commercial members and added a reference to the Medically Necessary policy in the Summary section.</td>
<td>Version 4</td>
<td>07/18/12: MPCTAC</td>
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<td>08/22/12: QIC</td>
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<tr>
<td>05/01/13</td>
<td>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.</td>
<td>Version 5</td>
<td>05/15/13: MPCTAC</td>
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<td>06/20/13: QIC</td>
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<tr>
<td>05/01/14</td>
<td>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.</td>
<td>Version 6</td>
<td>05/21/14: MPCTAC</td>
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<td>06/11/14: QIC</td>
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<td>01/01/15</td>
<td>Review for effective date 03/01/15. Updated Medical Policy Statement section to clarify guidelines without changing criteria. Updated references.</td>
<td>Version 7</td>
<td>01/21/15: MPCTAC</td>
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<td>02/11/15: QIC</td>
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<tr>
<td>04/01/15</td>
<td>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</td>
<td>Version 8</td>
<td>04/15/15: MPCTAC</td>
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<td>05/13/15: QIC</td>
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<td>Policy Revisions History</td>
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<tr>
<td>11/25/15</td>
<td>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.</td>
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<td>01/01/16 Version 9</td>
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<tr>
<td>04/01/16</td>
<td>Review for effective date 06/01/16. Updated the Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections.</td>
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<tr>
<td></td>
<td>06/01/16 Version 10</td>
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**Last Review Date**

04/01/16

**Next Review Date**

04/01/17

**Authorizing Entity**

QIC

**Other Applicable Policies**

Medical Policy - *Biofeedback for Urinary Incontinence, Outpatient*, policy number OCA 3.969
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Reimbursement Policy - *Acupuncture Services*, policy number 4.4
Reimbursement Guidelines - *Chiropractic Services (Spinal Manipulation)*, policy number 4.114
Reimbursement Guidelines - *Chiropractic Services (Spinal Manipulation)*, policy number WS 4.35
Reimbursement Guidelines - *General Billing and Coding Guidelines*, policy number 4.31
Reimbursement Guidelines - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number 4.108
Reimbursement Guidelines - Physician and Non Physician Practitioner Services, 4.608

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Reference to Applicable Laws and Regulations


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 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.