


MEDICAL POLICY	Complementary and Alternative Medicine (CAM) Treatments (Medicare Only)
Effective Date: 12/01/2021  <div style="text-align: right;">12/01/2021</div>	Medical Policy Number: 327 Medical Policy Committee Approved Date: 10/2021
Medical Officer Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Important Notes:

- Member benefits, which address coverage or non-coverage of specific complementary and alternative medicine treatments, may vary. Member evidence of coverage (EOC) language takes precedent over medical policy.
- Services in this policy may exist in other Medical Policies. See Cross References for guidance.

Service	Medicare Guidelines
<i>Acupuncture</i>	Potentially covered acupuncture services: <ul style="list-style-type: none"> • National Coverage Determinations (NCD): Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) Non-covered acupuncture services: <ul style="list-style-type: none"> • NCD: Acupuncture (30.3) • NCD: Acupuncture for Fibromyalgia (30.3.1) • NCD: Acupuncture for Osteoarthritis (30.3.2)

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<i>Cellular Therapy (M0075)</i>	NCD: Cellular Therapy (30.8)
<i>Colonic Irrigation</i>	NCD: Colonic Irrigation (100.7)
<i>Naturopaths and Other Providers Ineligible for Medicare Participation</i>	<p>Services may be excluded from coverage due to being rendered by a provider who is ineligible for Medicare participation. Examples of providers ineligible to participate in the Medicare program, and therefore, are ineligible for Medicare reimbursement, include - but are not limited to - the following:</p> <ul style="list-style-type: none"> • Acupuncturist • Birthing Center • Licensed Massage Therapist • Marriage Family Therapist • Naturopath <p>Note: This does not mean CAM treatments are covered when performed by a Medicare-eligible provider.</p>
<i>Over-the-Counter products</i>	Medicare Prescription Drug Benefit Manual, Chapter 6 – Part D Drugs and Formulary Requirements, §10.10 - Over-the-Counter Products (OTCs)
<i>Prescription vitamins, minerals, and dietary supplements</i>	Medicare Prescription Drug Benefit Manual, Chapter 6 – Part D Drugs and Formulary Requirements, §20.1 - Excluded Categories
<i>Products which do not have U.S. Food and Drug (FDA) Approval</i>	According to the <i>Medicare Benefit Policy Manual, Chapter 14</i> , while U.S. Food and Drug Administration (FDA) approval does not automatically guarantee <i>coverage</i> under Medicare, in order to even be considered for coverage under Medicare, devices must be FDA-approved, when such products are subject to this oversight and approval. Any device or product which has not received FDA-approval would not be considered medically reasonable or necessary. While the FDA reviews data from well-designed studies and clinical trials in order to determine safety and effectiveness prior to approval for sale, the FDA does not establish medical necessity of that device or drug for Medicare beneficiaries. Medicare or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A) .
<i>Thermogenic Therapy</i>	NCD: Thermogenic Therapy (30.2)
<i>Transcendental Meditation (TM)</i>	NCD: Transcendental Meditation (30.5)

POLICY GUIDELINES

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Complementary and alternative medicine (CAM) are approaches to care that are not in the mainstream stand of care approach. Complementary treatments are used along with standard medical treatments but are not themselves considered to be standard treatment. Alternative treatments are used instead of standard treatments and may intend to replace mainstream approaches. These treatments may be practiced by those who hold medical degrees, but they may also be practiced by those who specialize in allopathic, or Western medicine.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
<u>NOTE:</u> The appearance of a code in this section does not necessarily indicate coverage	
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	; each additional hour (List separately in addition to code for primary procedure)
96367	; additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	; concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	; each additional hour (List separately in addition to code for primary procedure)
96371	; additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	; each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	; each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

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97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Non-Covered Codes	
M0075	Cellular therapy (<i>Medicare-assigned Status Code "N"</i>)
Unlisted Codes	
45399	Unlisted procedure, colon
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
97039	Unlisted modality (specify type and time if constant attendance)

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

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Biofeedback and Neurofeedback, MP# 270
Chelation Therapy for Non Overload Conditions, MP# 102
Chiropractic Care (All Lines of Business Except Medicare), MP# 251
Chiropractic Care (Medicare Only) MP# 243
Hyperbaric Oxygen Therapy (All Lines of Business Except Medicare), MP# 204
Hyperbaric Oxygen Therapy (Medicare Only), MP# 198
Lyme Disease, MP# 123
Outpatient Physical Therapy (All Lines of Business Except Medicare) MP# 245
Subcutaneous Hormone Pellet Implant, MP# 109

REFERENCES

1. National Institutes of Health. National Cancer Institute. Complementary and Alternative Medicine. Updated: September 30, 2019. <https://www.cancer.gov/about-cancer/treatment/cam>. Accessed 09/25/2021.
2. National Institutes of Health. National Center for Complementary and Integrative Health (NCCIH). Complementary, Alternative, or Integrative Health: What's In a Name? Last Updated: July 2018. <https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>. Accessed 09/25/2021.
3. National Institutes of Health. National Center for Complementary and Integrative Health (NCCIH). The Use and Cost of Complementary Health Approaches in the United States. <https://www.nccih.nih.gov/about/the-use-and-cost-of-complementary-health-approaches-in-the-united-states>. Accessed 09/25/2021.
4. National Institutes of Health. National Center for Complementary and Integrative Health (NCCIH). NCCIH 2016 Strategic Plan. <https://www.nccih.nih.gov/about/nccih-2016-strategic-plan>. Accessed 09/25/2021.