


<b>MEDICAL POLICY</b>	<b>Complementary and Alternative Medicine (CAM) Treatments (Medicare Only)</b>
<b>Effective Date: 7/1/2022</b>	Medical Policy Number: 327
 7/1/2022	Medical Policy Committee Approved Date: 10/2021; 5/2022
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

<b>MEDICARE POLICY CRITERIA</b>	
<p>The following Centers for Medicare &amp; 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.</p> <p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Services in this policy may exist in other Medical Policies. See Cross References for guidance.</li> </ul>	
Service	Medicare Guidelines
<i>Acupuncture</i>	<p>Potentially covered acupuncture services:</p> <ul style="list-style-type: none"> <li>National Coverage Determinations (NCD): Acupuncture for Chronic Lower Back Pain (cLBP) (<a href="#">30.3.3</a>)</li> </ul> <p>Non-covered acupuncture services:</p> <ul style="list-style-type: none"> <li>NCD: Acupuncture (<a href="#">30.3</a>)</li> <li>NCD: Acupuncture for Fibromyalgia (<a href="#">30.3.1</a>)</li> <li>NCD: Acupuncture for Osteoarthritis (<a href="#">30.3.2</a>)</li> </ul>

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<i>Cellular Therapy (M0075)</i>	NCD: Cellular Therapy ( <a href="#">30.8</a> )
<i>Colonic Irrigation</i>	NCD: Colonic Irrigation ( <a href="#">100.7</a> )
<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"> <li>• Acupuncturist</li> <li>• Birthing Center</li> <li>• Licensed Massage Therapist</li> <li>• Marriage Family Therapist</li> <li>• Naturopath</li> </ul> <p><b>Note:</b> 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, <a href="#">§10.10 - Over-the-Counter Products (OTCs)</a>
<i>Prescription vitamins, minerals, and dietary supplements</i>	Medicare Prescription Drug Benefit Manual, Chapter 6 – Part D Drugs and Formulary Requirements, <a href="#">§20.1 - Excluded Categories</a>
<i>Products which do not have U.S. Food and Drug Administration (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 <a href="#">§1862(a)(1)(A)</a> .
<i>Thermogenic Therapy</i>	NCD: Thermogenic Therapy ( <a href="#">30.2</a> )
<i>Transcendental Meditation (TM)</i>	NCD: Transcendental Meditation ( <a href="#">30.5</a> )
	I. <u><i>Services deemed “investigational” are considered not medically necessary for Medicare Plan members.</i></u> The following services are considered <b>not medically necessary</b> for Medicare Plan members, based on the commercial <i>Complementary and Alternative</i>

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	<p style="text-align: center;"><i>Medicine (CAM) Treatments (All Lines of Business Except Medicare) policy:</i></p> <ul style="list-style-type: none"> <li>• Non-antimicrobial alternative therapies for Lyme disease</li> </ul> <p style="text-align: center;"><i>See Policy Guidelines.</i></p>
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**POLICY GUIDELINES**

Medicare and Medical Necessity

The Company policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding Medicare’s definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan’s use of evidence-based processes for policy development. In the absence of Medicare coverage policies (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.), Medicare regulatory guidelines do allow Medicare Advantage Organizations (MAOs) to make their own coverage determinations, as long as the MAO applies an objective, evidence-based process, based on authoritative evidence. (*Medicare Managed Care Manual, Ch. 4, §90.5*)

Following an evidence-based assessment of current peer-reviewed medical literature, the Company may consider certain medical services or technologies to be “investigational.” The term “investigational” is not limited to devices or technologies which have not received the appropriate governmental regulatory approval (e.g., U.S. Food and Drug Administration [FDA]), but rather may also mean the procedure, device, or technology does not meet all of the Company’s technology assessment criteria, as detailed within the Company policy for *Definition: Experimental/Investigational* (MP5).

For Medicare, only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. Thus, services which lack scientific evidence regarding safety and efficacy because they are investigational are “not medically reasonable or necessary” for Medicare Plan members. (*Medicare Claims Processing Manual, Ch. 23, §30 A*)

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.

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## BILLING GUIDELINES

The *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare<sup>1</sup>, indicates HCPCS codes S9494-S9504 have been assigned a Status Indicator of "I." This is defined as "Not valid for Medicare purposes." HCPCS codes S9494-S9504 are not allowed unless indicated under a Medicare Advantage provider contract exception, as noted by the relevant Company Coding Policy.

## CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
NOTE: 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)
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

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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
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
S9494- S9504	Home infusion therapy
<b>Non-Covered Codes</b>	
M0075	Cellular therapy ( <i>Medicare-assigned Status Code "N"</i> )
<b>Unlisted Codes</b>	
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.

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## MEDICAL POLICY CROSS REFERENCES

- Biofeedback and Neurofeedback (Medicare Only), MP270
- Chelation Therapy for Non Overload Conditions (Medicare Only), MP102
- Chiropractic Care (Medicare Only) MP243
- Hyperbaric Oxygen Therapy (Medicare Only), MP198
- Subcutaneous Hormone Pellet Implant, MP109

## REFERENCES

1. Medicare Physician Fee Schedule (PFS) Relative Value Files; Available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
2. 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.
3. 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.
4. 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.
5. 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.