

**Policy: MP136**

**Section: Medical Benefit Policy**

**Subject: Alternative or Complementary Medicine Therapies**

### Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

**I. Policy:** Alternative or Complementary Medicine Therapies

### II. Purpose/Objective:

To provide a policy of coverage regarding Alternative or Complementary Medicine Therapies

### III. Responsibility:

- A. Medical Directors
- B. Medical Management

### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

**DESCRIPTION:**

Complementary and alternative medicine, as defined by the National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM), is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine. While some published scientific literature may exist for several of these therapies, important questions still remain regarding the safety, efficacy and/or the science of their application. The NCCAM classifies complementary and alternative medicine into five categories:

- Alternative medicine systems,
- Mind-body interventions,
- Biologically based therapies,
- Manipulative and body-based methods, and
- Energy therapies.

The list of what is considered to be complementary and alternative medicine changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care, as new approaches to health care emerge, or as therapies are found to provide no benefit or are proven unsafe.

**LIMITATIONS:**

While still considered to be complementary and/or alternative therapies, some treatments have been integrated into conventional medicine because of federal mandate or coverage determination based on various levels of evidence in the peer-reviewed, published medical literature regarding safety and effectiveness in properly selected patients. The Plan has reviewed the following treatments and interventions for properly selected members, subject to applicable benefit limitations and exclusions:

- MP04 Biofeedback
- MP63 Acupuncture
- MP81 Chelation Therapy
- MP126 Massage Therapy

When not excluded from coverage in the insured individual's benefit document, Biofeedback, Acupuncture, Chelation and Massage are only approved when performed by a licensed healthcare Provider. They must be incorporated into a comprehensive Medically Necessary treatment plan written and obtained from a licensed healthcare Provider and available for review.

**EXCLUSIONS:**

In general, complementary and alternative therapies are considered to be **experimental, investigational or unproven** and are **NOT COVERED** (unless otherwise mandated under Act 62) because there is insufficient evidence in the published, peer-reviewed medical literature to support their safety and/or effectiveness. The list of such interventions includes, but is not limited to:

- |                              |   |
|------------------------------|---|
| Antineoplaston therapy       | Hydrazine sulfate                                 |
| Aromatherapy                 | Hydrogen peroxide therapy                         |
| Ayurveda                     | Hydrotherapy* (eg, spa therapy, water cure, etc.) |
| Art therapy *                | Livingston-Wheeler therapy                        |
| Apitherapy                   | Magnet therapy                                    |
| Bioidentical hormone therapy | Mistletoe extract                                 |
| Biomagnetic therapy          | Moxibustion                                       |
| Chinese herbal medicine      | Music therapy*                                    |
| Colonic irrigation           | Polarity therapy                                  |
| Cupping                      | Purging   |
| Dance/Movement therapy       | Qigong  |
| Di Bella Cancer Therapy      | Reflexology                                       |
| Gemstone therapy             | Reiki   |
| Gerson therapy               | Revic's guided chemotherapy                       |
| Greek cancer cure            | Rolfing   |
| Guided imagery               | Shark cartilage products                          |
| Herbal medicine              | Therapeutic touch                                 |
| Hippotherapy                 | Yoga  |
| Homeopathy                   | Exercise With Oxygen Therapy (EWOT)               |
| Hoxsey method                | Transcendental meditation                         |

Humor therapy	Electrodermal stress analysis
Sauna	Primal therapy
Psychodrama	Pilates
Polarity therapy	Ozone therapy
Whole body vibration therapy	Insulin potentiation therapy
Inversion therapy	Intravenous micronutrient therapy (Myers' Cocktail)
Intravenous vitamin C infusion	Bee sting therapy
Body wraps	Placentophagy
Wilderness Therapy	Emotional Freedom Technique (aka, EFT, Tapping)
Brainspotting	Kambo Cleanse Therapy

**\*FOR MEDICAID BUSINESS SEGMENT:**

Art therapy and music therapy may be eligible for coverage under an individual's behavioral health benefits for children under 21 years of age, and for adults and children as part of their psychotherapy.

Integrative medicine selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment. Unless otherwise addressed in a medical policy, alternative and/or complementary components used in integrative medicine are considered **experimental, investigational, or unproven** and **NOT COVERED**.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**CODING ASSOCIATED WITH:** Alternative or Complementary Medicine Therapies

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

No specific coding available

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**ADDITIONAL INFORMATION:**

**Antineoplaston therapy** - an alternative form of cancer treatment that involves using a group of synthetic chemicals called antineoplastons made up mostly of peptides and amino acids originating from human blood and urine.

**Apitherapy** – the use of bee venom to relieve chronic pain, treat various rheumatic diseases including several types of arthritis, neurological diseases (multiple sclerosis, low back pain, and migraine), and skin conditions (eczema, psoriasis, and herpes).

**Aromatherapy** – the use of essential oils, either applied to the skin or ingested as a mechanism of healing.

**Art Therapy** – the belief that the creative process involved in the making of art is healing and life enhancing.

**Ayurveda** – traced to the Vedic period in ancient India, the Ayurvedic program utilizes foods, spices, herbal medicines, colors, metals, gems and sound to treat illness.

**Biomagnetic therapy** – used for the relief of chronic pain conditions. It is proposed that magnets, worn close to the skin, create an electromagnetic field within the body that suppresses pain. The theory is that the magnetic field causes potassium channels to be stimulated, producing repolarization or hyperpolarization.

**Bioidentical hormone therapy** - "Bioidentical hormones," particularly estrogen and progesterone, have been promoted as safer and more effective alternatives to more traditional hormone therapies, often by people outside of the medical community. In fact, little or no scientific and medical evidence exists to support such claims about "bioidentical hormones." Additionally, many "bioidentical hormone" formulations are not subject to FDA oversight and can be inconsistent in dose and purity.

**Chinese herbal medicine** – assessment and treatment of an individual's problems through the utilization of traditional herbs and herbal formulas

**Colonic irrigation therapy** – aka “high colonics”, consists of repeated infusions of warm water fortified with enzymes or herbs into the colon.

**Cupping** - a method of treatment in which a jar is attached to the skin surface to cause local congestion through the negative pressure created by introducing heat in the form of an ignited material.

**Dance/Movement therapy** - the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration.

**Di Bella Cancer Therapy** – consists of a combined mixture of the drugs somatostatin, bromocriptine, vitamins, melatonin and other substances that purportedly shrink tumors and cure cancer by stimulating the body’s self-healing ability.

**Gemstone therapy** – a healing therapy based on the theory is that gemstones carry vibrational rates. By placing these vibrational rates within the aura - your aura’s vibrational rates also change.

**Gerson therapy** – a mixture of vegetarian diet, increased intake of fresh fruit juice, detoxification through coffee enemas and medications such as vitamin B12 and pancreatic enzymes alleged to restore the body’s ability to heal itself.

**Greek Cancer Cure** – consists of the utilization of a blood test to determine the nature and location of a tumor, followed by an intravenous therapy believed to consist of niacin, vitamin C, brown sugar and an amino acid.

**Guided imagery** – the use of meditation as a mechanism of healing.

**Homeopathy** – utilized highly diluted preparations of natural substances such as plants and minerals to treat symptoms of illness.

**Hoxsey method** – an herbal cancer treatment consisting of Cascara, potassium iodide, poke root, burdock root, barberry or berberis root, buckthorn bark, stillingia root and prickly ash bark.

**\*Hydrotherapy** – the use of water in the treatment of disease, pain relief, and stimulation of circulation and digestion based on its thermal and/or mechanical properties. Although the term hydrotherapy represents a standard physical therapy modality which is a covered benefit, the term may also represent unproven therapies such as, but not limited to, spa therapy, water cure or thalassotherapy, etc.

**Hydrogen peroxide therapy** – used as an alternative treatment for cancer, proponents claim that hydrogen peroxide therapy can be used to oxidize toxins, kill bacteria and viruses, and stimulate the immune system

**Hydrazine Therapy** - Proponents claim hydrazine sulfate may relieve cachexia, one of the most devastating syndromes resulting from cancer and other conditions such as AIDS. Cachexia occurs when cancer disrupts the body’s metabolism, leading to progressive loss of appetite, weight loss, weakness, and muscle atrophy.

**Humor therapy** – the therapeutic use of laughter to stimulate the body’s immune system and the release of endorphins.

**Livingston – Wheeler therapy** - an alternative cancer method that includes vaccines, antibiotics, vitamin and mineral supplements, digestive enzymes, cleansing enemas, and a vegetarian diet.

**Magnet therapy** - type of alternative medicine which claims that magnetic fields have healing powers.

**Mistletoe extract** – used alone or in combination with standard therapies as a treatment for cancer.

**Moxibustion** – reported to prevent or treat disease by applying heat to various locations on the body.

**Music Therapy** – utilizes specially designed music sessions to aid in the treatment of developmental and learning disabilities, Alzheimer’s disease and other aging related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain, including mothers in labor

**Naturopathy** – emphasizes lifestyle, fresh air, clean water and exercise combined with other complementary and alternative therapies and standards of care and counseling to avoid prescription drugs and surgery.

**Polarity therapy** - is a comprehensive health system involving energy-based bodywork, diet, exercise and self-awareness.

**Purging** – the use of fasting and induction of gastrointestinal cleansing as a method of detoxifying the body

**Qigong** – a self-healing art that combines movement, meditation and visualization to attract vital energies.

**Reflexology** - uses different massage and pressure techniques based on energy zones in the body and the reflection of these zones as well as the organs of the body on the feet and the hands.

**Reiki** – a technique for stress reduction and relaxation that teaches individuals how to tap into unlimited life force energy.

**Revisi Cancer Therapy** – guided chemotherapy consisting of lipid alcohols, caffeine, zinc, and iron or a formulation of fatty acids, selenium, magnesium and sulfur.

**Rolfing** - holistic system of soft tissue manipulation and movement education proposed to organize the whole body in gravity by creating a more efficient use of the muscles, allowing the body to conserve energy, and create more economical and refined patterns of movement.

**Shark Cartilage** – used as a cancer therapy, proponents claim shark cartilage contains a substance that significantly inhibits the development of blood vessels that nourish solid tumors, thereby limiting tumor growth.

**Therapeutic touch** –the belief that a human energy field is abundant and flows in balanced patterns in health but is depleted and/or unbalanced in illness or injury. Practitioners believe they can restore health by sensing and adjusting such fields.

**Yoga** - a course of related exercises and postures intended to promote control of the body and mind and to attain physical and spiritual well being

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

National Institutes of Health, National Center for Complementary and Alternative Medicine.

<http://health.nih.gov/result.asp/26>

National Cancer Institute, Cancer Alternative Therapy. <http://www.nci.nih.gov/>

American Cancer Society, Complementary and Alternative Therapies.

[http://www.cancer.org/docroot/ETO/ETO\\_5.asp?sitearea=ETO](http://www.cancer.org/docroot/ETO/ETO_5.asp?sitearea=ETO)

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 5/04

**Revised:** 5/06 (add exclusion), 6/11(add exclusion), 3/17 (added exclusions), 5/18(add exclusion), 5/19 (add exclusion); 5/21 (add exclusion), 5/22 (add exclusion), 5/24 (add kambo exclusion)

**Reviewed:** 5/05, 5/07, 5/08, 5/09, 5/10, 6/12, 6/13, 6/14, 6/15, 6/16, 5/20, 5/23

**CMS UM Oversight Committee Approval:** 12/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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