

## Complementary and Alternative Medicine

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**Policy Number:**

MM.12.013

**Line(s) of Business:**

HMO; PPO

**Section:**

Miscellaneous

**Place(s) of Service:**

Outpatient

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01/01/2014

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### I. Description

Complementary and alternative medicine (CAM), also called non-traditional medicine, is a group of diverse medical and healthcare systems, practices and products that are not typically considered to be a part of traditional Western medicine (i.e., conventional medicine). This policy addresses services performed by CAM providers such as naturopaths, chiropractors and acupuncturists. Complementary medicine generally refers to using a non-traditional approach together with conventional medicine. Alternative medicine refers to using a non-traditional approach in place of conventional medicine. Various CAM assessments and therapies are supported by some degree of scientific evidence and are intended to reduce disease-based symptoms and to improve health outcomes. However, due to a lack of well-designed scientific studies and/or peer reviewed literature many CAM therapies have not been shown to improve health outcomes over conventional therapies.

### II. Criteria/Guidelines

A CAM service or procedure is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

- A. It meets the definition of medical necessity as specified in Hawaii Revised Statutes (HRS) Section 432:
  1. It is for the purpose of treating a medical condition.
  2. It is the most appropriate delivery or level of service, considering potential benefits and harms to the patient;
  3. It is known to be effective in improving health outcomes; provided that:
    - a. Effectiveness is determined first by scientific evidence;
    - b. If no scientific evidence exists, then by professional standards of care; and
    - c. If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and
  4. It is cost effective for the medical condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost effective shall not necessarily mean the lowest price.

- B. The service/procedure provided is a covered benefit under the member's plan.
- C. The service/procedure is within the provider's scope of licensure.
- D. Prescribed drugs are FDA-approved and their use meets the relevant FDA-approved indication(s) or HMSA's Off-Label Drug Use policy criteria.

### III. Limitations

- A. Treatments that have not been shown to improve health outcomes because their safety and/or efficacy have not been proven are not covered, including but not limited to:

Active release technique	Cupping
Acupressure	Dance/Movement therapy
Alexander technique	Digital myography
AMMA therapy	Distant healing
Antineoplastons	Ear Candling
Anti-oxidant function testing (e.g., Spectrox)	Egoscue method
Actra-Rx	Electrodermal stress analysis
Apitherapy	Electrodiagnosis according to Voll (EAV)
Applied kinesiology	Equestrian therapy
Aromatherapy	Essential Metabolics Analysis (EMA)
Art therapy	Essiac
Aura healing	Faith healing
Autogenous lymphocytic factor	Feldenkrais method of exercise therapy (also known as awareness through movement)
Auto urine therapy	Flower essence
Bee sting therapy	Fresh cell therapy
Bioenergetic therapy	Functional intracellular analysis
Biofield Cancell (Entelev) cancer therapy	Gemstone therapy
Bioidentical hormones	Gerson therapy
Biomagnetic therapy	Glyconutrients
Bovine cartilage products	Graston technique
Brain integration therapy	Greek cancer cure
Carbon dioxide therapy	Guided imagery
Cari Loder regimen (lofepramine plus) phenylalanine with B12	Hair analysis
Cellular therapy	Hako-Med machine (electromedical horizontal therapy)
Chakra healing	Healing meditation
Chelation therapy for Atherosclerosis	Healing prayer
Chung Moo Doe therapy	Healing touch
Coley's toxin	Hellerwork
Colonic irrigation (colonic cleansing, colonic lavage)	Hivamat therapy (deep oscillation therapy)
Color therapy	Hoxsey method
Conceptual mind-body techniques	Human placental tissue hydrolysate injections
Craniosacral therapy	
Crystal healing	

Humor therapy  
Hydrazine sulfate  
Hydrogen peroxide therapy  
Hypnosis  
Hyperoxygen therapy  
Immunoaugmentive therapy  
Infratronic Qi-Gong machine  
Insulin potentiation therapy  
Intravenous micronutrient therapy  
(Myers' Cocktail)  
Intravenous vitamin C infusion  
Inversion therapy  
Iridology  
Iscador  
Juvent platform for dynamic motion  
therapy  
Kelley/Gonzales therapy  
Laetrile  
Laughter therapy  
Laying-on of hands  
Live blood cell analysis  
Macrobiotic diet  
Magnet therapy  
MEDEK therapy  
Meditation/transcendental meditation  
Megavitamin therapy (also known as  
orthomolecular medicine)  
Meridian therapy  
Meso-therapy  
Micronutrient panel testing  
Millimeter wave therapy  
Mirror box therapy  
Mistletoe (Iscador)  
Moxibustion  
MTH-68 vaccine  
Muscle testing  
Music therapy  
Myotherapy (myofunctional therapy)  
Neural therapy (neural tension  
technique/electroneuromedular  
medicine)  
NUCCA procedure  
Oscillating-energy manual therapy  
Ozone therapy  
Pfirmer deep muscle therapy  
Pilates  
Polarity therapy  
(Poon's) Chinese blood cleaning  
Primal therapy  
Psychodrama  
Purging  
Qigong longevity exercises  
Ream's testing Reflexology  
(zone therapy) Reflex  
Therapy Regenokine  
therapy  
Reiki  
Remedial massage  
Revici's guided chemotherapy  
Rife therapy/Rife machine  
Rolfing (structural integration)  
Rubenfeld synergy method (RSM)  
714-X (for cancer)  
Sarapin injections  
Shark cartilage products  
SonoKinesthesia treatment  
Tai Chi  
Telomere testing  
Therapeutic Eurythmy-movement therapy  
Therapeutic touch  
Thought field therapy (TFT) (Callahan  
Techniques Training)  
Thermogenic therapy  
Trager approach  
Traumeel preparation  
Trichuris suis ova therapy  
Tui Na  
Vascular endothelial cells (VECs) therapy  
Vibrational essences  
Visceral manipulation therapy  
Whitcomb technique  
Whole body vibration  
Wurn technique/clear passage therapy  
Yoga

- B. Massage therapy services (except when provided as part of a rehabilitation therapy treatment plan) are not covered.
- C. Vitamins, food supplements or replacements, nutritional or dietary supplements, formulas or special foods of any kind are not covered, except for prescription prenatal vitamins or prescription vitamin B-12 injections for anemias, neuropathies or dementias secondary to a vitamin B-12 deficiency.
- D. CAM services are not covered if specifically listed as exclusion in the Member's Guide to Benefits.
- E. Any service, equipment, supply, device, medication, procedure or other expense that is directly or indirectly related to a non-covered service is not covered.

#### IV. Administrative Guidelines

- A. A request for payment determination is recommended in order to verify benefits and coverage.
- B. Precertification is required for those services as specified in HMSA's [Services That Require Precertification](#) list.

#### V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. Medicare defines medical necessity as health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. This definition applies only to Medicare Advantage (PPO and HMO) plans.

HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

#### VI. References

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Allergy diagnostic testing: an updated practice parameter. Part 1. *Ann Allergy Asthma Immunol* 2008 Mar;100:(3 Suppl 3):S15-S66.

4. Department of Commerce and Consumer Affairs. Hawaii Administrative Rules. Title 16. Chapters 72, 76.
5. National Center for Complementary and Alternative Medicine (NCCAM). What is complementary and alternative medicine? May 31, 2012.
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