

## Naturopathic Services

---

**Policy Number:**

MM.12.025

**Line(s) of Business:**

HMO; PPO

**Section:**

Other/Miscellaneous

**Place(s) of Service:**

Office

**Original Effective Date:**

07/01/2016

**Current Effective Date:**

08/29/2018

### I. Description

Naturopathic medicine means the practice of the art and science of diagnosis, prevention, and treatment of disorders of the body by support, stimulation, or both, of the natural processes of the human body. The practice of naturopathic medicine includes the prescription, administration, dispensing, and use of nutrition and food science, physical modalities, manual manipulation, parenteral therapy, minor office procedures, naturopathic formulary, hygiene and immunization, contraceptive devices, common diagnostic procedures, and behavioral medicine of the type taught in education and training at naturopathic medical colleges.

### II. Criteria/Guidelines

Services provided by naturopathic physicians (ND) are covered (subject to Limitations and Administrative Guidelines) when all of the following payment determination criteria are met:

- A. For the purpose of treating a medical condition; and
- B. The most appropriate delivery or level of service, considering potential benefits and harms to the patient; and
- C. Known to be effective in improving health outcomes; provided that:
  1. Effectiveness is determined first by scientific evidence;
  2. If no scientific evidence exists, then by professional standards of care; and
  3. If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and
- D. 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.

**Note:** Definitions of terms and more information regarding this Payment Determination Criteria are contained in the Patients' Bill of Rights and Responsibilities Act, Hawaii Revised Statutes HRS § 432E-1.4. The current language of this statutory provision can be found at [HRS § 432E-1.4](#).

### III. Limitations

- A. The naturopath must meet be licensed in the state in which they practice.
- B. NDs must be certified as required by the state in which they practice to provide services such as minor office procedures and parenteral nutrition.
- C. Naturopathic treatment is not covered when treatment falls outside the ND's scope of practice as defined by the laws and rules of the state in which they practice. Naturopaths are portal of entry healthcare providers. If the condition of the patient falls outside the ND's scope of practice, referrals must then be made to an appropriate provider.
- D. Coverage of items in the naturopathic formulary ([Naturopathic Formulary](#)) and all services rendered by the ND is subject to the terms and conditions of the member's plan (Guide to Benefits), HMSA's medical policies, and HMSA's Payment Determination Criteria.
- E. Refer to the HMSA Complementary and Alternative Medicine policy for services not covered. [Complementary and Alternative Medicine](#)

### IV. Administrative Guidelines

- A. Precertification is required for those services as specified in HMSA's precertification requirements as stated in our medical policies. See, [HMSA Policies](#) .
- B. Documentation supporting medical necessity should be legible and maintained in the patient's medical record and made available to HMSA upon request. HMSA reserves the right to perform retrospective reviews using the above criteria to validate if services rendered met Payment Determination Criteria.
- C. When submitting an evaluation and management (E/M) service (CPT codes 99201-99215), all of the components of the E/M level must be documented in the medical record.

### 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. 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**

1. Hawaii Revised Statutes (HRS) § Chapter 455; Naturopathic Medicine
2. Hawaii Administrative Rules – Title 16; Department of Commerce and Consumer Affairs, Chapter 88 – Naturopaths (HAR 16-88)
3. Patient’s Bill of Rights and Responsibilities Act. HRS § 432E-1.4; Medical Necessity
4. Naturopathic Formulary – Effective February 7, 2011.  
[cca.hawaii.gov/pvl/files/2014/08/NaturopathicFormulary010110.pdf](http://cca.hawaii.gov/pvl/files/2014/08/NaturopathicFormulary010110.pdf)
5. Patient Protection and Affordable Care Act, 42 U.S.C. § 1251 (2010).