COMPLEMENTARY AND ALTERNATIVE MEDICINE

Protocol: MSC019
Effective Date: December 1, 2018

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INSTRUCTIONS FOR USE

This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice. This policy does not govern Medicare Group Retiree members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COMMERCIAL & MEDICAID COVERAGE RATIONALE

Some plans may cover certain forms of Complementary and Alternative Medicine. Please refer to the member specific benefit plan document for coverage information.

The following alternative and complementary medicine interventions are considered not medically necessary. There is insufficient evidence in the peer reviewed published literature to determine their safety and effectiveness:

- Acupressure Therapy
- Acupuncture Therapy
• Adventure-based therapy, wilderness therapy, outdoor therapy, or similar programs
• Applied Kinesiology
• Aromatherapy
• Behavior Modification
• Bioelectromagnetic-based therapy (i.e., unconventional use of electromagnetic fields for medical purposes, such as magnetic chairs)
• Biofeedback
• Cellular Therapy
• Colonics (colon therapy), colonic irrigation
• Color Therapy
• Community Programs
  o Alcoholics Anonymous
  o Overeaters Anonymous
• Cranio-sacral Therapy
• Electrohypnosis
• Electronarcosis
• Electrosleep Therapy
• Energy Therapy
  o gi gong
  o Reiki
  o Therapeutic Touch
• Equine Therapy
• Hippotherapy
• Hydrotherapy
• Hypnosis
  o Hypnotherapy
  o Hypnotism
• Light Therapy
• Massage Therapy
  o Oriental
  o Swedish

Additional Information
• The lack of a specific therapy or treatment in the exclusion list above does not mean that it is covered.
• The above exclusion determinations do not apply to covered chiropractic manipulative treatment or osteopathic manipulative treatments.
• The exclusion of coverage for spiritual healing therapy does not apply to the hospice benefit which provides coverage for spiritual and bereavement counseling that is part of a hospice agency program.

o Other Massage
• Meditation and Mind Body Therapy
  o Art therapy
  o Dance therapy
  o Music therapy
  o Horseback therapy
  o Meditation
  o Prayer
  o Spiritual
• Meridian Stress Assessment (MSA) (a.k.a. electroacupuncture)
• Milieu Therapy
• Neural Therapy
• Nutritional Panel Testing
• Reiki Therapy
• Residential Treatment
• Rolfing Therapy
• Sensitivity Training
• Spiritual Healing Therapy
• Tai Chi
• Therapeutic Touch
• Transcendental Meditation
• Vitamin B-17 injections
  o Laetrile
  o amygdalin
• Vocational Rehabilitation
• Yoga
• Other forms of alternative treatments, or CAM, as defined by the National Centers for Complementary and Integrative Health (NCCIH) of the National Institutes of Health
MEDICARE COVERAGE RATIONALE

Medicare has a National Coverage Determination for Biofeedback Therapy (NCD 30.1), Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1), Acupuncture (NCD 30.3), Acupuncture for Fibromyalgia (NCD 30.3.1), Acupuncture for Osteoarthritis (NCD 30.3.2), Electrosleep Therapy (NCD 30.4), Transcendental Meditation (NCD 30.5), Cellular Therapy (NCD 30.8). There are no Local Coverage Determinations for Nevada for complementary or alternative medicine or any of these therapies (Accessed October 2018). The NCD details are as follows:

**Biofeedback Therapy (NCD 30.1)**
Indications and Limitations of Coverage
Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.

**Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)**
Indications and Limitations of Coverage
This policy applies to biofeedback therapy rendered by a practitioner in an office or other facility setting.

Biofeedback is covered for the treatment of stress and/or urge incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training. Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME. Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME.

A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing 4 weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength.

Contractors may decide whether or not to cover biofeedback as an initial treatment modality.

Home use of biofeedback therapy is not covered.

**Thermogenic Therapy (NCD 30.2)**
Regardless of the medium by which the fever is induced, this modality is not scientifically accepted for the treatment of any specific disease. Since the advent of potent antibiotics, the procedure has for all practical purposes been replaced as a mode of treatment. Therefore, thermogenic therapy is not considered reasonable and necessary for the treatment of an illness or injury as required by section 1862(a)(1) of the Act. (Of course, where other covered services are needed and it would be reasonable and necessary that they be furnished on an inpatient hospital basis, payment would not be excluded for the inpatient stay,
notwithstanding the fact that reimbursement may not be made for thermogenic therapy furnished during the hospital stay.)

**Acupuncture (NCD 30.3)**

Indications and Limitations of Coverage

Although acupuncture has been used for thousands of years in China and for decades in parts of Europe, it is a new agent of unknown use and efficacy in the United States. Even in those areas of the world where it has been widely used, its mechanism is not known. Three units of the National Institutes of Health, the National Institute of General Medical Sciences, National Institute of Neurological Diseases and Stroke, and Fogarty International Center have been designed to assess and identify specific opportunities and needs for research attending the use of acupuncture for surgical anesthesia and relief of chronic pain. Until the pending scientific assessment of the technique has been completed and its efficacy has been established, Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic or for other therapeutic purposes may not be made. Accordingly, acupuncture is **not considered reasonable and necessary** within the meaning of §1862(a)(1) of the Act.

**Acupuncture for Fibromyalgia (NCD 30.3.1)**

Nationally Noncovered Indications

After careful reconsideration of its initial noncoverage determination for acupuncture, CMS concludes that there is no convincing evidence for the use of acupuncture for pain relief in patients with fibromyalgia. Study design flaws presently prohibit assessing acupuncture’s utility for improving health outcomes. Accordingly, CMS determines that acupuncture is **not considered reasonable and necessary** for the treatment of fibromyalgia within the meaning of §1862(a)(1) of the Social Security Act, and the national noncoverage determination for acupuncture continues.

**Acupuncture for Osteoarthritis (NCD 30.3.2)**

Nationally Noncovered Indications

After careful reconsideration of its initial noncoverage determination for acupuncture, CMS concludes that there is no convincing evidence for the use of acupuncture for pain relief in patients with osteoarthritis. Study design flaws presently prohibit assessing acupuncture’s utility for improving health outcomes. Accordingly, CMS determines that acupuncture is **not considered reasonable and necessary** for the treatment of osteoarthritis within the meaning of §1862(a)(1) of the Social Security Act, and the national noncoverage determination for acupuncture continues.

**Electrosleep Therapy (NCD 30.4)**

Item/Service Description

Electrosleep therapy consists of the application of short duration, low-amplitude pulses of direct current to the patient's brain via externally placed occipital electrodes. It is commonly used in the treatment of chronic insomnia, anxiety, and depression, but has also been used for psychosomatic disorders such as asthma, spastic colitis, or tension headache, and for organic disorders including essential hypertension.

Indications and Limitations of Coverage

Until scientific assessment of this technique has been completed and its efficacy is established, no
program payment may be made for electrosleep therapy.

**Transcendental Meditation (NCD 30.5)**
Indications and Limitations of Coverage
After review of this issue, CMS has concluded that the evidence concerning the medical efficacy of TM is incomplete at best and does not demonstrate effectiveness and that a professional level of skill is not required for the training of patients to engage in TM.

Although many articles have been written about application of TM for patients with certain forms of hypertension and anxiety, there are no rigorous scientific studies that demonstrate the effectiveness of TM for use as an adjunct medical therapy for such conditions. Accordingly, neither TM nor the training of patients for its use are covered under the Medicare program.

**Intravenous Histamine Therapy (NCD 30.6)**
There is no scientifically valid clinical evidence that histamine therapy is effective for any condition regardless of the method of administration, nor is it accepted or widely used by the medical profession. Therefore, histamine therapy cannot be considered reasonable and necessary, and the program payment for such therapy is not made.

**Laetrile and Related Substances (NCD 30.7)**
Laetriles (and the other drugs called by the various terms mentioned below) have been used primarily in the treatment or control of cancer. Although the terms "Laetrile," "laetrile," "amygdalin," "Sarcarinase," "vitamin B-17," and "nitriloside" have been used interchangeably, the chemical identity of the substances to which these terms refer has varied.

The FDA has determined that neither Laetrile nor any other drug called by the various terms mentioned above, nor any other product which might be characterized as a "nitriloside" is generally recognized (by experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs) to be safe and effective for any therapeutic use. Therefore, use of this drug cannot be considered to be reasonable and necessary within the meaning of §1862(a)(1) of the Act and program payment may not be made for its use or any services furnished in connection with its administration.

A hospital stay only for the purpose of having laetrile (or any other drug called by the terms mentioned above) administered is not covered. Also, program payment may not be made for laetrile (or other drug noted above) when it is used during the course of an otherwise covered hospital stay.

**Cellular Therapy (NCD 30.8)**
Item/Service Description
Cellular therapy involves the practice of injecting humans with foreign proteins like the placenta or lungs of unborn lambs. Cellular therapy is without scientific or statistical evidence to document its therapeutic efficacy and, in fact, is considered a potentially dangerous practice.

Indications and Limitations of Coverage
Accordingly, cellular therapy is not considered reasonable and necessary within the meaning of section 1862(a)(1) of the Act.
Complementary and Alternative Medicine (CAM) is a group of therapies, practices, and treatments developed outside of conventional Western medicine. Complementary medicine is nonconventional therapies used in combination with traditional Western medicine, whereas alternative medicine is used in place of traditional medicine. The different CAM approaches can be broken into two categories, natural products (e.g. dietary supplements, herbs, vitamins, minerals, and probiotics) and mind and body practices (e.g. acupuncture, massage therapy, forms of meditation and massage therapy, movement therapies, relaxation techniques, hypnotherapy, tai chi and qi gong). Integrative medicine combines traditional medicine with CAM therapies (NCCAM, 2014). There is a degree of evidence that supports some CAM therapies, however the safety and efficacy of many therapies for specific conditions has not been proven with well-designed studies (NCCAM, 2015).

**BACKGROUND**

While transillumination light scanning, or diaphanography, for use in detection of cancer and other diseases of the breast, appears safe, the usefulness of this instrumentation, when compared to existing modes of cancer and other breast disease detection, has not clearly been established.

Further study of this technology is needed to determine its role in breast cancer diagnosis. Program payment may not be made for this procedure at this time.

**For Medicare and Medicaid Determinations Related to States Outside of Nevada:** Please review Local Coverage Determinations that apply to other states outside of Nevada.


**Important Note:** Please also review local carrier Web sites in addition to the Medicare Coverage database on the Centers for Medicare and Medicaid Services’ Website.

**CLINICAL EVIDENCE**

Nutrient Panel Testing: Nutrient panel testing measures the level of multiple nutrients in the body. These tests may include measurement of the level of a variety of vitamins, minerals, amino and fatty acids, oxidation products, organic acids, toxins and antioxidants. The tests are purported to help determine the source of several symptoms and chronic health conditions. SpectraCell Laboratories offers nutrition panel tests, including Spectrox™, an antioxidant function test that is been professed to assess antioxidant function and SpectraCell Laboratories, Inc., and a micronutrient testing panel that measures how micronutrients function within the white blood cell. Genova Diagnostics offers the Individual Optimal Nutrition test, which measures levels of vitamins, minerals, antioxidants, and organic, fatty and amino acids allowing for an evaluation nutritional functions. ExaTest®, by IntraCellular Diagnostics, Inc®, uses sublingual epithelial cells to provide an intracellular analysis of mineral electrolytes. The test is claimed to assist providers in diagnosis, treatment, and management of heart disease and other conditions where an imbalance or deficiency of minerals is confirmed.

The peer-reviewed published literature is insufficient to establish the clinical utility of nutrient panel testing or antioxidant function testing or to demonstrate their use will improve health outcomes.
Well-designed studies regarding the use of hypnotherapy for the treatment of mental health problems are lacking (Kirsch et al., 1995; Mamtani and Cimino, 2002; Fromm and Shor, 2006). There is insufficient evidence to support the use of hypnosis in treating psychiatric and psychological disorders, such as depression and anxiety or attention deficit disorder (Baumgartel, 1999).

Hypnosis uses different techniques to induce relaxation and selective attention focusing or diffusion combined with enhanced imagery. Hypnosis is used as a treatment for pain and weight control, irritable bowel syndrome, and as an adjunct to behavioral and other therapies. Hypnosis has also been suggested for reducing fear and anxiety, reducing the frequency and severity of headaches, and controlling bleeding and pain during dental procedures. The available evidence is insufficient to support hypnosis for pain management during labor and childbirth (Madden, et al., 2012), children undergoing dental treatment (Al-Harasi, et al., 2010) and treatment of irritable bowel syndrome (Webb, et al., 2007). The quality of the evidence was inadequate to support the use of hypnosis in these conditions.

Neural therapy supporters believe that body function is influenced by the nervous system, healthy people have free flow of energy throughout their body, and the energy flow is disrupted by illness and chronic pain. Injection of anesthetics into various places of the body, sometimes at a distance from the source of pain, is used in neural therapy to eliminate pain and cure illness; thereby eliminating “interference fields” that interrupt the natural flow of energy. Neural therapy is widely used in Germany and most research has taken place there. There is insufficient evidence on the effectiveness of neural therapy for pain management or for any other health problems (American Cancer Society, 2007).

In biomagnetic therapy, magnets are used to produce an electromagnetic field (EMF) to relieve musculoskeletal pain or injury. Biomagnetic therapy has been reported to decrease discomfort from degenerative diseases such as osteoarthritis and aid in healing joint and tendon injury. The exact mechanism of action is unknown and its effectiveness has largely been measured on subjective statements from clinical trial subjects. Therefore, the effectiveness of biomagnetic therapy for pain-relief has not been established.

Cellular therapy is the injection or oral consumption of processed tissue from animal embryos, fetuses, or organs. It is also known by many other names, including live cell therapy, cellular suspensions, glandular therapy, fresh cell therapy, siccacell therapy, embryonic cell therapy and organotherapy. Supporters of cellular therapy believe that cell therapy acts like an organ transplant.

Acupressure is uses of finger pressure, on specific points along the body, to release blocked energy centers in the body. Chinese cultures believe the points are junctures of meridian pathways that carry energy called “chi.” Acupressure has been researched in clinical trials. The safety and efficacy of different interventions for or nausea, vomiting, and retching in early pregnancy were studied through a systemic review by Matthews et al. (2014). Of 37 trials, five used acupressure. The results of four studies comparing acupressure to placebo showed no statistical difference with acupressure.

Reiki symbolizes universal life energy and is based on the belief that a spirit is healed, thereby healing the body, when spiritual energy is conducted through a Reiki practitioner. A systemic review by VanderVaart et al. (2009) to assess the therapeutic effect of Reiki revealed twelve studies, including five randomized controlled trials. The evidence is insufficient to establish the effectiveness of Reiki therapy due to the limited number of studies, poor study methodology, various outcome measures, and the possibility of bias.
Equestrian therapy (aka horseback riding or hippotherapy) is used in disabled people to improve balance, balance, posture, coordination, instill a positive attitude and a sense of accomplishment. A review of the literature by Bronson et al. (2010) to evaluate the ability of hippotherapy to improve balance in multiple sclerosis patients. Inclusion criteria were met in three case series, with less than 11 patients each. The evidence is insufficient to support hippotherapy for this indication.

Practitioners that believe in therapeutic touch feel they can restore health by sensing and adjusting energy fields. The assumption is that there is a human energy field that flows in balanced patterns in health but is depleted or unbalanced in illness or injury. O’Mathúna, et al., (2014) conducted a Cochrane review of therapeutic touch for healing acute wounds. The review included four randomized or quasi randomized controlled trials (n=132). The effectiveness of therapeutic touch was unsupported by robust data. The trials all contained a high risk of bias, outcomes which were inconsistent and variable and reported worsening of conditions or no significant difference when touch was used.

Art therapy usually applies to visual arts in psychotherapy to improve a feeling of well-being and reduce stress through a creative process. The available evidence on the efficacy of art therapy for symptom control of cancer patients was assessed through a systematic review by Wood et al. (2011) Twelve randomized controlled trials and case series (n=402) revealed art therapy is used most frequently by women with breast cancer. The overall effect of art therapy in these patients was unable to be determined due to the heterogeneity of the studies, variations in the model and content of the interventions, and various outcome measures.

DEFINITIONS

For current definitions of complementary and alternative medicine, please see the information pages and definitions provided by the National Institutes of Health, National Center for Complementary and Integrative Health:  https://nccih.nih.gov

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

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<th>CPT® Code</th>
<th>Description</th>
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<tr>
<td>90880</td>
<td>Hypnotherapy</td>
</tr>
<tr>
<td>97124</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</td>
</tr>
<tr>
<td>97810</td>
<td>Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient</td>
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</table>
Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)

Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles(s) (list separately in addition to code for primary procedure)

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<th>HCPCS Code</th>
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<tr>
<td>G0176</td>
<td>Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient’s disabling mental health problems, per session (45 minutes or more)</td>
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<tr>
<td>J3570</td>
<td>Laetrile, amygdalin, vitamin B-17</td>
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<tr>
<td>M0075</td>
<td>Cellular Therapy</td>
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<tr>
<td>S8930</td>
<td>Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient</td>
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<tr>
<td>M0075</td>
<td>Cellular therapy</td>
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<tr>
<td>S8940</td>
<td>Equestrian/hippotherapy, per session</td>
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<td>T2036</td>
<td>Therapeutic camping, overnight, waiver; each session</td>
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<tr>
<td>T2037</td>
<td>Therapeutic camping, day, waiver; each session</td>
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REFERENCES


**PROTOCOL HISTROY/REVISION INFORMATION**

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The foregoing Health Plan of Nevada/Sierra Health & Life Health Operations protocol has been adopted from an existing UnitedHealthcare coverage determination guideline that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee.