COMPLEMENTARY AND ALTERNATIVE MEDICINE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Complementary and alternative medical therapies; interventions; services and procedures (CAM) refer to those services not commonly accepted as part of allopathic or osteopathic curriculum and practices; naturopathic and homeopathic medicine; diet therapies; aromatherapy.

Complementary medicine is used together with standard medical care. Alternative medicine is used in place of standard medical care.

The major categories of CAM include biologically based practices, energy medicine, manipulative and body-based practices and mind-body medicine. CAM may include naturopathic and homeopathic medicine; diet therapies; nutritional and lifestyle therapies and aromatherapy.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Description: (cont.)

Homeopathy:
Form of alternative medicine that aims to help the body heal itself by using very small doses of highly diluted substances that in larger doses would produce illness or symptoms. Most homeopathic remedies are derived from natural substances that come from plants, minerals, or animals.

Naturopathy:
Form of alternative medicine that attempts to help the body heal itself. Naturopaths consider a person's physical, mental, emotional, genetic, environmental, and social circumstances when evaluating treatment. The emphasis is on supporting health rather than fighting disease. Practices may include dietary modifications, massage, exercise, acupuncture and minor surgery. Natural agents such as light, heat, air, water and sunshine may also be used, as well as physical means such as manipulation and electrical treatment.

Criteria:

For hair analysis as an alternative intervention, see BCBSAZ Medical Coverage Guideline #O321, "Hair Analysis".

For neural therapy, see BCBSAZ Medical Coverage Guideline #O820, “Neural Therapy”.

For sublingual immunotherapy as a technique of allergen-specific therapy, see BCBSAZ Medical Coverage Guideline #O713, "Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy".

COVERAGE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS

- Interventions, services or procedures performed by a provider who practices alternative or non-traditional medicine and who is a BCBSAZ eligible provider may be considered medically necessary and eligible for coverage with documentation of the following:

  1. Evaluation and management services are for conventional, allopathic or osteopathic services
  2. Laboratory, diagnostic and/or therapeutic procedures are related to medically necessary allopathic or osteopathic services.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Criteria: (cont.)

- If benefit coverage for complementary and alternative medicine is available, the following complementary and alternative medicine interventions are considered experimental or investigational based upon:

  These interventions include, but are not limited to:

  1. Aromatherapy
  2. Body emission testing
  3. Cranial manipulation (also known as Craniosacral Therapy, Sacro-Occipital Technique, Craniopathy or Cranial Pressure Point Therapy)
  4. Diet therapies
  5. Intravenous vitamin and mineral therapy unrelated to documented enteral or parenteral nutrition therapy
  6. Meridian Stress Assessment (also known as Electrodermal Screening plethysmography or Electroacupuncture according to Voll)
  7. Naturopathy
  8. Nutritional and lifestyle therapies
  9. Oxygen therapy unrelated to a documented descriptive diagnosis appropriate for oxygen therapy
  10. Pupillography
  11. Sublingual immunotherapy
  12. Ultraviolet blood irradiation (UBI, UVBI-HOT)
  13. Vitamin B12 injections unrelated to documented vitamin B12 deficiency

- Homeopathic remedies and drugs are a benefit plan exclusion and not eligible for coverage and considered experimental or investigational based upon:

  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient evidence to support improvement of the net health outcome.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Resources:

Literature reviewed 05/04/16. We do not include marketing materials, poster boards and non-published literature in our review.


