COMPLEMENTARY AND ALTERNATIVE MEDICINE

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Description: (cont.)

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.

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 insufficient evidence to support improvement of the net health outcome.

  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 05/09/17. We do not include marketing materials, poster boards and non-published literature in our review.


COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Resources: (cont.)


COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kweé ée atah niilígíí Blue Cross Blue Shield of Arizona haadá yit’éego bíí da’ílít’íi dgo éi doodago Háida bíkíí aniłeeédlíí t’aadood lo’é’é yína’ílít’íi dgo beehaz’aaníí hólo díí t’áa haazad’ék’éé’é háká a’doowolgo bee hazi’azu doo báq’á ilínígódí. Atá’ halne’ííjí koijí bíchí’í jí hódlííhíí 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权利免费以您的母语得到帮助和讯息。洽询一位翻译员，请拨电 话 在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعدك إلى ذلك قضايا بخصوص Blue Cross Blue Shield of Arizona باللغة العربية، فيمكنك الحصول على المساعدة والمعلومات الضرورية ببلاغ تمثل من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanang, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 접을 수 있는 권리가 있습니다. 그렇게 동역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید، سوالی در مورد اطمینان به زبان خود را به طور رایگان دریافت نمایید 877-475-4799. تماس حاضر نمایید.

Assyrian:

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomagate ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณหรือช่วยเหลือผู้อื่นมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถขอความช่วยเหลือและข้อมูลภาษาไทยของคุณได้โดยไม่เสียค่าใช้จ่าย โทรศัพท์ โทร 877-475-4799.