

Department:	Medical Management	Original Approval:	12/03/2008
Policy #:	MM132	Last Approval:	07/24/2018
Title:	Complementary/Alternative Care (Acupuncture, Biofeedback, Chiropractic, Hypnotherapy, Massage Therapy, Naturopathy)		
Approved By:	UM Committee		

REQUIRED DOCUMENTATION:

Medical records including history, exam, relevant imaging reports, laboratory tests, diagnosis and treatment plan.

BACKGROUND

None.

DEFINITIONS

None.

INDICATIONS/CRITERIA

Please refer to each product line's certificate of coverage for benefit limitations and exclusions for these services.

ACUPUNCTURE

FOR MEDICARE MEMBERS: Acupuncture/Naturopathy is covered up to \$250/year (combined benefit for either type of service) without prior authorization for Medicare Advantage Special Needs Plan (HMO) 014 and Medicare Advantage Plan 006 only.

Acupuncture is not otherwise covered by Medicare. For information see: NCD for Acupuncture (30.3) Link: [NCD 30.3](#)

NCD for Acupuncture for Fibromyalgia (30.3.1) Link: [NCD 30.3.1](#)

NCD for Acupuncture for Osteoarthritis (30.3.2) Link: [NCD 30.3.2](#)

FOR APPLE HEALTH MEMBERS: Acupuncture is specific contract exclusion. See benefit grids for language.

BIOFEEDBACK: This involves a training program designed to develop one's ability to control the automatic nervous system.

FOR MEDICARE MEMBERS:

Use NCD 30.1: Link [NCD 30.1](#)

FOR APPLE HEALTH MEMBERS: Only CPT code 90911 is covered.

COVERED CONDITIONS:

- Urinary or fecal retention or incontinence issues involving perineal muscles, anorectal or urethral sphincter, when MCG current edition medical necessity criteria are met.

CHIROPRACTIC CARE

FOR MEDICARE MEMBERS: Link to Noridian Healthcare Solutions [Local Coverage Determination \(LCD\): Chiropractic Services L34009](#)

Summary of the LCD:

Chiropractic service, which is eligible for Medicare coverage, is specifically limited by Medicare to the manual manipulation of the spine for the purpose of correcting a subluxation. All other services furnished or ordered by chiropractors are not covered.

Authorization of treatment requires review of the clinical records which must clearly document the history, exam, diagnosis, and treatment plan. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Maintenance therapy is not a covered benefit.

Relative contraindications to chiropractic therapy:

- Articular hypermobility and circumstances where the stability of the joint is uncertain;
- Severe demineralization of bone;
- Benign bone tumors (spine);
- Bleeding disorders and anticoagulant therapy; and
- Radiculopathy with progressive neurological signs.

Absolute contraindications to chiropractic therapy:

- Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis;
- Acute fractures and dislocations or healed fractures and dislocations with signs of instability;
- An unstable odontoid;
- Malignancies that involve the vertebral column;
- Infection of bones or joints of the vertebral column;
- Signs and symptoms of myelopathy or cauda equina syndrome;
- For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and treatment to treat acute or chronic subluxation.

Chiropractic Care

FOR APPLE HEALTH MEMBERS:

For Adults:

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Chiropractic care is not covered for adults.

For Children:

- To be eligible, clients must be 20 years of age and younger and referred by a screening provider under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- The following are not covered under the Chiropractic Services for Children:
- Therapy modalities (such as light, heat, hydro, and physical)
 - any food supplements, medications, or drugs
 - any braces, cervical collars, or supplies
- Chiropractic services are not covered if:
 - there is evidence of concomitant neurologic deficit or radiculopathy; or
 - the chiropractic care is being provided for preventive therapy; or
 - the chiropractic care is being provided for maintenance therapy
 - For specific condition criteria see MCG for Chiropractic Care

HYPNOTHERAPY: Hypnotherapy is not a covered benefit for either Medicare Advantage or WA Apple Health Lines of Business.

MASSAGE THERAPY: Massage therapy is a treatment involving manipulation, methodical pressure, friction, and kneading of the body.

FOR MEDICARE MEMBERS: Services rendered by massage therapists are not covered under Medicare.

FOR APPLE HEALTH MEMBERS: Massage and massage therapy are specific contract exclusions.

NATUROPATHY: Naturopathy is a system of healing that is founded on the basic premise that the body has an inherent capacity to establish, maintain, and restore health. It focuses on the healing power of nature, in the form of nutritional supplements, medicinal plants, and on both physical and spiritual exercises to promote the treatment of the whole individual.

FOR MEDICARE ADVANTAGE MEMBERS:

Naturopathy is covered up to \$250/year (combined benefit for either type of service) for Medicare Advantage Special Needs Plan (HMO) 014 and Medicare Advantage Plan 006 only.

No additional visits can be approved once the annual benefit is exhausted.

FOR APPLE HEALTH MEMBERS:

Naturopaths are recognized Health Care Professionals under the Apple Health program. A plan approved referral is required for most Naturopathic services rendered within the scope of the Naturopath's license (see WAC 246-836-210) for services included in the Apple Health Physician-Related Professional Services fee schedule.

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	WAC 246-836-210
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	UM1

Revision History

Revision Date	Revision Description	Revision Made By
12/03/2008	Approval	MMLT
12/08/2010	Approval	MMLT
11/21/2011	Updated clinical references	Kelly Force, LPN
12/14/2011	Approval	MMLT
11/28/2012	Approval	MMLT
01/10/2014	Approval - Updated references, benefit updates	MMLT

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03/13/2015	Approval. Updated benefits information to current lines of business.	MMLT
03/01/2017	Updated Acupuncture and Naturopathy MA plan coverage. Updated links	Cyndi Stilson, RN
03/01/2017	Approval	MMLT
02/01/2018	Edited MCG references. Changed type of CCC from UM to MM. Links updated.	LuAnn Chen, MD
02/26/2018	Approval	MMLT
07/13/2018	Added documentation requirements for Medicare Members to receive approval of Chiropractic therapy. LCD L34009	LuAnn Chen, MD
07/24/2018	Approval	UM Committee