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| <b>Department:</b>                     | Medical Management   | <b>Original Approval:</b> | 12/03/2008 |
| <b>Policy No:</b>                      | MM132  | <b>Last Approval:</b>     | 02/06/2026 |
| <b>Policy Title:</b>                   | Complementary and Alternative Care   |                           |            |
| <b>Approved By:</b>                    | UM Criteria Subcommittee   |                           |            |
| <b>Applicable Line(s) of Business:</b> | <input checked="" type="checkbox"/> <b>Washington Apple Health (Medicaid)</b><br><input type="checkbox"/> <b>Behavioral Health Services Only</b><br><input checked="" type="checkbox"/> <b>Apple Health Expansion</b><br><input type="checkbox"/> <b>Medicare Advantage/Special Needs Plan</b><br><input type="checkbox"/> <b>Medicare Advantage Only</b><br><input checked="" type="checkbox"/> <b>Cascade Select</b> |                           |            |

### Required Clinical Documentation for Review

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

Details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns.

### Policy

This policy pertains to CHPW Apple Health (AH) and Cascade Select lines of business.

### Background

#### Equity Considerations

Complementary therapies may be culturally embedded health practices for racial and ethnic minority populations. Complementary therapies are often used as nonpharmacologic alternatives for pain management, supporting equity goals related to reducing opioid exposure.

Individuals with limited health literacy or limited English proficiency may face challenges navigating coverage rules, provider requirements, or documentation expectations.

Uneven geographic distribution of credentialed providers can restrict access for rural, tribal, and underserved communities.

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## Definitions

**Acupuncture:** involves the insertion of very thin needles through the skin at strategic points on the body. A key component of traditional Chinese medicine, acupuncture is commonly used to treat pain, but is also used to treat other physical and behavioral health conditions

**Biofeedback:** a training program designed to develop one's ability to control the autonomic nervous system

**Chiropractic Treatment:** focuses on manipulation of the musculoskeletal system, particularly the spine

**Hypnotherapy:** the use of hypnosis as treatment

**Massage Therapy:** a treatment involving manipulation, methodical pressure, friction, and kneading of the body

**Naturopathy:** 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.

## Indications/Criteria

### ACUPUNCTURE:

**FOR CHPW AH-IMC MEMBERS:** See Special Considerations below for the CHPW AH-IMC Value Added Benefits for Adults 21 and older.

### **FOR CHNW CASCADE SELECT MEMBERS:**

12 visits are covered per calendar year without prior authorization and no limitation extensions are allowed. Unlimited visits for substance use disorder treatment.

### BIOFEEDBACK:

### **FOR CHPW AH-IMC MEMBERS AND FOR CHNW CASCADE SELECT MEMBERS:**

Biofeedback (for headache or pelvic floor rehabilitation) initial treatment requires all the following regarding diagnosis and treatment plan:

1. The diagnosis includes one of the following:
  - a. Tension or migraine headache AND pharmacologic treatment is inadequate or not indicated due to one of the following:
    - i. Pregnancy, attempted pregnancy, breastfeeding

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- ii. Deficient stress-coping skills that contribute to headache
  - iii. History of excessive use of analgesic medications
  - iv. Insufficient response to pharmacologic treatment attempts
  - v. Patient prefers non-pharmacologic interventions
- b. Chronic pelvic pain
  - c. Myofascial pelvic floor dysfunction (such as, dyspareunia, high-tone pelvic floor dysfunction)
  - d. Patient is pregnant and wants to avoid urinary or fecal incontinence
  - e. Pelvic organ prolapse
  - f. Stress, urge, overflow, or mixed urinary incontinence
  - g. Urinary incontinence after radical prostatectomy
2. The treatment plan includes all of the following:
- a. Goals of therapy
  - b. Description of planned interventions

Biofeedback continued therapy requires all the following:

1. Documentation of progress towards the goal
2. Goal is not yet met
3. Documentation of the patient's participation with the treatment plan during all the following:
  - a. Treatment sessions
  - b. Home exercises

### **CHIROPRACTIC CARE:**

#### **FOR AH MEMBERS:**

For Adults:

See Special Considerations below for the CHPW AH Value Added Benefits for Adults 21 and older.

For Children under age 21:

1. To be eligible, members 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.
2. The following are not covered under the Chiropractic Services for Children:

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- a. Therapy modalities (such as light, heat, hydro, and physical)
  - b. any food supplements, medications, or drugs
  - c. any braces, cervical collars, or supplies
3. Chiropractic services are not covered if:
- a. there is evidence of concomitant neurologic deficit or radiculopathy; or
  - b. the chiropractic care is being provided for preventive therapy; or
  - c. the chiropractic care is being provided for maintenance therapy

**FOR CHNW CASCADE SELECT MEMBERS (all ages):**

10 visits are covered without prior authorization and no limitation extensions are allowed.

**HYPNOTHERAPY:**

Hypnotherapy is not a covered benefit but can be requested as an Exception to the Rule (ETR).

**FOR CASCADE SELECT MEMBERS:**

Hypnotherapy is covered.

**MASSAGE THERAPY:**

**FOR AH- MEMBERS:**

See Special Considerations below for the CHPW AH-IMC Value Added Benefits for Adults 21 and older.

**FOR CHNW CASCADE SELECT MEMBERS:**

Please see Evidence of Coverage for more information

**NATUROPATHY:**

**FOR MEDICARE MEMBERS:**

Please see the Summary of Benefits for more information.

**FOR AH MEMBERS:**

Naturopaths are recognized Health Care Professionals under the Apple Health program and can function as primary care providers within the Community Health Center (CHC) system.

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**FOR CASCADE SELECT MEMBERS:**

Naturopaths are recognized Health Care Professionals and can function as primary care providers within the community health center (CHC) system. Please see Evidence of Coverage for more information.

**Special Considerations**

CHPW AH Value Added Benefits for Adults 21 and older:

CHPW has decided to offer up to 20 combined sessions of alternative treatments with any combination of Acupuncture, Chiropractic treatments and Massage Therapy for AH members 21 and older. (For example, a member could have 7 sessions of acupuncture, 7 sessions of chiropractic treatments, and 6 sessions of massage therapy. The total number cannot exceed 20.) A session of massage therapy is defined as 30 minutes. (One hour of massage therapy will count as 2 sessions). The 20 combined sessions of alternative treatments can be obtained for any reason without need for prior authorization. More than 20 combined sessions will be considered as limitation extensions and will require prior authorization.

The following medically necessary criteria are required for more than 20 sessions:

In all cases, the treatments must be designed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The treatment provided must be specific, effective, and reasonable for the patient’s diagnosis and physical condition.

There must be evidence of support of extended care by the referring provider after the initial 60 days and after every subsequent 60-day interval. This Plan of Care must be updated if the patient’s condition worsens.

Medical records will be required from both the referring provider (PCP or pain management) and the alternative treatment provider:

1. Medical records from PCP or pain management must document all the following:
  - a. The diagnosis must be one of the following:
    - i. Chronic pain (for 6 months or more); or
    - ii. Opioid Use Disorder
  - b. There must be demonstration of one of the following:
    - i. For patients with chronic pain: Functional progress (demonstrated by using a standardized self-reported tool, such as Pain Disability Index, or

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- return to work) has been made during the initial alternative treatments with the requested service; or
- ii. The opioid dose (for patients on opioids) must have decreased during initial treatments with the requested service and any subsequent limitation extensions, and the decrease must be supported by medical records.
- c. The requested treatment must be documented to be part of the pain management or opioid management treatment plan
- 2. Records from the alternative treatment provider must document all the following:
  - a. Response to treatment showing improvement in pain and function (or return to work)
  - b. Plan of Care including all the following:
    - i. The date of onset or exacerbation of the disorder
    - ii. Specifics regarding both long-term and short-term goals
    - iii. An estimate of the timelines for the specific goals
    - iv. Specifics regarding the treatment techniques to be employed
    - v. Frequency and duration of treatment

For Apple Health Members, limitation extensions are not approved for maintenance therapy.

The maximum number of sessions eligible for limitation extensions in a year is 12, unless the patient is successfully tapering off opioids.

This requires that the opioid dose must be consistently decreasing with the requested treatment, and this must be documented in the medical records

## Limitations/Exclusions

Please see link to member coverage documents below:

| Line of Business                              | Link to Member Coverage Documents  |
|---|--|
| Medicare Advantage Plans<br>(Including D-SNP) | <a href="https://medicare.chpw.org/">https://medicare.chpw.org/</a><br>Select the appropriate plan from the “Plans” drop down on the top navigation bar. |
| CHPW Apple Health Integrated<br>Managed Care  | <a href="https://www.chpw.org/for-members/benefits-and-coverage-imc/">https://www.chpw.org/for-members/benefits-and-coverage-imc/</a>                    |
| CHNW Cascade Select                           | <a href="https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/">https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/</a>        |

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## List of Appendices

None.

## Citations & References

|                                    |   |  |
|------------------------------------|---|--|
| <b>CFR</b>                         |   |  |
| <b>WAC</b>                         | <a href="tel:246-836-210">246-836-210</a> ; <a href="tel:284-43-5640">284-43-5640</a> ; 284-43-5642   |  |
| <b>RCW</b>                         |   |  |
| <b>LOB &amp; Contract Citation</b> | <input checked="" type="checkbox"/> <b>WAHIMC</b><br><input type="checkbox"/> <b>BHSO</b><br><input type="checkbox"/> <b>Wraparound</b><br><input type="checkbox"/> <b>SMAC</b><br><input type="checkbox"/> <b>HH</b> | IMC Section 1.146: Health Care Professional (definition); IMC Section 1.249: Primary Care Provider (PCP) (definition); IMC Section 17.1.31.2: EPSDT - Screening services are also covered at other times, when Medically Necessary; IMC Section 1.200: Medically Necessary; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination |
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|                                    |   |  |
|                                    | <input checked="" type="checkbox"/> <b>AHE</b>  | AHE Section 1.108: Health Care Professional (definition); AHE Section 1.196: Primary Care Provider (PCP) (definition); AHE Section 1.151: Medically Necessary Services; AHE Section 11.1: Utilization Management General Requirements; AHE Section 11.3: Medical Necessity Determination   |
|                                    | <input type="checkbox"/> <b>MA/DSNP</b>   |  |
|                                    | <input checked="" type="checkbox"/> <b>CS</b>   | P&P supports all LOB requirements  |
| <b>Other Requirements</b>          |   |  |
| <b>NCQA Elements</b>               | UM2, UM5  |  |

## Revision History

| Revision Date | Revision Description | Revision Made By |
|---------------|----------------------|------------------|
| 12/03/2008    | Approval             | MMLT             |

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|------------|---|-------------------------|
| 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                    |
| 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 <a href="#">L34009</a>   | LuAnn Chen, MD          |
| 07/24/2018 | Approval  | UM Committee            |
| 06/03/2019 | Checked and corrected links. Acupuncture and Naturopathy: referred to benefit grid for coverage information. Referenced MM173 for Apple Health. Added criteria for biofeedback for headache and pelvic floor rehabilitation | LuAnn Chen, MD          |
| 07/05/2019 | Approval  | UM Medical Subcommittee |
| 02/12/2020 | WAH-IMC and MA Contract Citations updated   | LuAnn Chen, MD          |
| 05/05/2020 | Added definitions   | LuAnn Chen, MD          |
| 05/14/2020 | Approval  | UM Medical Subcommittee |
| 09/09/2020 | Added criteria and citations for CHNW Cascade Select. Added criteria for 8 additional acupuncture visits for Medicare members with chronic low back pain.   | LuAnn Chen, MD          |
| 09/10/2020 | Approval  | UM Medical Subcommittee |
| 12/11/2020 | Updated and summarized LCA for Chiropractic services and included NCD related to maintenance therapy.   | LuAnn Chen, MD          |
| 12/22/2020 | Approval  | UM Medical Subcommittee |

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| 08/03/2021 | Clarification of acupuncture benefit for Cascade Select.   | LuAnn Chen, MD           |
| 11/22/2021 | Approval   | UM Medical Subcommittee  |
| 06/24/2022 | Added AH-IMC VAB for acupuncture, chiropractic, and massage.   | LuAnn Chen, MD           |
| 06/28/2022 | Approval   | UM Medical Subcommittee  |
| 12/05/2022 | Correction of typo in criteria for limitation extensions for AH-IMC. Update citations.   | LuAnn Chen, MD           |
| 12/20/2022 | Approval   | UM Medical Subcommittee  |
| 11/03/2023 | Clarified criteria and absence of limitations for chiropractic manipulations for AH members under age 21. Removed requirement for complementary and alternative providers to document opioid doses. Corrected coverage of hypnotherapy, massage therapy and referenced the Summary of Benefits and Evidence of Coverage documents. Updated citations. Corrected links. Removed summary of LCA for Chiropractor Services. | LuAnn Chen, MD           |
| 12/13/2023 | Approval   | UM Medical Subcommittee  |
| 02/14/2024 | Clarified Medicare first 12 chiropractic visits in a year do not require PA and the criteria for continued chiropractic care.  | LuAnn Chen, MD           |
| 02/14/2024 | Approval   | UM Criteria Subcommittee |
| 01/08/2025 | Removed Medicare from policy. Updated citations.   | LuAnn Chen, MD           |
| 01/08/2025 | Approval   | UM Criteria Subcommittee |
| 01/26/2026 | Updated Citations. Added Equity Considerations.  | LuAnn Chen, MD           |
| 02/06/2026 | Approval   | UM Criteria Subcommittee |

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