

Complementary and Alternative Medicine



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Acupuncture	30.3		

NCD	Acupuncture for Chronic Lower Back Pain (cLBP)	30.3.3		
NCD	Acupuncture for Fibromyalgia	30.3.1		
NCD	Acupuncture for Osteoarthritis	30.3.2		
NCD	Cellular Therapy	30.8		
NCD	Colonic Irrigation	100.7		
NCD	Intravenous Histamine Therapy	30.6		
NCD	Laetrile and Related Substances	30.7		
NCD	Thermogenic Therapy	30.2		
NCD	Transcendental Meditation	30.5		
LCA	Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)	A55240	JH - Novitas Solutions, Inc. (Part A/B MAC) JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA

Description

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices and products that are not generally considered to be part of conventional medicine (eg, Western medicine). In general, CAM can be separated into two main subgroups: nutritional approaches and psychological and/or physical approaches. CAM assessments and therapies purportedly reduce disease based clinical symptoms and improve health and wellness.

- **Nutritional approaches** include a variety of products, such as herbs (eg, botanicals), probiotics, vitamins and minerals. They are widely marketed, readily available and often sold as dietary supplements.
- **Psychological and/or physical approaches** use a variety of techniques such as hypnosis, massage, meditation, music and relaxation therapy. These approaches are often administered or taught by a trained practitioner or teacher.
- **Other complementary health approaches** may not fit into either of the above groups. Examples may include the practices of traditional healers, Ayurvedic medicine, traditional Chinese medicine, homeopathy and naturopathy.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above CMS guidance for **Complementary and Alternative Medicine**.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

[Complementary and Alternative Medicine](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
45399	Unlisted procedure, colon	
66999	Unlisted procedure, anterior segment of eye	
69399	Unlisted procedure, external ear	
84999	Unlisted chemistry procedure	
85999	Unlisted hematology and coagulation procedure	
88182	Flow cytometry, cell cycle or DNA analysis	
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	
90832	Psychotherapy, 30 minutes with patient	

90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90834	Psychotherapy, 45 minutes with patient	
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90837	Psychotherapy, 60 minutes with patient	
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90880	Hypnotherapy	
90899	Unlisted psychiatric service or procedure	
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	
96549	Unlisted chemotherapy procedure	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97039	Unlisted modality (specify type and time if constant attendance)	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	
97799	Unlisted physical medicine/rehabilitation service or procedure	
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	
99199	Unlisted special service, procedure or report	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		

HCPCS Code(s)	Description	Comments
G0176	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)	
J3570	Laetrile, amygdalin, vitamin B-17	
M0075	Cellular therapy	
M0300	IV chelation therapy (chemical endarterectomy)	
T2036	Therapeutic camping, overnight, waiver; each session	
T2037	Therapeutic camping, day, waiver; each session	

References

- Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Auricular peripheral nerve stimulation (electro-acupuncture device) (A55240). <https://www.cms.gov>. Published January 21, 2020. Updated January 1, 2023. Accessed July 19, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Acupuncture (30.3). <https://www.cms.gov>. Published January 1, 1966. Updated January 21, 2020. Accessed July 19, 2023.
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Change Summary

- 01/01/2024 New Policy.

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