

Complementary and Alternative Medicine

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Related Medicare Advantage Policy Guidelines
• Acupuncture (NCD 30.3)
• Acupuncture for Chronic Lower Back Pain (cLBP) (NCD 30.3.3)
• Acupuncture for Fibromyalgia (NCD 30.3.1)
• Acupuncture for Osteoarthritis (NCD 30.3.2)
• Colonic Irrigation (NCD 100.7)
• Transcendental Meditation (NCD 30.5)

Coverage Guidelines

Complementary and alternative medicine may be a covered benefit when criteria are met.

Note: Depending on the member’s plan, members may have additional acupuncture benefit. Contact the customer service department or refer to the member’s Evidence of Coverage (EOC) to determine coverage eligibility for Acupuncture benefit. If member has the additional benefit (not Medicare-covered), contact Optum Health Physical Health (OHPH) at (866) 785-1654. For California members, contact (800) 428-6337.

Complementary and Alternative Therapies or Services

Complementary and alternative therapies or services include, but are not limited to:

Acupuncture

Refer to the [National Coverage Determination \(NCD\) for Acupuncture \(30.3\)](#).

- Fibromyalgia; refer to the [NCD for Acupuncture for Fibromyalgia \(30.3.1\)](#).
- Osteoarthritis; refer the [NCD for Acupuncture for Osteoarthritis \(30.3.2\)](#).
- Chronic low back pain (cLBP); Effective for services performed on or after January 21, 2020, CMS will cover Acupuncture for Medicare patients with chronic lower back pain (cLBP.) For coverage criteria refer to the [NCD for Acupuncture for Chronic Lower Back Pain \(cLBP\) \(30.3.3\)](#).

(Accessed June 24, 2021)

Electrical Stimulation of Auricular Acupuncture Points

Electrical stimulation of auricular acupuncture points [also known as electro-acupuncture stimulation, peripheral subcutaneous field stimulation (PSFS) or peripheral nerve field stimulation (PNFS)] using P-Stim™. May see reported as CPT code 64999 or HCPCS code A9270.

Refer to the [MLN Matters Article Number SE20001 titled Incorrect Billing of HCPCS L8679 – Implantable Neurostimulator, Pulse Generator, Any Type](#) dated January 29, 2020. (Accessed June 24, 2021)

FDA Information

Electrical stimulation of auricular acupuncture points uses P-Stim™ device which received FDA clearance on March 30, 2006. The device is intended for use as an electro-acupuncture device to stimulate appropriate auricular acupuncture points.

The P-Stim is a miniaturized, battery-powered, transcutaneous electrical nerve stimulator that has a pre-programmed frequency, pulse, and duration for the stimulation of auricular acupuncture points. The device connects via three stainless steel wires to acupuncture needles that have been applied to the appropriate auricular acupuncture points. The device is powered by three zinc air batteries, each with a voltage of 1.4 V. The device is on for 180 minutes, then off for 180 minutes, for a maximum period of up to 96 hours. Available at http://www.accessdata.fda.gov/cdrh_docs/pdf5/K050123.pdf. (Accessed June 24, 2021)

Medicare does not have a National Coverage Determination (NCD) specific for electrical stimulation of auricular acupuncture points. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Electrical Stimulation of Auricular Acupuncture Points](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#).

Note: After checking the [Electrical Stimulation of Auricular Acupuncture Points](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Cellular Therapy

Refer to the [NCD for Cellular Therapy \(30.8\)](#). (Accessed June 24, 2021)

Colonic Irrigation

Refer to the [NCD for Colonic Irrigation \(100.7\)](#). (Accessed June 24, 2021)

Transcendental Meditation (TM)

Refer to the [NCD for Transcendental Meditation \(30.5\)](#). (Accessed June 24, 2021)

Non-Covered Complementary and Alternative Therapies

Examples of non-covered complementary and alternative therapies or services include, but are not limited to the following:

- Rolting
- Guided imagery
- Meditation
- Botanicals and dietary supplements, probiotics, herbs, vitamins and minerals
- Yoga
- Tai Chi
- Relaxation techniques
- Pilate's method
- Progressive muscle relaxation

Note: Medicare does not have a National Coverage Determination (NCD) for the above examples of complementary and alternative medicine and there are no available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) at this time. For more examples of complementary and alternative medicine, refer to the [National Institute of Health \(NIH\) National Center for Complementary and Integrative Health \(NCCIH\)](#). (Accessed June 24, 2021)

For coverage information for hypnotherapy, refer to the Coverage Summary titled [Mental Health Services and Procedures](#).

Definitions

Acupuncture: A family of procedures involving the stimulation of points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. [National Institute of Health \(NIH\) National Center for Complementary and Integrative Health \(NCCIH\)](#). (Accessed June 24, 2021)

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Electrical Stimulation of Auricular Acupuncture Points [also known as Electro-Acupuncture Stimulation, Peripheral Subcutaneous Field Stimulation (PSFS) or Peripheral Nerve Field Stimulation (PNFS)] using P-Stim™ Accessed June 24, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A55240	Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX
A56062	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)	Part A MAC	Wisconsin Physicians Service Insurance Corp.	AK, AL, AR*, AZ, CA, CO*, CT, DE*, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA*, MA, MD*, ME, MI, MO, MS*, MT, NC, ND, NE, NH, NJ*, NM*, NV, OH, OK*, OR, PA*, RI, SC, SD, TN, TX*, UT, VA, VT, WA, WI, WV, WY Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this table. This WPS LCD/LCA only applies to states without asterisk.
A56062	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)	Part B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
07/20/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version MCS020.01

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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