# Coverage Summary

## Complementary and Alternative Medicine

<table>
<thead>
<tr>
<th>Policy Number: C-011</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 07/16/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approved by</strong>: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td><strong>Last Review Date</strong>: 07/23/2019</td>
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</tbody>
</table>

### Related Medicare Advantage Policy Guidelines:

- Acupuncture (NCD 30.3)
- Acupuncture for Fibromyalgia (NCD 30.3.1)
- Acupuncture for Osteoarthritis (NCD 30.3.2)
- Cellular Therapy (NCD 30.8)
- Colonic Irrigation (NCD 100.7)
- Transcendental Meditation (NCD 30.5)

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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).

## INDEX TO COVERAGE SUMMARY

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   a. Acupuncture/Acupressure
   b. Electrical Stimulation of Auricular Acupuncture Points
   c. Cellular Therapy
   d. Colonic Irrigation
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2. Other examples of non-covered complementary and alternative therapies or services

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I. COVERAGE

Coverage Statement: Complementary and alternative medicine is not a covered benefit.

Note: Depending on the member’s plan, members may have 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.

Guidelines/Notes:

1. Non-covered complementary and alternative therapies or services include, but are not limited to:
   a. Acupuncture/Acupressure; see the NCD for Acupuncture (30.3), NCD for Acupuncture for Fibromyalgia (30.3.1) and NCD for Acupuncture for Osteoarthritis (30.3.2). (Accessed July 10, 2019)
      Note: As noted above, some members may have acupuncture benefits, depending on the member’s plan. Contact the Customer Service Department or refer to the member’s Evidence of Coverage (EOC) to determine coverage eligibility for acupuncture.
   b. 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 HCPC code A9270.

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 July 10, 2019)

- Medicare does not have a National Coverage Determination (NCD) specific for electrical stimulation of auricular acupuncture points. However, there is a long standing NCD for Acupuncture (30.3), which excludes all forms of acupuncture.
- Local Coverage Determinations (LCDs) /Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
- Committee approval date: July 23, 2019
- Accessed August 23, 2019

   c. Cellular Therapy; see the NCD for Cellular Therapy (30.8). (Accessed July 10, 2019)
   d. Colonic Irrigation; see the NCD for Colonic Irrigation (100.7). (Accessed July 10, 2019)
   e. Transcendental Meditation (TM); see the NCD for Transcendental Meditation (30.5).
2. Other examples of non-covered complementary and alternative therapies or services include, but are not limited to:
   a. Rolfing
   b. Guided imagery
   c. Meditation
   d. Botanicals and dietary supplements, probiotics, herbs, vitamins and minerals
   e. Yoga
   f. Tai Chi
   g. Relaxation techniques
   h. Pilate's method
   i. 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 July 10, 2019)

   For coverage information for hypnotherapy, see the Coverage Summary for Mental Health Services and Procedures.

II. 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 July 10, 2019)

III. REFERENCES

   See above.
IV. REVISION HISTORY

07/23/2019  Guideline 1.b {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™}

- Removed detailed coverage guidelines [duplicative to the language outlined in the National Coverage Determination (NCDs) referenced in Guideline 1.a for:
  - Acupuncture (30.3)
  - Acupuncture for Fibromyalgia (30.3.1)
  - Acupuncture for Osteoarthritis (30.3.2)

Guideline 2 (Other Examples of Non-Covered Complementary and Alternative Therapies or Services)

- Updated list of examples of non-covered complementary and alternative therapies or services:
  - Added:
    - Rolfing
    - Guided imagery
    - Relaxation techniques
    - Progressive muscle relaxation
  - Removed (no CMS reference available):
    - Oriental massage, Swedish massage, other manipulative therapies
    - Energy therapies
    - Spiritual healing
    - Community based approaches (e.g., Alcoholics Anonymous, Overeaters Anonymous)
    - Medical intuition
    - Light and color therapy
    - Colonics (colon therapies)
    - Applied kinesiology
    - Neural therapy
    - Therapeutic touch
    - Bio-electrical based therapy - use of electromagnetic fields for medical purposes (e.g., magnetic chairs)
    - Reiki
  - Replaced:
    - “Meditation and mind body therapy (art, music and dance)” with “meditation”
    - “Biologically based foods, herbal therapy and other substances” with “botanicals and dietary supplements, probiotics, herbs, vitamins and minerals”

Definitions

- Removed definition of:
  - “Complementary and Alternative Medicine”
  - “Conventional Medicine”
V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

**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™

CMS website accessed August 23, 2019

<table>
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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>A55240</td>
<td>Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DE, DC, LA, MS, NM, MD, NJ, OK, PA, TX</td>
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<td>A56062</td>
<td>Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
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<tr>
<td>A56062</td>
<td>Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>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</td>
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End of Attachment A