## Coverage Summary

### Complementary and Alternative Medicine

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<th>Policy Number:</th>
<th>C-011</th>
<th>Products:</th>
<th>UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date:</th>
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<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date:</td>
<td>03/19/2019</td>
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**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

**I. COVERAGE**

1. **Non-covered complementary and alternative therapies or services**
   - a. Acupuncture/Acupressure
   - b. Electrical Stimulation of Auricular Acupuncture Points
   - c. Cellular Therapy
   - d. Colonic Irrigation
   - e. Transcendental Meditation (TM)

2. **Other examples of non-covered complementary and alternative therapies or services**

**II. DEFINITIONS**

**III. REFERENCES**

**IV. REVISION HISTORY**

**V. ATTACHMENTS**
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 11, 2018)
      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.
      • 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.
      • For coverage guidelines for this procedure, refer to the Coverage Summary guidelines below.
      • Committee approval date: March 19, 2019
      • Accessed March 13, 2019

Coverage Summary Guidelines:
Although acupuncture has been used for thousands of years in China and for decades in parts of Europe, it is a new agent of unknown use and efficacy in the United States. Even in those areas of the world where it has been widely used, its mechanism is not known. Three units of the National Institutes of Health, the National Institute of General Medical Sciences, National Institute of Neurological Diseases and Stroke, and Fogarty International Center have been designed to assess and identify specific opportunities and needs for research attending the use of acupuncture for surgical anesthesia and relief of chronic pain. Until the pending scientific assessment of the technique has been completed and its efficacy has been established, Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic or for other therapeutic purposes, may not be made. Accordingly, acupuncture is not considered reasonable and necessary within the meaning of §1862(a)(1) of the Act. See Guideline #1.a above for all Acupuncture NCDs.

Based on the above NCD, Electrical Stimulation of Auricular Acupuncture Points (also known as Electro-acupuncture Stimulation) using P-Stim™ is not covered.

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). (Accessed March 13, 2019)

Also see the other NCDs for Acupuncture in Guidelines #1.a.

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](http://www.accessdata.fda.gov/cdrh_docs/pdf5/K050123.pdf). (Accessed July 11, 2018)

c. Cellular Therapy; see the NCD for Cellular Therapy (30.8). (Accessed July 11, 2018)
d. Colonic Irrigation; see the NCD for Colonic Irrigation (100.7). (Accessed July 11, 2018)
e. Transcendental Meditation (TM); see the NCD for Transcendental Meditation (TM)(30.5). (Accessed July 11, 2018)

2. Other examples of non-covered complementary and alternative therapies or services include, but are not limited to:
   a. Oriental massage, Swedish massage other manipulative therapies
   b. Energy therapies
   c. Meditation and Mind Body therapy (art, music and dance)
   d. Biologically based foods, herbal therapy, vitamins and other substances
   e. Yoga
   f. Tai Chi
   g. Spiritual healing
   h. Community based approaches (e.g., Alcoholics Anonymous, Overeaters Anonymous)
   i. Medical intuition
   j. Pilate's method
   k. Light and color therapy
   l. Colonics (colon therapies)
   m. Applied kinesiology
   n. Neural therapy
   o. Therapeutic touch
   p. Bio-electrical based therapy - use of electromagnetic fields for medical purposes (e.g., magnetic chairs)
   q. Reiki

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 11, 2018)

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 11, 2018)

**Complementary and Alternative Medicine (as defined by NCCIH):** Complementary medicine is used together with conventional medicine. Alternative medicine is used in place of conventional medicine. National Institute of Health (NIH) National Center for Complementary and Integrative Health (NCCIH). (Accessed July 11, 2018)

**Conventional Medicine (as defined by NCCIH):** Medicine as practiced by holders of M.D. (Medical Doctor) or D.O. (Doctor of Osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. National Institute of Health (NIH) National Center for Complementary and Integrative Health (NCCIH). (Accessed July 11, 2018)

III. REFERENCES

See above.

IV. REVISION HISTORY

04/01/2019  Updated policy introduction; added language to clarify:

- There are instances where [the Coverage Summary] 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)

03/19/2019  Re-review with the following update:

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 the following language (PDAC sourced reference is no longer active and unable to find CMS sourcing for all states):

“**Coding clarification:**
For coding guidance for P-Stim™ device; refer to the PDAC Article: Correct Coding– P-stim® Device.

Additional codes that may be used incorrectly for P-Stim™ are:
- 64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64999 Unlisted procedure, nervous system”

09/18/2018 Updated Local Coverage Determination (LCD) Availability Grid; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

07/17/2018 Annual review; no updates.

07/17/2017 Annual review; no updates.

01/17/2017 Re-review; 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™] –
  - Deleted CPT codes 0282T-0285T for 2017 and added verbiage “May see as”
  - Added CPT code 64999

07/26/2016 Annual review; no updates.

04/19/2016 Re-review with the following recommended update:
  Guideline 1.b (Electrical Stimulation of Auricular Acupuncture Points)
  - Updated title to: 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®
  - Added correct codes, i.e., replaced HCPCS code S8930, CPT code 64553 and HCPCS L8680 with HCPCS codes 0282T - 0285T and A9270
  - Revised statement pertaining to LCDs to state that LCDs exist; added reference links to available LCDs
  - Added coding clarification

07/21/2015 Annual review with the following updates:
  Guideline 1.b (Electrical Stimulation of Auricular Acupuncture Points)
  - Added the following to indicate: Example of codes used to bill electrical stimulation of auricular acupuncture points include, but are not limited to
  Guideline 2 (Other examples of non-covered complementary and alternative therapies or services)
  - Re-numbered
  - Updated note to indicate: 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) 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).

Definitions
  - Removed the definition of:
    o Cellular Therapy (definition provided in the referenced NCD)
Colonic Irrigation (definition provided in the referenced NCD)
Transcendental Meditation (definition provided in the referenced NCD)

- Updated the following definitions based on the most current NIH/NCCIH website information:
  - Acupuncture
  - Complementary and Alternative Medicine
  - Conventional Medicine

07/15/2014  Annual review with following updates:
- Guideline #1.b (Electrical Stimulation of Auricular Acupuncture Points) - moved the reference link to Medicare NCD for Acupuncture (30.3) to last section of guideline.
- Definitions
  - Acupuncture: Revised definition and added reference link to the National Institute of Health (NIH) National Center for Complementary and Alternative Medicine (NCCAM)
  - Cellular Therapy: Added the reference link to the Medicare NCD for Cellular Therapy (30.8)
  - Colonic Irrigation: Added the reference link to the Medicare NCD for Colonic Irrigation (100.7)
  - Complementary and Alternative Medicine: Added the reference link to NIH NCCAM
  - Conventional Medicine: Added the reference link to NIH NCCAM
  - Transcendental Meditation: Added reference to the Medicare NCD for Transcendental Meditation (TM) (30.5)

08/20/2013  Guidelines #1.b (Electrical Stimulation of Auricular Acupuncture Points using P-Stim™) - Added applicable coverage guidelines (new to policy).

10/31/2012  Annual review; deleted “hypnosis or hypnotherapy” from the list of non-covered examples and added a cross reference to the Coverage Summary for Mental Health Services.

08/29/2011  Annual review; no updates.

10/21/2010  Updated the link of the NCD for Colonic Irrigation (100.7).

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 March 13, 2019

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<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<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</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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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™

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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>AL, AK, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
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End of Attachment A