Coverage Summary

Complementary and Alternative Medicine

Policy Number: C-011  Products: UnitedHealthcare Medicare Advantage Plans

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Original Approval Date: 07/16/2008

Last Review Date: 05/19/2020

Related Medicare Advantage Policy Guidelines:

- Acupuncture (NCD 30.3)
- Acupuncture for Chronic Low Back Pain (NCD 30.3.3)
- 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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      b. Electrical Stimulation of Auricular Acupuncture Points
      c. Cellular Therapy
      d. Colonic Irrigation
      e. Transcendental Meditation (TM)
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I. COVERAGE

Coverage Statement: 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.

Guidelines/Notes:
1. Complementary and alternative therapies or services include, but are not limited to:
   a. Acupuncture; see the National Coverage Determination (NCD) for Acupuncture (30.3). (Accessed May 15, 2020)
      1) Fibromyalgia; see the NCD for Acupuncture for Fibromyalgia (30.3.1). (Accessed May 15, 2020)
      2) Osteoarthritis; see the NCD for Acupuncture for Osteoarthritis (30.3.2). (Accessed May 15, 2020)
      3) 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 see the NCD for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3). (Accessed May 15, 2020)
   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.
- 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/LCA Availability Grid (Attachment A).
- Committee approval date: May 19, 2020
  - Accessed May 15, 2020

   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)
2. 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

05/19/2020  Guideline 1.a (Acupuncture)
   • Reorganized content; removed/replaced language pertaining to the Centers for Medicare and Medicaid Services (CMS) Decision Memo for Acupuncture for Chronic Low Back Pain
   • Removed reference link to the National Coverage Determination (NCD) for:
     o Acupuncture for Fibromyalgia (30.3.1) (refer to Guideline 1.a.1)
     o Acupuncture for Osteoarthritis (30.3.2) (refer to Guideline 1.a.2)

Guideline 1.a.3 [Chronic Low Back Pain (cLBP)] (new to policy)
   • Added language to indicate:
     o For services performed on or after Jan. 21, 2020 CMS, will cover acupuncture for Medicare patients with chronic Lower Back Pain (cLBP)
     o Refer to the NCD for Acupuncture for Chronic Lower Back Pain (cLBP)
(30.3.3) for applicable coverage guidelines

Guideline 1.b (Electrical Stimulation of Auricular Acupuncture Points)
- Removed language indicating there is a long standing NCD [Acupuncture (30.3)] that excludes all forms of acupuncture

Attachments
- Added instruction to indicate the Part A Wisconsin Physicians Service Insurance Corporation (WPS) Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) should only be followed if no other Part A LCD/LCA is available

V. ATTACHMENT

<table>
<thead>
<tr>
<th>ID#</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<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, MD, MS, NJ, NM, 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</td>
<td>Wisconsin Physicians Service Insurance Corp.</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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<tr>
<td>A56062</td>
<td>Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</td>
<td>MAC – Part B</td>
<td>Wisconsin Physicians Service Insurance Corp.</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>

[Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.]

End of Attachment A