

Complementary and Alternative Medicine

Policy Number: BIP029.N
Effective Date: November 1, 2025

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	1
Policy History/Revision Information	2
Instructions for Use	2

Related Benefit Interpretation Policy

- [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

Some members may have chiropractic, acupuncture, or other alternative care benefits. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) or contact the Customer Service Department to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- Massage therapy is not covered except if it is part of a physical therapy treatment plan and covered under inpatient hospital, outpatient services, home health care, hospice services, or skilled nursing care in the Evidence of Coverage.
- Coverage for chiropractic care may be available if purchased by the subscriber's employer as a supplemental benefit.
- **California Small Groups:**
Acupuncture services are typically only covered:
 - As part of a comprehensive pain management program for the treatment of chronic pain.
 - For the treatment of nausea.

Not Covered

Complementary and alternative medicine are not covered unless purchased by the subscriber's employer group as a supplemental benefit or listed in *State Market Plan Enhancements* or *Covered Benefits* sections.

Examples of non-covered services include but are not limited to:

- Acupuncture or acupressure (not applicable to California Small Groups) (Coverage for acupuncture and acupressure may be available if purchased by the subscriber's employer as a supplemental benefit.)
- Applied kinesiology
- Chiropractic services; except as described in the [Covered Benefits](#) section
- Colonics
- Community programs (e.g., Alcoholics Anonymous, Overeaters Anonymous)
- Energy therapies (e.g., gongxi, reiki, therapeutic touch)

- Hypnosis, hypno-therapy
- Light therapy
- Massage therapy is not covered except if it is part of an authorized physical therapy treatment plan
- Meditation and mind body therapy
- Naturopathic
- Neural therapy
- Oriental massage, Swedish massage
- Reiki therapy
- Religious nonmedical health care
- Spiritual healing therapy
- Tai Chi
- Therapeutic touch
- Yoga

Policy History/Revision Information

Date	Summary of Changes
11/01/2025	<p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of examples of non-covered services: <ul style="list-style-type: none"> ○ Replaced: <ul style="list-style-type: none"> ▪ “Community based approaches” with “community programs” ▪ “Energy therapies” with “energy therapies (e.g., <i>gigong</i>, <i>reiki</i>, <i>therapeutic touch</i>)” ▪ “Hypnosis” with “hypnosis, <i>hypno-therapy</i>” ▪ “Light and color therapy” with “light therapy” ▪ “Meditation” with “meditation and mind body therapy” ▪ “Reiki” with “<i>reiki therapy</i>” ▪ “Spiritual healing” with “spiritual healing <i>therapy</i>” ○ Removed: <ul style="list-style-type: none"> ▪ Herbal therapy ▪ Homeopathic ▪ Medical intuition ▪ Pilate’s method ○ Removed reference link to the Benefit Interpretation Policy titled <i>Rehabilitation Services (Physical, Occupational, and Speech Therapy)</i> for Oriental massage and Swedish massage <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP029.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.