

Complementary and Alternative Medicine

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[➔ Instructions for Use](#)

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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* and *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 based approaches (e.g., Alcoholics Anonymous, Overeaters Anonymous)
- Electromagnetic fields for medical purposes (e.g., magnetic chairs)
- Energy therapies
- Herbal therapy
- Homeopathic
- Hypnosis
- Light and color therapy
- Massage therapy is not covered except if it is part of an authorized physical therapy treatment plan.
- Medical intuition
- Meditation
- Naturopathic
- Neural therapy
- Oriental massage, Swedish massage [refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)]
- Pilate’s method
- Reiki
- Religious nonmedical health care
- Spiritual healing
- Tai Chi
- Therapeutic touch
- Yoga

Definitions

Complementary and Alternative Medicine: Defined by the National Center for Complementary and Alternative Medicine (NCCAM) as the broad range of healing philosophies, approaches and therapies that Conventional Medicine does not commonly use, accept, study or make available. Generally defined, these treatments and health care practices are not taught widely in medical schools and not generally used in hospitals. These types of therapies used alone are often referred to as alternative. When used in combination with other alternative therapies, or in addition to conventional therapies, these therapies are often referred to as complementary.

Conventional Medicine (as defined by NCCAM): Medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees. Other terms for Conventional Medicine are allopathic, Western, regular and mainstream medicine.

Policy History/Revision Information

Date	Summary of Changes
01/01/2022	<ul style="list-style-type: none"> • Routine review; no change to benefit coverage guidelines • Archived previous policy version BIP029.I

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.