

Complementary and Alternative Medicine

Policy Number: BIP029.L

Effective Date: December 1, 2023

[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 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

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	Supporting Information <ul style="list-style-type: none"> • Removed <i>Definitions</i> section • Archived previous policy version BIP029.K

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.