

## COMPLEMENTARY AND ALTERNATIVE MEDICINE

## Policy

Except as is described below, VCHCP does not cover alternative medicine treatments or interventions.

Though not an all inclusive list, VCHCP does not cover the following alternative medicine interventions, because there is inadequate evidence in the peer-reviewed published medical literature of their effectiveness:

## • Diagnostic testing methods

- applied kinesiology (AK)
- chemical hair analysis
- ✤ Greek cancer cure test
- Iridology
- Live blood cell analysis
- Micronutrient panel testing
- Antioxidant function testing
- Ream's testing

## • Whole medical systems

- ✤ Ayurveda
- ✤ Homeopathy
- ✤ Macrobiotics
- ✤ Naprapathy
- ✤ Naturopathy
- Polarity therapy

## • Biologically-based practices

- ✤ Actra-Rx
- ✤ Antineoplastons
- ✤ Apitherapy
- ✤ Aromatherapy
- ✤ Auto urine therapy
- ✤ Bilberry
- Black cohosh
- ✤ Bovine cartilage products
- ✤ Cancell (Entelev)
- ✤ Cat's claw
- ✤ Cellular therapy
- ✤ Coenzyme Q10
- Coley's Toxin
- Coriolus versicolor

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- ✤ Echinacea
- Essiac
- Fecal bacteriotherapy
- Fish oil (omega-3 fatty acids)
- Flower essences
- ✤ Gerson therapy
- ✤ Ginkgo biloba
- ✤ Gucosamine
- Hoxsey method
- Hydrazein sulfate
- Hydrogen peroxide, intravenous
- Immunoaugmentive therapy
- ✤ Kava
- Kelley-Gonzales therapy
- ✤ Laetrile
- Lorenzo's oil
- ✤ Megavitamin therapy
- ✤ Milk thistle
- Mistletoe
- ✤ MTH-68
- ✤ Ozone therapy
- Revici's Guided Chemotherapy
- ✤ Saw palmetto
- ✤ 714-X
- Shark cartilage products
- St. John's wort
- Trichuris suis ova therapy
- ✤ Valerian
- ✤ yohimbe
- Energy medicine
  - ✤ Acupressure
  - Biofield therapeutics
  - Crystal healing
  - Cupping

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Medical Policy: Complementary and Alternative Medicine

# [Policy Number] Effective July 9, 2002 Revised: August 2005; November 1, 2011; April 16, 2012 Reviewed/No Updates: January 28, 2013, February 2014, February 2015, February 2016, February 2017, February 2018, February 2019, February 2020

- ✤ Gemstone therapy
- ✤ Magnet therapy
- Meridian therapy
- Millimeter wave therapy
- Moxibustion therapy
- Qigong longevity
- Reiki
- ✤ Therapeutic touch

# • Manipulative and body-based methods

- ✤ Alexander's technique
- ✤ AMMA Therapy®
- Colonic irrigation, colonic lavage, Colonic cleansing
- ✤ Craniosacral therapy
- ✤ Ear candling
- Feldenkrais therapy
- ✤ Inversion therapy
- ✤ Myotherapy
- ✤ Neural therapy
- Pfrimmer deep muscle therapy®
- Pilates
- Reflexology (zone therapy)
- Remedial massage

- Rolfing (structural integration)
- Trager® bodywork
- Tui Na
- Visceral massage

## • Mind-body medicine

- ✤ Art therapy
- Biogenetics' analysis
- Chung Moo Doe therapy
- Color therapy
- Dance movement therapy
- Equestrian therapy (hippotherapy)
- Faith healing
- ✤ Guided imagery interactive
- ✤ Hellerwork
- ✤ Humor therapy
- Hypnosis
- Meditation/Transcentental Meditation (TM®)
- Music therapy
- Primal therapy
- Psychodrama
- Yoga



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Acupressure Alexander technique AMMA therapy Antineoplastons Apitherapy Applied kinesiology Aromatherapy Art therapy Auto urine therapy Biofeedback Biofield therapy CanCell (Entelev) cancer therapy Chelation Therapy\* Chung Moo Doe therapy Coley's toxin Colonic irrigation Craniosacral therapy Cupping Dance/Movement therapy Ear Candling Electrodiagnosis (EAV) Equestrian therapy Essiac Feldenkrais method of exercise therapy Flower essence Fresh cell therapy Gemstone therapy Gerson therapy Greek cancer cure Guided imagery Hellerwork Homeopathy Hoxsey method Humor therapy Hydrazine sulfate Immunoaugmentive therapy

<sup>\*</sup>Except when defined to mean medically necessary therapy, e.g to treat heavy metal poisoning. S:\2020\MEDICAL POLICIES



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Infratronic Qi-Gong machine Inversion therapy Iridology Iscador Kelley/Gonzales therapy Laetrile Macrobiotic diet Meditation/transcendental meditation Megavitamin therapy Magnet therapy Moxibustion MTH-68 vaccine Music therapy Myotherapy Naturopathy Neural therapy Ozone therapy Pfrimmer deep muscle therapy Polarity therapy Oigong longevity exercises Reflexology (zone therapy) Reiki Remedial massage Revici's guided chemotherapy Rolfing (structural integration) 714-X Shark cartilage products Therapeutic touch Trager approach Yoga

**Chiropractic and acupuncture**: When part of Plan coverage, chiropractic and acupuncture treatments, arranged by Member, may be offset by reimbursement to the member of a portion of the practitioner's fee incurred by the member in receiving such therapy. Reimbursements are limited to a maximum per visit and an aggregate maximum per plan year.

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### Background

Complementary and alternative medicine (CAM), also called unconventional, nonconventional, or nontraditional healthcare, is a group of diverse medical and healthcare systems, practices and products that are not typically considered to be part of traditional Western medicine (i.e., conventional medicine). CAM assessments and therapies are proposed to reduce disease-based clinical symptoms and improve health and wellness. Complementary medicine may be used in conjunction with Western medicine, as opposed to alternative medicine which may be used in place of Western medicine. Integrative medicine, as defined by the National Center for Complementary and Alternative Medicine (NCCAM), combines conventional medical therapies and CAM therapies for which there is scientific evidence of safety and effectiveness. Various CAM therapies are supported by some degree of scientific evidence, but for most CAM therapies key questions regarding the safety and efficacy of these therapies for specific conditions are yet to be answered through well-designed scientific studies (NCCAM, 2010).

Classifications of CAM practices include the following:

- Whole Medical Systems: Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from, and earlier than, the conventional medical approach used in the United States.
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• **Biologically-Based Practices:** Biologically based practices in CAM use substances found in nature including herbs, foods, and vitamins. Examples of these substances include dietary supplements, herbal products, and other natural products that have not been scientifically proven (e.g., using shark cartilage to treat cancer).

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• **Energy Medicine:** Energy medicine involves the use of energy fields and consist of two types of therapies:

□ Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy are proposed to manipulate biofields by applying pressure, heat or body manipulation.

□ Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating current or direct current fields.

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• Manipulative and Body-Based Methods: Manipulative and body-based methods are based on manipulation and/or movement of one or more parts of the body.

• **Mind-Body Medicine:** Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms.

## U.S. Food and Drug Administration (FDA)

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- The Federal Food and Drug Act of 1906, The Wiley Act, empowers the FDA Center for Food Safety and Nutrition to remove unsafe food substances and botanicals from the market, and gives the FDA regulatory oversight for substances added to food, including monitoring safe use. The FDA maintains that a drug is any substance or mixture of substances intended for the cure, mitigation, diagnosis or prevention of disease (FDA, 2009).
- Dietary supplements are regulated differently than prescription and over-the-counter drug products. Manufacturers of dietary supplements are responsible for ensuring that their products are safe. While the FDA monitors adverse effects after dietary supplement products are on the market, newly marketed dietary supplements are not subject to premarket approval or a specific post-market surveillance period. Per the Dietary Supplement Health and Education Act of 1994 (DSHEA), the burden of proof rests on the FDA to show that a product is unsafe. Manufacturers are not required to submit substantiation of benefit data to the FDA. The Federal Trade Commission (FTC) is charged with accurate marketing and advertising claims (FDA, 2009).
- According to the FDA, dietary supplements in today's market include one or a combination of: vitamins, minerals, herbals, botanicals, amino acids, any dietary substance used to supplement the diet by increasing total dietary intake, and a concentrate, metabolite, constituent or extract. The FDA states that, while some supplements may help ensure that the individual consumes adequate amounts of essential nutrients needed for optimal health and performance, dietary supplements cannot be promoted as a treatment or a cure (FDA, 2009).
- In December 2006, the FDA issued a draft guidance document for the regulation of CAM products. The draft was issued because increased use of CAM in the United States has caused confusion regarding which products are subject to regulation under the Federal Food, Drug, and Cosmetic Act (Act) or the Public Health Service Act (PHS Act) and because the number of CAM products being imported into the United States has increased. The document provides guidance as to when a CAM product is subject to the Act or the PHS Act. The FDA cites the NCCAM's definition and categories of CAM in the draft. According to the new guidance, if the labeling of a dietary supplement includes the term "to treat," that supplement will be regulated as a drug under the Act. Biological products (e.g., virus, therapeutic serum, toxin, antitoxin, vaccine) will be regulated under the PHS Act (FDA, 2009; FDA, 2007).

The efficacy of various alternative medicine regimens ranges from extremely effective to ineffective or even harmful. VCHCP makes no statement regarding the medical necessity or effect of such alternative medicine interventions.

Place of Service: Inpatient or outpatient

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## A. Attachments: None

## **B.** History:

Reviewers: Richard O. Ashby MD, John Prichard MD, QA Committee; Date: May 12, 2002 Reviewed/Revised by: S. Haas, MD & C. Wilhelmy, MD; Date: August 2005 Committee Reviews: UM: August 08, 2005; QA: August 23, 2005 Reviewed/Revised by: A. Reeves, MD; Date: November 1, 2011 Committee Reviews: UM: November 10, 2011; QA: November 22, 2011 Reviewed/No Changes: Albert Reeves, MD; Date: April 16, 2012 Committee Reviews: UM: May 10, 2012; QA: May 22, 2012 Reviewed/No Changes: Albert Reeves, MD; Date: January 28, 2013 Committee Review: UM: February 14, 2013 & QA: February 20, 2013 Reviewed/ No Updates: Catherine Sanders, MD Committee Review: UM: February 13, 2014 & QA: February 25, 2014 Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD Committee Review: UM: February 12, 2015; QAC: February 24, 2015 Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD Committee Review: UM: February 11, 2016; QAC: February 23, 2016 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 9, 2017; QAC: February 28, 2017 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 8, 2018; QAC: February 27, 2018 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 14, 2019; QAC: February 26, 2019 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 13, 2020; QAC: February 25, 2020

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2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

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