

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | COMPLEMENTARY ALTERNATIVE MEDICINE |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Details | <p>This policy addresses complementary and alternative medicine, including acupuncture, chiropractic care, and massage therapy.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>WASHINGTON: WAC 284-170-270: Every Category of Healthcare Providers</p> <ol style="list-style-type: none"> 1) Issuers must not exclude any category of providers licensed by the state of Washington who provide health care services or care within the scope of their practice for services covered as essential health benefit, as defined in WAC 284-43-5640 and 284-43-5642 and RCW 48.43.715, RCW 48.43.045 2) RCW 48.43.045 (1) (a) permits issuers to require providers to abide by certain standards. These standards may not be used in a manner designed to exclude categories of provider unreasonably. For example, issues must not decide that a particular category of provider can never render any cost-effective or clinically efficacious services and thereby exclude that category of provider completely from health plans on that basis. 3) (Health plans are not prohibited by this section from placing reasonable limits on individual services rendered by specific categories of providers |

based on relevant information or evidence of the type usually considered and relied upon in making determinations of cost-effectiveness or clinical efficacy. However, health plans must not contain unreasonable limits, and must not include limits on the type of provider permitted to render the covered service unless such limits comply with RCW [48.43.045](#) (1) (a).

- 4) This section does not prohibit health plans using restricted networks. Issuer offering plans with restricted networks may select the individual providers in any category of provider with whom they will contract or whom they will reimburse. AN issuer is not required by RCW [48.43.045](#) or this section to accede to a request by any individual provider for inclusion in any network for any health plan.
 - a) Health plan networks that use “gatekeepers” or “medical homes” for access to specialist providers may use them for access to specified categories of providers.
 - b) For purposes of this section:
 - i. “Gatekeeper” means requiring a referral from a primary care or direct access provider or practitioner to access specialty or in-patient services.
 - ii. “Medical home” means a team based health care delivery model for patient centered primary care that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes as modified and updated by the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services (HRSA), and other state and federal agencies.
- 5) Issuers must not offer coverage for health services for certain categories of provider solely as a separately priced optional benefit
- 6) The insurance commissioner may grant reasonable temporary extensions of time for implementation of RCW [48.43.045](#) or this section, or any part thereof, for good cause shown.

[RCW 48.44.310](#): Chiropractic Care, Coverage Required, Exceptions

1. Each group contract for comprehensive health care service which is entered into, or renewed, on or after September 8, 1983, between a health care service contractor and the person or persons to receive such care shall offer coverage for chiropractic care on the same basis as any other care

2. A patient of a chiropractor shall not be denied benefits under a contract because the practitioner is not licensed under chapter 18.57 or 18.71 RCW.
3. This section shall not apply to a group contract for comprehensive health care services entered into in accordance with a collective bargaining agreement between management and labor representatives. Benefits for chiropractic care shall be offered by the employer in good faith on the same basis as any other care as a subject for collective bargaining for group contracts for health care services.

B. STATE MARKET PLAN ENHANCEMENTS

Complementary Alternative Medicine varies per state. Please refer to Section C below.

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

COMPLEMENTARY ALTERNATIVE MEDICINE

CALIFORNIA:

- **Acupuncture Services:** Molina covers acupuncture services that are typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain. Outpatient Other Practitioner Care Cost Sharing will apply.
- **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 EOC

FLORIDA:

- **Rehabilitation Services:** Molina covers services that help Members keep, get back, or improve skills and functioning for daily living that have been lost or impaired because they were sick, hurt, or disabled. These services may include physical and occupational therapy, speech therapy, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings. Outpatient rehabilitative services are limited to a total of 35 visits for any combination of the following

therapies; however, only 26 of those visits can be for Spinal Manipulative Therapy:

- Massage Therapy by licensed massage therapist
- Spinal Manipulative Therapy

IDAHO:

- **Chiropractic Care (Limit 18 visits):** Molina covers 18 chiropractic visits by a licensed professional, per Plan year.

ILLINOIS:

- **Chiropractic and Osteopathic Services:** Molina cover Chiropractic and Osteopathic services for manipulation or adjustment of osseous or articular structures when a condition of an orthopedic or neurological nature necessitates treatment for which falls within the scope of a licensed chiropractor or osteopath. The benefit is limited to a maximum of 25 visits per calendar year.

KENTUCKY:

- Rehabilitation Services include:
 - Manipulation therapy (20 visit limit per calendar year)

MISSISSIPPI:

- Rehabilitation services are limited to the following:
 - Chiropractic services (20 visit limit per calendar year)

OHIO:

- Rehabilitation Services include:
 - Manipulation therapy (12 visit limit per calendar year)
- Rehabilitation services may be subject to limitations, Prior Authorization requirements, and exclusions. Please contact Customer Support for additional coverage information.

NEW MEXICO:

- **Acupuncture Services:** Molina covers acupuncture services when furnished by licensed Participating Providers that is determined to be Medically Necessary and appropriate for the treatment of the Member's conditions. Cost Sharing applicable to outpatient services will apply. Limited to 20 visits per calendar year unless associated to Habilitative and Rehabilitative services.
- **Chiropractic Services:** Molina covers chiropractic services when furnished by licensed Participating Providers that is determined to be Medically Necessary and appropriate for the treatment of the

Member's conditions. Cost Sharing applicable to outpatient services will apply. Limited to 20 visits per calendar year unless associated to Habilitative and Rehabilitative services. Biofeedback is only covered under Chiro Benefit for treatment of Raynaud's disease or phenomenon and urinary or fecal incontinence.

SOUTH CAROLINA:

- Spinal manipulative therapy is covered as part of rehab. Required by SC Code § 38-71-210 ("Health insurance policies to include chiropractic services")

WASHINGTON:

- **Acupuncture services** are limited to 12 visits without referral per calendar year. Acupuncture services provided for the treatment of chemical dependency are not subject to any visit limits.
- **Chiropractic Services:** Outpatient chiropractic treatment and services are covered. See **Benefit Interpretation Policy titled Rehabilitation Services**
- **Complementary and Alternative Medicine** is covered. Members have direct access to Contracting Physical Therapists, Chiropractors, Naturopathic providers and Massage Therapists or any other provider acting within the scope of their licensure.
- **Massage therapy** is covered when provided as part of Physical therapy and/or Chiropractic care in connection with rehabilitation and/or habilitation services. All services provided during the same session count as one visit.
- **Spinal manipulation services** are limited to 10 treatments per calendar year.

WISCONSIN:

- **Manipulative Treatment Services:** We cover Medically Necessary manipulative treatment services. Manipulative treatment is the therapeutic application of chiropractic and/or osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain, and improve function in the management of an identifiable neuromusculoskeletal condition.

MORE INFORMATION

Refer to Benefit Interpretation Policy titled **Rehabilitation Services**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

COMPLEMENTARY ALTERNATIVE MEDICINE

CALIFORNIA:

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

- Applied Kinesiology
- Chiropractic services
- 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 treatment plan
- Medical intuition
- Meditation
- Naturopathic
- Neural therapy
- Oriental massage, Swedish massage
- Pilate's method
- Reiki
- Religious nonmedical health care
- Spiritual healing
- Tai Chi
- Therapeutic touch
- Yoga

FLORIDA:

- Acupuncture Services
- Massage Therapy

IDAHO:

- Acupuncture

ILLINOIS:

- Acupuncture
- Chiropractic Services- This exclusion does not apply to any services specifically covered in any section of this Agreement, including the Habilitation and Rehabilitation Services sections
- Massage Therapy

KENTUCKY:

- Acupuncture Services
- Chiropractic Services, except when provided in connection as manipulative therapy outlined in the Habilitation and Rehabilitation Services section of this agreement. Manipulation Therapy includes both osteopathic and chiropractic manipulation therapy used for treating problems associated with bones, joints and the back. Chiropractic therapy focuses on the joints of the spine and the nervous system. Osteopathic therapy includes equal emphasis on the joints and surrounding muscles, tendons and ligaments.
- Massage Therapy

MICHIGAN:

- Acupuncture Services
- Chiropractic Services- This exclusion does not apply to any services specifically “Covered” in section of this policy.

MISSISSIPPI:

- Acupuncture Services
- Massage Therapy

NEW MEXICO:

- Massage Therapy, unless provided by a licensed physical therapist and as part of prescribed short-term rehabilitation physical therapy program.

OHIO:

- Acupuncture Services
- Chiropractic Services, except when provided in connection as manipulative therapy outlined in the Habilitation and Rehabilitation Services section of this agreement. Manipulation Therapy includes both osteopathic and chiropractic manipulation therapy used for treating problems associated with bones, joints, and the back. Chiropractic therapy focuses on the joints of the spine and the nervous system.

Osteopathic therapy includes equal emphasis on the joints and surrounding muscles, tendons, and ligaments.

- Massage Therapy
- Pulmonary rehabilitation in the acute inpatient rehabilitation setting is not a Covered Service

SOUTH CAROLINA:

- Acupuncture Services
- Massage Therapy

TEXAS:

- Acupuncture Services
- Massage Therapy and Alternative Treatments including, but not limited to, massage therapy, aromatherapy, or hypnotherapy.

UTAH:

- Acupuncture Services
- Chiropractic Services, except when provided in connection with occupational therapy and physical therapy.
- Massage Therapy

WASHINGTON:

- Any service or treatment not authorized, except for an initial assessment
- Any services or treatment not delivered by contracting massage therapists or other contract Providers for their delivery of massage therapy care to Members.
- Services for assessments and/or treatments for conditions other than those related to myofascial, neuromusculoskeletal pain syndromes provide by contracting massage therapists
- Hypnotherapy, behavior training, sleep therapy and weight programs
- Service and/or treatment not documented as clinically necessary, appropriate or classified as Experimental/Investigational and/or as being in the research stage
- Education programs, nonmedical self-care or self-help or any self-help physical exercise training or any related diagnostic testing
- Services or treatments for pre-enrollment physicals or vocational rehabilitation
- Therapeutic devices, appliances or supplies
- Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order
- Services provided outside the scope of a massage therapist's license
- Hospitalization

- Adjunctive therapy whether or not associated with massage therapy
- Vitamins, minerals, nutritional supplements or other similar products

Chiropractic Services Exclusions/Limitations:

- Any services or treatments not delivered by contracting chiropractors or other contracted Practitioners for the delivery of chiropractic care to Members, except for Emergency Services.

WISCONSIN:

- Acupuncture Services
- Massage Therapy

HOMEOPATHIC AND HOLISTIC SERVICES
ALL STATES EXCEPT KENTUCKY (KENTUCKY IS BELOW):

Homeopathic and Holistic Services: Non-traditional services including, but not limited to, holistic and homeopathic treatment, yoga, Reiki, and Rolf therapy are not covered.

KENTUCKY:

Homeopathic and Holistic Services: Non-traditional services including homeopathic treatment, yoga, Reiki, and Rolf therapy are not covered.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------|--------------------|
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**Procedure Codes
(Internal Use
Only)**

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed,

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| | <p>Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p> | | | |
| <p>Prior Authorization</p> | <p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p> | | | |
| <p>Approval</p> | <p>Departments</p> | <p>Product</p> | <p>CIM</p> | <p>Clinical Management</p> |
| | <p>Date</p> | <p>11/3/2021</p> | | <p>11/8/2021</p> |