

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	COMPLEMENTARY ALTERNATIVE MEDICINE
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, 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;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>SOUTH CAROLINA:</b>  <a href="#">SECTION 38-71-210</a>- Health insurance policies to include chiropractic services.</p> <p style="padding-left: 40px;">§ 38-71-1730</p> <p><b>WASHINGTON:</b>  <a href="#">WAC 284-43-5642</a>: Essential health benefit categories  <a href="#">WAC 284-170-360</a>: Enrollee's access to providers  <a href="#">RCW 48.43.016</a>: Utilization management standards and criteria—Health carrier requirements—Definitions  <a href="#">WAC 284-170-270</a>: Every category of health care providers</p> <p style="padding-left: 40px;"><a href="#">RCW 48.44.310</a>: Chiropractic care, coverage Required, exceptions</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>B. STATE MARKET PLAN ENHANCEMENTS</b> </div> <p>Complementary Alternative Medicine coverage varies per state. Please refer to Section C below.</p>

### 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 unless Medically Necessary as part of a physical therapy treatment plan 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 (limited to 20- visits limit per calendar year combined for physical therapy, occupational therapy, and chiropractic services).

**NEVADA:**

**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. Please consult the Schedule of Benefits for Chiropractic Services to determine applicable Member Cost Sharing and visit limits.

**NEW MEXICO:**

- **Acupuncture/Acupressure 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. Acupuncture is a treatment by means of inserting needles into the body to reduce pain or to induce anesthesia. It may also be used for other diagnoses as determined appropriate by the member's provider. It is recommended that acupuncture be part of a coordinated plan of care approved by the member's provider. The acupuncture/acupressure benefit is limited to 20 visits per plan year unless the service is prescribed by a provider for Habilitative or Rehabilitative purposes.
- **Chiropractic Services:** Chiropractic services are available for specific medical conditions and are not available for maintenance therapy such as routine adjustments. Chiropractic services are subject to the following:
  - The practitioner/provider determines in advance that chiropractic treatment can be expected to result in significant improvement in the member's condition within a period of two months.
  - Chiropractic treatment is specifically limited to treatment by means of manual manipulation, i.e., by use of hands and other

methods of treatment approved by the plan, including, but not limited to, ultrasound therapy.

- Subluxation must be documented by chiropractic examination and documented in the chiropractic record. Molina will not require radiologic (X-ray) demonstration of subluxation of chiropractic treatment.
- Biofeedback is only covered for treatment of Raynaud's disease or phenomenon and urinary or fecal incontinence.

Limited to 20 visits per calendar year unless associated to Habilitative and Rehabilitative services.

#### OHIO:

- Rehabilitation Services include:
  - Manipulation therapy (12 visit limit per calendar year)
    - Manipulation Therapy includes both osteopathic and chiropractic manipulation therapy used for treating problems associated with bones, joints, and the back.
- Rehabilitation services may be subject to limitations, Prior Authorization requirements, and exclusions. Please contact Customer Support for additional coverage information.

#### 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")
- **Additional:** Molina covers chiro and has chiropractors in the network. Molina is required by SC Code of Laws § 38-71-210 to cover chiropractic services. Molina is required by SC Code of Laws § 38-71-1730 not to discriminate against chiropractors but to cover their services within the scope of their license that are otherwise covered services. There are no visit limits for chiro. Cost sharing is per office visit.
  - **Chiropractic Manipulation** should be covered.
  - **Osteopathic Manipulation** should be covered for a chiropractor 1) if they are considered Chiropractic Services or 2) if they are otherwise covered services and they are within the scope of the chiropractor's license.

#### 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. (there are no limitation if there is a Dx of substance abuse-CW).

- **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 Contracted 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. Eligible providers include contracted physical therapists, chiropractors, naturopathic providers and massage therapists or any other provider acting within the scope of their licensure. All services provided during the same session count as one visit. Members have direct access to a chiropractor without referral.
- **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
- 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 or in the Rehabilitative and Habilitative BI Policy

**MISSISSIPPI:**

- Acupuncture Services
- Massage Therapy

**NEVADA:**

- **Acupuncture Services:** Acupuncture services are not covered.
- **Massage Therapy:** Massage therapy is not covered.

**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**

**CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

**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
5/12/2023	Added to the MS section: <ul style="list-style-type: none"> <li>combined for physical therapy, occupational therapy, and chiropractic services).</li> </ul>
7/1/2023	<ul style="list-style-type: none"> <li>Added NV 2024 EOC Language</li> </ul>

Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	11/3/2021	2/23/2022	11/8/2021
	Revised (for 1/1/2023)	10/27/2022	3/20/2023	10/27/2022
	Revised (for 1/1/2024)	10/26/2023		12/8/2023