



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Complementary Medicine

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 178

BCBSA Reference Number: NA

NCD/LCD:

- National Coverage Determination (NCD) for Acupuncture (30.3)
- National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)
- National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The following services are considered **NOT MEDICALLY NECESSARY**:

- Acupressure
- Acupuncture (except for members of accounts who have added a special addition (rider) to their subscriber certificate to cover this service)
- Antioxidant therapy and nutritional supplements (except vitamin B12 for vitamin B12 deficient patients)
- Aromatherapy
- Ayurvedic Medicine
- Colon Hydrotherapy
- Cupping
- Herbal Therapy
- Holistic Medicine
- Homeopathy
- Hypnotherapy
- Infratonic sound therapy (i.e., Infratonic QGM Machine, Infratonic Qi-Gong Machine)
- Iridology
- Naturopathic Medicine
- On-site massage (in the home or work setting)
- Oxidative Therapy
- Polarity Therapy
- Qi Gong

- Reflexology
- Reiki
- Rolfing.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** if the procedure is performed inpatient.

Outpatient

- For services described in this policy, see below for situations where prior authorization might be required if the procedure is performed outpatient.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service (unless otherwise specified in the member's subscriber certificate).
Commercial PPO and Indemnity	This is not a covered service (unless otherwise specified in the member's subscriber certificate).
Medicare HMO BlueSM	This is not a covered service (unless otherwise specified in the member's subscriber certificate).
Medicare PPO BlueSM	This is not a covered service (unless otherwise specified in the member's subscriber certificate).

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

According to the policy statement above, the following CPT and HCPCS codes are considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
90880	Hypnotherapy
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

HCPCS Codes

HCPCS codes:	Code Description
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient

Policy History

Date	Action
3/2018	BCBSMA Medical Policy Group – Allergy, ENT and Otolaryngology review. No changes to policy statements.
4/2015	Massage therapy statement removed; Coverage for massage therapy is determined by the subscriber certificate. Non-coverage of acupuncture clarified. Effective 4/1/2015.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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