Medical Policy
Complementary Medicine

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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.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is not a covered service (unless otherwise specified in the member’s subscriber certificate).</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is not a covered service (unless otherwise specified in the member’s subscriber certificate).</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is not a covered service (unless otherwise specified in the member’s subscriber certificate).</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is not a covered service (unless otherwise specified in the member’s subscriber certificate).</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90880</td>
<td>Hypnotherapy</td>
</tr>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>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)</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</td>
</tr>
<tr>
<td>97814</td>
<td>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)</td>
</tr>
</tbody>
</table>

**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S8930</td>
<td>Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient</td>
</tr>
</tbody>
</table>
Policy History

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

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

References

1. 1996 TEC Assessments Tab 22.