



Complementary and Alternative Medicine

I. Policy

UHA considers alternative medicine interventions medically necessary if they are supported by adequate evidence of safety and effectiveness in the peer-reviewed published medical literature. The following are some of the complementary and alternative medicine interventions that UHA considers medically necessary for appropriately selected diagnoses, subject to applicable benefit plan limitations and exclusions.

- Acupuncture
- Chiropractic Services
- Naturopathic Physician Services
- Therapeutic Massage

II. Criteria/Guidelines

To achieve UHA's goals of safety, appropriateness, and cost effectiveness; and to serve UHA's commitment to evidence-based medicine; UHA operates within the following guidelines for Complementary and Alternative Medicine (CAM):

- A. UHA does not reimburse for medical treatments, drugs, devices, or care, which cannot be designated as being reasonably necessary for a patient's care relative to other well-established available services or equipment.
- B. Procedures, ancillary testing (lab, imaging), and treatments (infusions, prescriptions, supplements) that are not deemed medically necessary or do not fall within the scope of service of covered UHA benefits may present a significant cost to members when these claims are denied payment. UHA expects providers to discuss the potential financial liability to patients prior to proceeding with such action. Providers are encouraged to contact UHA Health Care Services for any questions regarding member benefits and reimbursement issues.
- C. A CAM service or procedure is covered (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:
 1. It meets the definition of medical necessity as specified in Hawaii Revised Statute (HRS) 432:
 - a. Is for the purpose of treating a medical condition;
 - b. Is the most appropriate delivery or level of service, considering potential benefits and harms to the patient;
 - c. Is known to be effective in improving health outcomes provided that:
 - i. Effectiveness is determined first by scientific evidence.
 - ii. If no scientific evidence exists, then by professional standards of care.
 - iii. If no professional standards exists, or if they exist but are outdated or contradictory, then by expert opinion; and
 - d. Is cost effective for the medical condition being treated compared to alternative health interventions, including no intervention. For the purposes of this paragraph, "cost effective" does not necessarily mean the lowest price.
 2. The service/procedure is within the provider's scope of licensure (Note: While CAM providers may have a broad legal scope of licensure, UHA CAM benefits for acupuncture, chiropractic care, and therapeutic massage are limited to conditions of the musculoskeletal system); and

3. A prescribed drug must be FDA-approved, and its use must meet the FDA-approved indication(s).
- D. UHA considers the following complementary and alternative medicine services medically necessary for properly selected members, subject to applicable benefit plan limitations/exclusions and the enumerated details noted:
1. Acupuncture:
 - a. Acupuncture must be administered by a practitioner who is legally qualified to practice within the State of Hawaii with a valid license issued by the Board of Acupuncture and is practicing within the scope of his/her license.
 - b. Benefits are limited to treatment of conditions of the neuromusculoskeletal system.
 - i. UHA does not cover acupuncture for any other indication.
 - ii. UHA does not cover acupuncture point injection for ANY indication because it is considered experimental, investigational, or unproven.
 - iii. Irrespective of the limit on reimbursement, visits could be denied on the basis of medical necessity if a member does not demonstrate meaningful improvement in symptoms.
 - iv. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is not considered medically necessary.
 - c. Acupuncture practitioners must keep accurate records of each patient treated; to include the name of the patient, the indication and nature of treatment given, and any other relevant data; and provide these records to UHA upon request.
 - d. Acupuncture practitioners may not submit claims for x-ray interpretation.
 - e. Acupuncturists are not eligible to be a member's primary care provider.
 2. Chiropractic Services:
 - a. A chiropractic practitioner must hold a valid license issued by the Hawaii Board of Chiropractic Examiners to practice in the State of Hawaii and practice within the scope of his/her license.
 - b. Benefits are limited to treatment of conditions of the neuromusculoskeletal system.
 - i. Irrespective of the limit on reimbursement, visits could be denied on the basis of medical necessity if a member does not demonstrate meaningful improvement in symptoms.
 - ii. Maintenance treatment, where the member's symptoms are neither regressing nor improving, is not considered medically necessary.
 - c. Chiropractic practitioners must keep accurate records of each patient treated; to include the name of the patient, the indication and nature of treatment given, and any other relevant data; and provide these records to UHA upon request.
 - d. Chiropractors are not eligible to be a member's primary care provider.
 3. Naturopathic Physician Services:
 - a. A naturopathic provider must hold a valid license to practice in Hawaii, in accordance with the Hawaii Board of Naturopathic Medicine.
 - i. Providers must practice within the guidelines set forth in HAR 16-88-81.
 - b. Covered services are limited to those services that have passed the following criteria:
 - i. **Medically necessary** as defined in HRS 432E-1.4;

- ii. **Evidence based** as defined as the conscientious, explicit, and judicious use of current best medical evidence in making decisions about the care of individual patients; and
 - i. **Empirically supported** as defined as clearly shown to be efficacious in physician peer-reviewed controlled research with a delineated population.
 - c. A naturopathic physician may be a member's primary care provider within the limits of member benefits for complementary and alternative care.
4. Therapeutic Massage:
- a. Therapeutic massage may be covered when the following requirements are met:
 - i. Therapeutic massage is provided by a UHA participating licensed massage therapist; and
 - ii. Therapeutic massage is being prescribed for a musculoskeletal condition.
 - b. Therapeutic massage services are subject to the benefit limitations applied to all other CAM services.
- D. UHA does not reimburse for care when the potential therapeutic benefit is judged to be of a degree insufficient to offset the risk to patient safety and the economic cost, both direct and opportunistic, to UHA and its members.

III. Limitations/Exclusions

- A. UHA recognizes Complementary and Alternative Medicine providers as defined by Hawaii state law. Hawaii's scope of licensure and/or certification criteria for CAM providers is at www.capitol.hawaii.gov/docs/HRS.htm. See HRS Section 442.1 (chiropractors), HRS Section 455-1 (naturopaths), and HRS Section 436E-2 (acupuncturists).
- B. UHA does not cover the following services as they lack the required scientific evidence for medical benefit. This list is not all-inclusive, and additional services may be denied.

Active release technique	Insulin potentiation therapy
Acupressure	Inversion therapy
Alexander technique	Iridology
AMMA therapy	IsCADOR
Antineoplastons	Juvent platform for dynamic motion therapy
Anti-oxidant function testing (e.g., Spectrox™)	Kelley/Gonzales therapy
Actra-Rx	Laetrile
Apitherapy	Laughter therapy
Applied kinesiology	Live blood cell analysis
Aromatherapy	Macrobiotic diet
Art therapy	Magnet therapy
Aura healing	MEDEK therapy
Autogenous lymphocytic factor	Meditation/transcendental meditation
Auto urine therapy	Megavitamin therapy (also known as orthomolecular medicine)
Bioenergetic therapy	Meridian therapy
Biofield Cancell (Entelev) cancer therapy	Mesotherapy
Bioidentical hormones	Micronutrient panel testing
Biomagnetic therapy	Millimeter wave therapy
Bovine cartilage products	Mirror box therapy
Brain integration therapy	

Carbon dioxide therapy	Mistletoe (IsCADOR)
Cellular therapy	Moxibustion
Chakra healing	MTH-68 vaccine
Chelation therapy for atherosclerosis	Muscle testing
Chung Moo Doe therapy	Music therapy
Coley's toxin	Myotherapy
Colonic irrigation (colonic cleansing, colonic lavage)	Neural therapy (neural tension Technique/electroneuromedular medicine)
Color therapy	NUCCA procedure
Conceptual mind-body techniques	Ozone therapy
Craniosacral therapy	Pfrrimmer deep muscle therapy
Crystal healing	Pilates
Cupping	Polarity therapy
Dance/Movement therapy	(Poon's) Chinese blood cleaning
Digital myography	Primal therapy
Ear Candling	Psychodrama
Egoscue method	Purging
Electrodermal stress analysis	Qigong longevity exercises
Electrodiagnosis according to Voll (EAV)	Ream's testing
Equestrian therapy	Reflexology (zone therapy)
Essential Metabolics Analysis (EMA)	Reflex Therapy
Essiac	Regenokine therapy
Faith healing	Reiki
Feldenkrais method of exercise therapy (also known as awareness through movement)	Remedial massage
Flower essence	Revic's guided chemotherapy
Fresh cell therapy	Rife therapy/Rife machine
Functional intracellular analysis	Rolfing (structural integration)
Gemstone therapy	Rubinfeld synergy method (RSM)
Gerson therapy	714-X (for cancer)
Glyconutrients	Sarapin injections
Graston technique	Shark cartilage products
Greek cancer cure	SonoKinesthesia treatment
Guided imagery	Telomere testing
Hair analysis	Therapeutic Eurythmy-movement therapy
Hako-Med machine (electromedical horizontal therapy)	Therapeutic touch
Hellerwork	Thought field therapy (TFT) (Callahan Techniques Training)
Hivamat therapy (deep oscillation therapy)	Thermogenic therapy
Hoxsey method	Trager approach
Human placental tissue	Traumeel preparation
Hydrolysate injections	Trichuris suis ova therapy
Humor therapy	Tui Na
Hydrazine sulfate	Vascular endothelial cells (VECs) therapy
Hydrogen peroxide therapy	Vibrational essences
Hypnosis	Visceral manipulation therapy
Hyperoxygen therapy	Whitcomb technique
Immunoaugmentive therapy	Whole body vibration
Infratronic Qi-Gong machine	Wurn technique/clear passage therapy

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior authorization is not required for CAM benefits, but they are subject to limitations detailed in the Medical Benefit Guide.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

V. Policy History

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