

## Corporate Medical Policy

### Complementary and Alternative Medicine

**File Name:** complementary\_and\_alternative\_medicine  
**Origination:** 12/2007  
**Last CAP Review:** 6/2008  
**Next CAP Review:** NA  
**Last Review:** 8/2011

#### **Active policy, no longer scheduled for routine literature review**

---

#### **Description of Procedure or Service**

---

The National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health, defines complementary and alternative medicine (CAM) as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies—questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used.

**Complementary medicine** is used together with conventional medicine. Complementary medicine proposes to add to a proven medical treatment.

**Alternative medicine** is used in place of conventional medicine. Alternative means the proposed method would possibly replace an already proven and accepted medical intervention.

NCCAM classifies CAM therapies into 5 categories or domains:

Whole Medical Systems. These alternative medical systems are built upon complete systems of theory and practice. Examples include: **homeopathic** and **naturopathic** medicine, **Traditional Chinese Medicine**, and **Ayurveda**.

Mind-Body Medicine. Mind-body interventions use a variety of techniques designed to enhance the mind's capacity to affect bodily functions and symptoms. Some techniques have become part of mainstream practice, such as patient support groups and cognitive-behavioral therapy. Other mind-body techniques are still considered CAM, including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.

Biologically Based Practices. These therapies use substances found in nature, such as herbs, foods, and vitamins. Some examples include dietary supplements, herbal products, special dietary approaches and diets, and the use of other "natural" but as yet scientifically unproven therapies (e.g., use of bovine or shark cartilage to treat cancer).

Manipulative and Body-Based Practices. These CAM methods are based on manipulation and/or movement of one or more parts of the body, such as chiropractic or osteopathic manipulation and massage.

Energy Therapies. Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include **Qi Gong**, **Reiki**, and **Therapeutic Touch**.

# Complementary and Alternative Medicine

Bioelectromagnetic-based therapies involve the unconventional use of **electromagnetic fields**, such as pulsed fields, magnetic fields, or alternating- or direct-current fields.

## Telomere Testing

Telomeres are sections of DNA at the end of each chromosome that serve as a cap to the genetic material. Their purpose is critical to the life of the cell in that they serve as protective buffers that keep the ends of the chromosomes from becoming attached to each other or rearranging. If cells divided without telomeres, they would lose the necessary information at the end of each chromosome. In this way, telomeres prevent chromosomal fraying.

Every time a cell replicates, its telomere will become shorter, eventually causing cell death once the telomere attrition has reached a critical length. It is estimated that human telomeres lose about 100 base pairs from their telomeric DNA during each mitosis (cell division). At this rate, after approximately 125 mitotic divisions, the telomeres would be completely gone, which is why normal cells will eventually die after healthy division. Shorter telomeres imply a shorter life span for a cell, essentially giving it a finite lifespan, depending on the number of cell divisions left within each telomere. Cells can maintain the length of their telomeres with an enzyme called telomerase, which adds genetic material at the end of the DNA strand, thus lengthening the number of times it can replicate, which ultimately prolongs the life of the cell. It is not active in most cells, but is active in stem cells, germ cells, hair follicles and most cancer cells.

Telomere length is determined using a ratio of the genetic material contained in a nucleated white blood cell telomere relative to the length of a single copy gene of known size to calculate an approximate telomere score. This ratio is then compared to a population of people with similar chronological age.

Chiropractic Services are addressed in a separate policy, "Chiropractic Services."

## Policy

---

**Active policy, no longer scheduled for routine literature review.**

**Complementary and Alternative Medicine is considered investigational. BCBSNC does not provide coverage for investigational services or procedures.**

## Benefits Application

---

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Most certificates specifically exclude coverage for:

- holistic medicine services,
- acupuncture and acupressure,
- massage therapy services,
- hypnosis except when used for control of acute or chronic pain,
- music therapy, remedial reading, recreational or activity therapy, all forms of special education and supplies or equipment used similarly,
- vitamins, food supplements or replacements, nutritional or dietary supplements, formulas or special foods of any kind, except for prescription prenatal vitamins or prescription vitamin B-12 injections for anemias, neuropathies or dementias secondary to a vitamin B-12 deficiency,

# Complementary and Alternative Medicine

- services whose efficacy has not been established by controlled clinical trials, or are not recommended as a preventive service by the U.S. Public Health Service, except as specifically covered by [the] health benefit plan.

## **When Complementary and Alternative Medicine is covered**

---

Not applicable.

## **When Complementary and Alternative Medicine is not covered**

---

Complementary and Alternative Medicine services are considered investigational.

Telomere testing is considered investigational.

## **Policy Guidelines**

---

Complimentary and Alternative Medicine treatments and practices have not gained wide acceptance in the traditional medical community and are not considered standard medical treatment. Therapies are commonly initiated for non-specific symptoms like fatigue, diarrhea, bloating, difficulty concentrating and similar vague symptoms, or for non-traditional diagnoses such as Intestinal Dysbiosis, Chronic Yeast Syndrome, Neurotransmitter Imbalance, and Adrenal Fatigue, which are not commonly accepted by traditional medicine.

These diagnoses are often "established" through extensive laboratory testing, performed by labs specializing in lab profiles for these "diseases". Therapeutic progress is often monitored by repeating the lab testing on a regular basis, with adjustments made to the therapies based on these results.

These lab tests, diagnoses and CAM therapies are not based on scientific literature published in traditional medical peer reviewed publications. They derive from a variety of sources: ethnic and folk traditions, established religions or semi-religious cults, philosophies or metaphysical movements, and health-and-wellness groups.

The efficacy of various alternative medicine regimens is generally unproven, and some alternative therapies have been shown to be ineffective or even harmful. The published peer-reviewed literature does not support the safety and efficacy of CAM.

## **Billing/Coding/Physician Documentation Information**

---

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: no specific code*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

# Complementary and Alternative Medicine

## Scientific Background and Reference Sources

---

National Center for Complementary and Alternative Medicine (NCCAM). National Institutes of Health. What is complementary and alternative medicine? Updated February 2007. Retrieved 11/26/07 from <http://nccam.nih.gov>

U.S. Food and Drug Administration (FDA). Draft guidance: Complementary and alternative medicine products and their regulation by the Food and Drug Administration. December 2006. Retrieved 11/26/07 from <http://www.fda.gov/cber/gdlns/altmed.htm>

University of North Carolina School of Medicine. (2004). Program on integrative medicine: monographs. Retrieved 12/14/07 from <http://pim.med.unc.edu/Monographs.html>

## Policy Implementation/Update Information

---

- |         |                                                                                                                                          |
|---------|------------------------------------------------------------------------------------------------------------------------------------------|
| 2/11/08 | New policy issued. Complementary and Alternative Medicine services are considered investigational. (adn)                                 |
| 7/14/08 | Specialty Matched Consultant Advisory Panel review 6/19/08. No change to policy statement.                                               |
| 6/22/10 | Policy Number(s) removed (amw)                                                                                                           |
| 2/1/11  | Policy status changed to “Active policy, no longer scheduled for routine literature review.” Approved by medical director in 2010. (lpr) |
| 8/16/11 | Telomere testing is considered investigational added to “When not covered” section. Reviewed by medical director. (lpr)                  |

---

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.