

Complementary and Alternative Medicine & Chiropractic Services

Policy Number: MCS020.06
Approval Date: February 14, 2024

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Related Policies
None

Coverage Guidelines

Complementary and alternative medicine may be a covered benefit when criteria are met.

The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).

Note: Depending on the member’s plan, members may have additional acupuncture benefit. Contact the customer service department or refer to the member’s Evidence of Coverage (EOC) to determine coverage eligibility for Acupuncture benefit. If member has the additional benefit (not Medicare-covered), contact Optum Health Physical Health (OHPH) at (866) 785-1654. For California members, contact (800) 428-6337.

Complementary and Alternative Therapies or Services

Complementary and alternative therapies or services include, but are not limited to:

Acupuncture

Refer to the [National Coverage Determination \(NCD\) for Acupuncture \(30.3\)](#).

- Fibromyalgia; refer to the [NCD for Acupuncture for Fibromyalgia \(30.3.1\)](#).
- Osteoarthritis; refer the [NCD for Acupuncture for Osteoarthritis \(30.3.2\)](#).
- Chronic low back pain (cLBP); Effective for services performed on or after January 21, 2020, CMS will cover Acupuncture for Medicare patients with chronic lower back pain (cLBP.) For coverage criteria refer to the [NCD for Acupuncture for Chronic Lower Back Pain \(cLBP\) \(30.3.3\)](#).

(Accessed July 5, 2023)

Electrical Stimulation of Auricular Acupuncture Points

Electrical stimulation of auricular acupuncture points [also known as electro-acupuncture stimulation, peripheral subcutaneous field stimulation (PSFS) or peripheral nerve field stimulation (PNFS)] using P-Stim™. May see reported as CPT code 64999 or HCPCS code A9270.

Refer to the [MLN Matters Article Number SE20001 Incorrect Billing of HCPCS L8679 – Implantable Neurostimulator, Pulse Generator, Any Type](#), dated January 29, 2020.

FDA Information

Electrical stimulation of auricular acupuncture points uses P-Stim™ device which received FDA clearance on March 30, 2006. The device is intended for use as an electro-acupuncture device to stimulate appropriate auricular acupuncture points.

The P-Stim is a miniaturized, battery-powered, transcutaneous electrical nerve stimulator that has a pre-programmed frequency, pulse, and duration for the stimulation of auricular acupuncture points. The device connects via three stainless steel wires to acupuncture needles that have been applied to the appropriate auricular acupuncture points. The device is powered by three zinc air batteries, each with a voltage of 1.4 V. The device is on for 180 minutes, then off for 180 minutes, for a maximum period of up to 96 hours. Available at http://www.accessdata.fda.gov/cdrh_docs/pdf5/K050123.pdf. (Accessed July 5, 2023)

Medicare does not have a National Coverage Determination (NCD) specific for electrical stimulation of auricular acupuncture points. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Electrical Stimulation of Auricular Acupuncture Points](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#).

Note: After checking the [Electrical Stimulation of Auricular Acupuncture Points](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed August 22, 2023)

Non-Covered Complementary and Alternative Therapies

Examples of non-covered complementary and alternative therapies or services include, but are not limited to the following:

- Rolwing
- Guided imagery
- Meditation
- Botanicals and dietary supplements, probiotics, herbs, vitamins, and minerals
- Yoga
- Tai Chi
- Relaxation techniques
- Pilate's method
- Progressive muscle relaxation

Note: For more examples of complementary and alternative medicine, refer to the [National Institute of Health \(NIH\) National Center for Complementary and Integrative Health \(NCCIH\)](#). (Accessed July 5, 2023)

Chiropractic Services (CPT Codes 98940, 98941, and 98942)

Chiropractic services are covered when Medicare coverage criteria are met.

For members in States that participate in the Chiropractic Utilization Management Program: Depending on the member's plan, members may have additional chiropractic benefit. Refer to the member's Evidence of Coverage (EOC)/Summary of Benefits (SB) to determine coverage eligibility for additional chiropractic benefit.

If member has the additional benefit (routine benefit, not Medicare-covered), contact Optum Health Physical Health (OHPH) at (866) 785-1654. For California members, contact (800) 428-6337. **(Depending on the member's plan and state, some Medicare covered chiropractic benefits are also handled by OHPH.)**

Manual Manipulation

Coverage of chiropractic service is specifically limited to treatment of the spine to correct subluxation by means of manual manipulation, i.e., by use of the hands.

Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

All other services furnished or ordered by chiropractors are not covered. Examples include but are not limited to: X-rays, office physical and examination or other diagnostic tests furnished by or ordered by a chiropractor.

Subluxation

Subluxation is defined as a motion segment in which alignment, movement integrity and/or physiological function of the spine are altered, although contact between joint surfaces remains intact.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned above under physical examination are required, one of which must be asymmetry/misalignment or range of motion abnormality.

Maintenance Therapy

Maintenance therapy is a treatment plan that seeks to prevent disease, promote health, and prolong, and enhance the quality of life, or maintain, or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulation treatment is considered maintenance therapy and is not covered.

Dynamic Thrust

Dynamic thrust is the therapeutic force or maneuver delivered by the practitioner during manipulation in the anatomic region of involvement.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §240 – Chiropractic Services – General](#) and the [Medicare Benefit Policy Manual, Chapter 15, §30.5 – Chiropractor's Services](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/>.

Definitions

Acupuncture: A family of procedures involving the stimulation of points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. [National Institute of Health \(NIH\) National Center for Complementary and Integrative Health \(NCCIH\)](#). (Accessed July 5, 2023)

Supporting Information

Electrical Stimulation of Auricular Acupuncture Points

[also known as Electro-Acupuncture Stimulation, Peripheral Subcutaneous Field Stimulation (PSFS) or Peripheral Nerve Field Stimulation (PNFS)] using P-Stim™

Accessed January 22, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A55240	Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX

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Policy History/Revision Information

Date	Summary of Changes
02/14/2024	<p>Title Change</p> <ul style="list-style-type: none">Previously titled <i>Complementary, Alternative Medicine, and Chiropractic Services</i> <p>Coverage Guidelines</p> <p>Chiropractic Services (CPT Codes 98940, 98941, and 98942)</p> <ul style="list-style-type: none">Added list of applicable CPT codes to service headingUpdated notation to clarify members in states that participate in the Chiropractic Utilization Management Program may have additional chiropractic benefits <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MCS020.05

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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