



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: N/A

NCD/LCD: N/A

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
- 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.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not a covered service.

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

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
1/2020	Investigational statement on acupuncture was removed. Clarified coding information. Effective 1/1/2020.
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](#)