

# Clinical Policy: Alternative or Complementary Healing

Reference Number: QCP.CP.018

Effective Date: 09/18/1995

Date of Last Revision: 10/04/2006

CPT Code(s): None

Document: BI070:00

## Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

A number of nonstandard healing techniques are referred to as Alternative or Complementary Healing. Except as specifically noted as being covered, these are all not covered services. Examples of treatments not covered are vitamin therapy, homeopathy, acupuncture, naturopathy, trace mineral therapy, massage therapy and faith healing.

See policies regarding specific diagnosis and therapy types for more specific statement.

## Medical Statement

Alternative or Complementary Healing is generally not covered. For more specific information, see policies regarding specific types of healing systems.

Background: Alternative and Complementary Healing are disciplines for which, as yet, there is little or no objective scientific evidence to support its effectiveness. Generally, the sources of illness and the cures are both undocumented and frequently contradict what is taught in medical schools.

Physical and mental ailments are said to be the result of:

- Imbalances in the blood, or
- Imbalances in certain hormones, or
- Deficiencies in trace minerals or vitamins, or
- Unsuspected allergies to the environment, or
- Dental stress.

## Codes Used In This BI:

## Limits

Intentionally left empty

**Reference**

Intentionally left empty

**Addendum:**

**Application to Products**

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.