
Medical Policy



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***Current Policy Effective Date: 11/1/26**
(See policy history boxes for previous effective dates)

Title: Complementary and Alternative Medicine (CAM)

Description

Complementary and alternative medicine (CAM) refers to a broad range of treatments, practices, medicines and supplements that are used in place of, or in conjunction with, traditional therapies. Alternative medicine describes treatments and practices used in place of traditional therapies, while complementary medicine describes treatments and practices used together with traditional therapies. (1) Other terms used to describe such practices include functional, integrative, herbalism, homeopathy, holistic, unconventional, nonconventional, nontraditional, new age and natural. Traditional medicine refers to the standard of practice widely used by the medical community and supported by evidence demonstrating safety and efficacy. This policy addresses CAM therapies, practices, medicines and supplements, including ancillary services performed primarily to facilitate their delivery, when these interventions are not supported by valid scientific evidence.

Medical Policy Statement

The use of complementary and/or alternative therapies/practices, medicine^a or supplements that are not supported by valid scientific evidence are experimental/investigational. There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

Ancillary services such as visits, imaging and testing that are performed primarily to facilitate the delivery of an unproven/investigational service are also considered investigational in nature and not a covered benefit.

^a Includes marijuana: (1) Federally categorized as a Schedule I controlled substance, not FDA approved or regulated by State Medical Marijuana license law; (2) Federally categorized as a Schedule III controlled substance when the product is FDA approved and regulated by a State medical marijuana license.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

N/A

CPT/HCPCS Level II Codes

Established codes:

N/A

Other codes (investigational, not medically necessary, etc.):

Multiple

Notes:

- *Code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.*
 - *Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.*
 - *Prescription medications are generally subject to pharmacy benefit. Pharmacy benefits exclude coverage for over-the-counter medications, including vitamins and dietary supplements.*
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Background

Introduction of CAM

The practice of complementary and alternative medicine (CAM) has steadily been implemented in many regions of the world. Since each country has its own traditions or indigenous forms of healing. The application of CAM varies by culture and access to conventional modalities.(2-4) Studies have indicated that individuals who choose CAM do so for various reasons including: (1) increased demand for all health services, (2) a desire to increase awareness of available options, (3) dissatisfaction with existing health care services, (4) an interest in being treated as a whole, (5) a need for more personal autonomy and control over health care decisions, (6) desire for a plan of care that is compatible with their values, worldview or beliefs regarding nature and the meaning of health and illness and (7) disease prevention.(2-5)

People misconstrue the term "natural" for safe, when the 2 may not be related. Many complementary and alternative therapies are based on unscientific and unproven sources (i.e., hearsay, religion, tradition, superstition, propaganda, fraud, etc.). Scientific methods have not clearly established the efficacy of many of the alternative therapies and some have been proven to be ineffective or harmful.(6) Thus, many CAM practices and procedures have not

gained acceptance in the traditional medical community and are not considered to be a standard of care.

Multiple modalities of CAM are lacking data from scientific evidence-based research. Safety and efficacy of the modalities listed in Table 1 have not been determined based on the standards of Western medical practice methodologies or specific guidelines for use of the modalities have not been developed. (List may not be all inclusive):

Table 1. CAM Modalities Lacking Evidence Based Support Based on Clinical Trials

Modality	Brief Explanation of Modality
Active release technique	Relief of tissue tension using a soft tissue method (manipulation and movement) to remove fibrosis/adhesions
Acupressure	Uses fingers to apply steady force on specific pressure points to mobilize chi or life force energy to and aid in healing
Applied kinesiology	Belief that various muscles are linked to internal organs and glands. Evaluates structural, chemical and mental aspects of health using manual muscle testing.
Aromatherapy	Uses natural plant extracts topically or through inhalation to promote health and well being
Art therapy Color Light Music	Clinical use of expressive art forms to promote optimal functioning of physical and emotional health
Ayurveda	Prevention and maintenance of health through balance of thinking, diet, lifestyle and the use of herbs
Biofield therapeutics Healing Touch Pranic Healing Reiki Qigong Biofield tuning Regenetics Method	Noninvasive therapy that stimulates healing by the practitioner interacting with the clients field of energy and surrounding information • Energy therapy where practitioners use their hands in a heart-centered way to support and facilitate physical, emotional, mental and spiritual health • No-touch energy healing focused on the 11 major chakras in the body and uses the body's inborn ability to heal itself. • Palm/hands-on healing is used to transfer a universal energy through the palms of the practitioner to the individual in order to promote emotional or physical healing. • Use of tuning fork to the scan for resistance and turbulence in an individual's energy field. The body's organization energy uses the coherent vibrational frequency of the tuning fork to "tune" itself. • Utilizes intention and vowel sounds at specific frequencies to activate a systematic "biofield cleanse" which clear out distortions within one's biofield that may be negatively impacting physical, emotional, and mental health.
Coffee Enema	Detoxes the liver by absorbing the coffee enema through the venous system in the lower part of the colon. The liver is stimulated to produce more bile and in turn flushes out toxins.
Combined Electrochemical Therapy	High frequency electrical stimulation and peripheral nerve block purported to treat peripheral neuropathy by first Injection of the peripheral nerve with a local anesthetic, "nutraceuticals" (mostly vitamins), followed by a high frequency electrical stimulation. The techniques is purported to treat peripheral neuropathy.
Crystal healing	Proponents of this technique believe that crystals act as conduits for healing. Positive, healing energy flows into the body as negative, disease-causing energy flows out.
Cupping	Special cups are placed on the skin to create suction for the purpose of helping with pain, inflammation, blood flow, relaxation, well-being and as a type of deep tissue massage.
Dry Hydrotherapy	Treatment that uses heated water in a self-contained device such as a table or chair which circulates around the individual in a massaging or pulsing manner. (i.e., Aqua Massage)

DUTCH Testing	Dried Urine Test for Comprehensive Hormones (DUTCH) involves the collection of a small amount of urine on filtered paper one to four times a day. Mapping of hormone metabolites (cortisol, cortisone, estradiol, estrone, estriol, progesterone, testosterone, DHEA and melatonin) of the adrenal glands, sex hormones and melatonin are used to treat a multitude of ailments including sleep issues, fertility problems, stress, fatigue, decrease muscle mass or bone density, aching joints, loss of libido, lowered immunity, endometriosis, PMS, painful periods, fibrous breasts, and lowering the risk of estrogen dominant cancers such as breast, cervical, and uterine (not a comprehensive list)
Ear Candling	Ear candles are hollow cone candles made of wax-covered fabric. The pointed end is placed in the ear while the other end is lit. The warm “suction” is believed to remove earwax, improve hearing, and treat conditions like sinus infections and colds.
Full Body Hyperthermia	Systemically targets abnormal cells and pathogens by raising the temperature of the entire body. Patients body temperature is raised to 102° – 104°F
Functional Intracellular Analysis	Evaluates and leverages an individual's interaction between nutrients and their genes, pathophysiology and biochemistry to optimize function
Gc-MAF	Gc protein (known as vitamin D(3)-binding protein) is the precursor for the principal macrophage-activating factor (MAF) and is used on the theory that it has various functions as an immune modulator. Gc-MAF is injected into the body to encourage macrophage activation, anti-angiogenic activity and anti-tumor activity.
Guided imagery	Mental images are used to stimulate or re-create the sensory perception of sights, sounds, tastes, smells, movements and images associated with touch
Hair analysis	Used to identify or monitor trace minerals or toxins in the body
High dose Vitamin C	May decrease cell proliferation in a variety of cancer cell lines (i.e., prostate, pancreatic, hepatocellular, colon, mesothelioma and neuroblastoma)
Homeopathy	Whole body approach where products come from plants, minerals or animals
Hydrogen peroxide therapy	Intravenously used to treat ailments such as cold, flu and sinus infections.
Hypnosis	Uses the power of suggestion to promote recovery of suppressed memories or to encourage behavior modification
Immunoimagery	Consists of guided imagery, deep relaxation exercises, visualization videos and/or audio stimulation to promote healing from within using the mind-body connection to stimulate the immune system.
Intravenous Therapies	- Ingredients thought to counteract the effects of free radicals. Free radicals are substances that cause oxidative stress, which may contribute to aging and certain diseases. - Minerals, trace elements, amino acids, vitamins and fatty acids used to improve the physical and mental performance into old age. Also, a popular approach to treat fibromyalgia. - Series of infusions containing phospholipids, glutathione (an intracellular antioxidant) folic acid and vitamin B12, usually given weekly.
Antioxidant	
Micronutrient	
Phospholipids	
Inversion therapy	Suspends the individual upside down to stretch the spine and relieve back pain.
Laetrile	Drug that contains purified amygdalin – a compound found in the seeds or kernels of many fruits, raw nuts, beans and other plant foods. It is converted by the body into hydrogen cyanide which is believed to be a source of anticancer effects.
Magnet therapy	Uses static magnets to alleviate pain and other health concerns
Meridian therapy	Includes specialized tools, which stroke the skin in the direction of the flow of blood and lymph, improving circulation, removing toxins, lifting sagging facial contours, minimizing fine lines and wrinkles and improving radiance.
Myotherapy	Assess, treats and manages pain associated with soft tissue injury and restricted joint mobility caused by muscle or myofascia dysfunction using therapies that include muscle stretching, TENS, passive stretching, dry needling, cupping, acupressure and muscle energy techniques.

Naprapathic Medicine	(Naprapathic) manipulation, use of heat, cold, light, water, radiant energy electricity, sound, air, and/or other adjunctive therapies, focusing on the soft tissues (muscle, fascia) to treat connective tissue disorders.
Naturopathy	System that rejects the use of medication(s) and is based on the theory that diseases can be successfully treated or prevented through diet, exercise and massage.
Near Infrared Lamp Therapy	Uses light wavelengths to aid in detoxification, deep tissue healing and pain/inflammation relief. Indicated to destabilize cancer cells and aid in the process of cancer cell destruction.
Over-the-counter biologics	Products that are produced from living organisms or contains components of living organisms (i.e., glucosamide, coenzyme Q10, fish oil)
Ozone therapy	Process of administering ozone gas into your body to treat a disease or wound. Used to treat medical conditions by stimulating the immune system or to disinfect and treat disease.
Reflexology	Based on theory that areas of the feet, hands and ears are connected to certain body parts and systems. Applying pressure to specific areas is believed to offer a range of health benefits.
Rolfing	Technique that involves the manipulation of the fascia and soft tissue to create better alignment and balance in the body.
Traumeel	Used for temporary relief of minor muscle and joint aches caused by strains, sprains and bruising by reducing inflammation. Traumeel is a non-standardized compounded substance which is available topically, orally and by injection.
Ultraviolet blood transfusion	Exposure of the blood to light to heighten the body's immune response and to kill infections.
Visceral massage	Gentle manual therapy technique that assesses the relationship between the body's organs (i.e., bladder, bowel, uterus, etc.) and other structures like muscles, fascia, ligaments and joints.

Summary of Evidence

The amount of research on CAM approaches vary widely depending on the practice. Primary care physicians are concerned regarding their lack of education regarding CAM modalities, benefits, uses and potential side effects or interactions with proven standard of care. Although some CAM practices may provide health benefits, others are associated with risk or are purely commercially driven. Risks associated with CAM products, services and practitioners include use of poor quality, adulterated or counterfeit products, unqualified practitioners, delayed or misdiagnosis, failure to use effective conventional treatments, exposure to misleading, incomplete or unreliable information, direct adverse events, side effects or unwanted treatment interactions.

Many societies and care givers agree that understanding of the benefits of CAM therapy need to be better established. Health care workers have expressed concerns regarding mainstream healthcare education of CAM therapies as they pertain to uses and potential interactions. Concerns have been voiced that pursuing CAM therapy may delay known standards of care thus potentially causing harm by postponing a well-established, lifesaving treatment.

Multiple professional societies were reviewed and they agreed that the true efficacy and safety of CAM therapies are still unknown. Further well-constructed studies are needed using larger sample sizes, longer durations, and comparable measures while controlling biases. Current studies lack sufficient evidence, have methodological flaws, lack replication of responses, or are of poor quality making them insufficient to support or refute the use of the CAM therapies

being studied. Caution is advised in using therapies which lack sufficient evidence. However, substantial evidence exists that some therapies may be toxic or cause harm.

The current standard of care is aimed at protecting consumer health by ensuring medications, practices, technology and care are safe and of high quality; thus, providing access to preventative, curative and rehabilitative health services. With an international market and lack of standardized regulations, it is a challenge to assure safety and efficacy of medications and products produced in countries other than where they are being utilized. Many complementary and alternative treatments lack solid research on which to base sound decisions. The dangers and possible benefits of many complementary and alternative treatments remain unproven. The large diversity of products, practices and practitioners make it difficult to identify qualified CAM practices.

Rationale

Evidence reviews assess clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to patients and to managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms. The following is a summary of the key literature to date.

Alternative Medicine is defined as a broad set of health care practices that are (a) not practiced based on scientific knowledge or experience, (b) part of that country's own tradition, and/or (c) not integrated into the dominant health care system.

While there is a growing interest in CAM, there are still many concerns about the quality and quantity of evidence that supports its use. In order for CAM to be considered an integral part of healthcare, it must be supported by valid scientific evidence.(2,4)

The federal regulation of food, drugs, cosmetics, biologics, medical products is legally mandated by federal legislation. Laws that establish FDA's regulatory authority have recently been expanded to:(12)

- Cover new product areas
- Expand enforcement powers
- Provide for new funding sources
- Modernize surveillance
- Inspect and investigate methods
- Enhance public education efforts.

Complementary and alternative medicine (CAM) encompasses a wide variety of health care practices, products and therapies which are distinct from those of conventional or traditional medicine. CAM is the use and promotion of related and unrelated theories that include the following:

- Biologically plausible practices with some evidence

- Practices that lack clear evidence and are contradicted by basic science
- Products which have been proven to be ineffective, toxic or harmful.

Providers, practitioners and individuals are beginning to recognize that there may be some safe and effective CAM that could contribute to improved health. However, in order for CAM to reach its full potential, individuals, providers and practitioners must be able to make an informed decision based on knowledge of the potential benefits and potential risks of the service(s) in question. In contrast to FDA approved products, many CAM therapies lack scientific evidence regarding safety and efficacy.

Complementary health approaches vary and can be categorized as follows:(1,13-14)

- Alternative systems of medical practice (i.e., Ayurveda, Chinese medicine, homeopathy, naturopathy)
- Bioelectromagnetic therapies
 - Use of electrical currents or magnetic fields (i.e., bone repair, electroacupuncture)
- Biologically-based practices
 - Use of various substances found in nature (i.e., herbs, foods, over-the-counter supplements, ozone therapy, cellular therapy, marijuana)
- Energy therapy (i.e., acupressure, crystal healing, cupping, qigong, magnet therapy, Reiki)
- Manipulative and body-based practices (i.e., colonic irrigation, ear candling, inversion therapy, reflexology, Rolfing)
- Mind-body interventions
 - Use of the mind (i.e., color therapy, guided imagery, hypnosis, meditation, yoga)

Challenges

Complementary and alternative medicine (CAM) is widely used around the world and it has become a global phenomenon. Because of this, policymakers, health professionals and the public are struggling with issues regarding the safety, effectiveness, quality, availability, preservation and regulation of CAM. Since complementary medicine includes a wide range of products and treatments with therapeutic claims, it is difficult to precisely define CAM.

Supplements

Ventola (2010) discusses differences in the regulation of traditional medication and dietary supplements.(15) In the U.S. dietary supplements are not regulated nearly as strictly as drugs are, with respect to efficacy and safety testing or marketing claims. In 1994, Congress enacted the Dietary Supplement Health and Education Act (DSHEA) which classifies dietary supplements as food, regardless of their use.(17) Under this act, manufacturers are required to submit a New Dietary Ingredient application to the FDA for approval. The FDA reviews the applications for potential safety problems, but under the DSHEA, manufacturers are not required to prove efficacy or safety. DSHEA places the burden on the FDA to prove that a dietary supplement is unsafe. This is distinctly different from the FDA approval process for pharmaceuticals, in which manufacturers must demonstrate the safety and efficacy of a product before it is approved for sale in the U.S.

Biomedicine or medicine uses medical science to apply the principles of biology, physiology, molecular biology, biophysics and other natural sciences to clinical practice. CAM differs from traditional medicine in that the latter utilizes responsible investigation of the practice and

accepts the outcome even if results show it to be ineffective, ultimately resulting in evidence-based practices.(16)

The NCCIH (2015) warns of the possibility of drug interactions, direct toxicities, and contamination with active pharmaceutical agent, indicating they are among the safety concerns regarding dietary and herbal supplements.(17) Although there is a widespread public perception that herbs and botanical products in dietary supplements are safe, research has demonstrated that these products carry the same dangers as other pharmacologically active compounds.

Significant drug interactions have occurred when complementary medicine has been joined with traditional medicine, negatively impacting the functional treatment and ultimate outcome. This includes biologically active forms of alternative medicine and some herbal remedies. The lack of regulation, evidence, and knowledge of these products emphasizes the need for pharmacists to accurately research their use in order to prevent reactions or interactions. The current regulatory environment for dietary supplements in the U.S. is insufficient and presents significant public safety risks.(18)

Regulation, Safety and False Claims

Alternative medicine consists of a wide range of health care practices, products, and therapies. CAM is less regulated than traditional medicine and is often performed by non-physicians who are not governed by medical licensing laws. Safety and efficacy of integrative medicine are controversial. Some treatments have been associated with unexpected fatal side effects. Ineffective regulation of CAM and consumer protection have sparked concerns regarding false claims.

Traditional medical providers are concerned that the use of CAM will cause life limiting consequences if patients delay pursuing care measure that are proven to improve overall health. Relatively little has been scientifically proven regarding the efficacy and safety of most CAM and dietary supplement treatments, so these therapies are still considered to be nonstandard care.(19) Reliable, objective, scientific evidence is needed to establish the clinical utility of CAM approaches, to determine the level of safety and efficacy, and whether the approach is more effective and improves health outcomes over conventional methods.

A voluntary anonymous questionnaire was distributed at 2 conferences for general practitioners organized by the Family Medicine Department of Semmelweis University. One hundred ninety-four general practitioners answered the questionnaire (39.8% response rate). Fourteen percent of the responders were licensed in at least 1 of the complementary and alternative therapies, 45% used complementary and alternative therapy in their family in case of illness. It was the opinion of the majority (91.8%) that it was necessary to be familiar with every method used by their patients, however, 82.5% claimed not to have enough knowledge in complementary medicine. Eight-six percent of the responders thought it was necessary to have Graduate or Post Graduate education in the field.(20)

Supplemental Information

American Academy of Allergy, Asthma & Immunology (AAAAI)

In their clinical review of CAM which included vitamins D, E, C and A, magnolol, quercetin, resveratrol, ma huang (ephedrine sinica), Ayurvedic medicine, Kampo medicine for the treatment of asthma, atopic dermatitis, and allergic rhinitis, the AAAAI concluded that further studies are needed using larger sample sizes, longer study durations, comparable absolute measures, and well-constructed study designs that control for biases. They also stated that the following are unknown: the true efficacy and safety of CAM therapies, the efficacy of CAM therapies alone (as alternatives) in the treatment of various disorders, the individual CAM therapeutic mechanism of effects (some may be multiple), the active component of individual CAM therapies, the potential drug-drug and drug-herb phytochemical and vitamin interactions.(21) The AAAAI also warns that “natural does not always mean safe”(22) and a survey indicated that 60% of respondents had treated adverse reactions.(23)

American Academy of Neurology (AAN)

The AAN (2014) conducted a systematic review of the literature to develop recommendations for CAM. Due to the lack of evidence or the poor quality of the evidence, AAN concluded that the evidence was insufficient to support or refute the use of Chinese medicine, hippotherapy, massage therapy, hypnosis, mindfulness training, music therapy, naturopathic medicine, neural therapy, progressive muscle relaxation, tai chi, and yoga.(24)

American Academy of Pediatrics (AAP)

The AAP Task Force on Complementary and Alternative Medicine, the Provisional Section on Complementary, Holistic, and Integrative Medicine (2008) published guidance on the use of CAM in pediatrics. The Task Force concluded that pediatricians and other clinicians who care for children have the responsibility to advise and counsel individuals about relevant, safe, effective, and age-appropriate health therapies including CAM and should routinely inquire as to whether or not the individual is using any specific CAM therapies. They advised the clinician to work with the parents to consider and evaluate all appropriate treatments and monitor the individuals response to treatments. They also stated that the physician should be knowledgeable about CAM therapies and evidence-based information.(25)

American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology

ACMT and AACT discourage the use of homeopathic medications, non-vitamin dietary supplements or herbal supplements as treatments for disease or preventive health measures. The Societies explain that “natural” products are assumed safe and effective, but there is a lack of stringent quality control of the ingredients present in many herbal and dietary supplements. Reliable evidence which indicates these products are effective, is lacking and substantial evidence exists that they may cause harm. Concerns are voiced regarding delaying or replacing effective forms of treatment or compromising the efficacy of traditional medicine(s).(6)

Australian Medical Association

The Australian Medical Association supports evidence-based medicine. In doing so it points out that many complementary therapies do not stand up to the rigorous standards of Western medical practices. The organization encourages both doctors and consumers to be well informed of the therapies they use in treating various illnesses, especially in children.(26-27)

National Cancer Institute (NCI)

NCI (2024) states that cancer patients using or considering complementary or alternative therapy should discuss this decision with their health care provider to ensure coordination of care. NCI notes that some complementary and alternative therapies may interfere with standard treatment or may be harmful when used with conventional treatment. Individuals should become informed about the therapy, including whether the results of scientific studies support the claims that are made for it.(28)

New Zealand College of Midwives

The New Zealand College of Midwives (2018) recommends that “pregnant women should be made aware that few complementary therapies have been established as safe and suitable to use during pregnancy.”(29)

Royal Australian College of General Practitioners and the Australasian Integrative Medicine Association

The Royal Australian College of General Practitioners and the Australasian Integrative Medicine Association considers it essential that scientific research is carried out in such a way as to permit complementary medicine to be assessed on an evidence basis. The key principle of evidence based medicine should be the basis of evaluating complementary medicines and/or therapies and their use by the medical profession.(30)

Spanish Association of Paediatrics Medicines Committee

The Spanish Association of Paediatrics Medicines Committee (SAPMC - 2019) conclude that no health professional should recommend treatments not supported by scientific evidence. They recommend that diagnostic and therapeutic actions should be always based on protocols and clinical practice guidelines. The SAPMC support that Professional Associations sanction, or at least reprobate or correct, health professionals who, under a scientific recognition obtained by a university degree, promote the use of therapies far from the scientific method and current evidence, especially in those cases in which it is recommended to replace conventional treatment with pseudo-therapy, and in any case if said substitution leads to a clinical worsening that could have been avoided.(31)

World Health Organization (WHO)

The World Health Organization (2013) encourages policy makers and consumers to consider how T&CM may improve individual experience and population health.(2) WHO promotes producing guidelines for traditional and complementary medicine (T&CM) by developing and providing international standards, technical guidelines and methodologies for research into products, practices and practitioners. They support clinical research projects regarding safety and effectiveness and have developed a goal to strengthen quality assurance, safety, proper use and efficacy of CAM by regulating products, practices and practitioners. Data is being gathered which highlights the ongoing demand for T&CM products, practice and practitioners, describes the importance of integrating T&CM into universal health coverage and identifies some of the difficulties and challenges of integrating T&CM into health systems. Review and analysis of worldwide T&CM status is encouraged to assist Member States determine how and when T&CM should be integrated into their national health systems. Support for safe access to products and services requires a new level of cooperation among Member States regarding the collection, review and analysis of quality data pertaining to T&CM practices.

Regulatory Status

Due to demand for CAM in the United States the number of CAM products being imported has increased. To clear up potential confusion the FDA released a draft guidance (2006) that clarifies when a CAM product is subject to the Federal Food, Drug and Cosmetic Act or the Public Health Service Act.(7) According to the draft, any labeling of a dietary supplement that is intended to treat, prevent, cure, diagnose or mitigate a health condition will be regulated as a drug under the Federal Food, Drug and Cosmetic Act. Biological products (i.e., vaccines) will be regulated under the Public Health Service Act. The Federal Trade Commission Act of 1914 deems that homeopathic products cannot be promoted as a treatment or a cure without competent and reliable scientific evidence.

Food and Supplements

The Dietary Supplement Health and Education Act (DSHEA) of 1994 classifies dietary supplements as 1 or more of the following: vitamins, minerals, herbals or other botanicals, amino acids, any dietary supplement used by man to supplement the diet by increasing the total dietary intake, or a concentrate, metabolite, constituent or extract, or any combination of any ingredient.(8)

Dietary supplements are regulated differently than prescription and over-the-counter drug products. Manufacturers of dietary supplements are responsible for ensuring that their products are safe. Per the Dietary Supplement Health and Education Act of 1994 and the Durham-Humphrey Amendment of 1951, the FDA, rather than the industry has the burden of proving that a dietary supplement is unsafe or misbranded. The FDA monitors adverse effects after dietary supplements are on the market.(9) Manufacturers are not required to obtain premarket approval for a new dietary supplement, nor are they subject to a specified post-market surveillance period.

The FDA Center for Food Safety and Nutrition is empowered by the Federal Food and Drug Act of 1906 (The Wiley Act) to remove unsafe food substances and botanicals from the market. It also allows the FDA to monitor safe use of any substances added to food.(10)

Marketing

The Federal Trade Commission (FTC) is charged with accurate marketing and advertising claims.(11)

Government Regulations

National:

No determinations on this topic.

Local:

No determinations on this topic.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicaid Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Acupuncture
 - Chelation Therapy, Including Off-Label Uses
 - Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation
 - Hyperbaric Oxygen Therapy, Systemic and Topical
 - Neurofeedback
 - Pharmacy and Therapeutics
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The articles reviewed in this research include those obtained from an Internet based literature search for relevant medical references through July 1, 2026, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
11/1/21	9/14/21		• Joint policy established • Replaced following policies ○ IMPs ➤ Complementary and Alternative Medicine ➤ Dry Hydrotherapy – also added to PT policy ➤ DUTCH testing ➤ High dose Vitamin C and other Cancer therapies ➤ Traumeel ○ JUMP ➤ Intracellular Micronutrient Analysis
11/1/22	8/16/22		• Routine maintenance
11/1/23	8/15/23		• Routine maintenance (slp) • Vendor managed: N/A
11/1/24	8/20/24		• Routine maintenance (slp) • Vendor managed: N/A • H0051 added to policy (EI)
11/1/25	8/19/25		• Routine maintenance (slp) • Vendor managed: N/A • Formatting updated
11/1/26	8/18/26		• Routine maintenance (slp/fr) • Vendor managed: N/A

Next Review Date: 3rd Qtr, 2027

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Not covered
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.