

# Kaiser Foundation Health Plan of Washington

# Clinical Review Criteria Naturopathy

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#### Criteria

#### For Medicare Members

Naturopathy is not covered by Medicare and is considered a supplemental benefit. Please check member contract for specific coverage language.

#### For Non-Medicare Members

- I. Authorizations for covered naturopathic treatments beyond three visits require prior approval by the health plan for those plans with alternative medicine benefits.
- II. Clinical review criteria for naturopathy are as follows:
  - A. The patient has an established, documented diagnosis of **ONE of the following**:
    - 1. Fibromyalgia (The patient has an established, documented diagnosis of fibromyalgia consistent with the 1990 American College of Rheumatology Criteria.)
    - 2. Chronic arthritis
    - 3. Chronic fatigue syndrome
    - 4. Premenstrual syndrome
    - 5. Irritable bowel syndrome
    - 6. Menopausal symptoms
    - 7. Headaches (persistent sinus, muscle tension, migraine)
    - 8. Chronic sinusitis, defined as persistent sinusitis
    - 9. Chronic serious otitis media, defined as persistent middle ear fluid for greater than three months
    - 10. Atopic dermatitis/chronic eczema
    - 11. Asthma that is mild to moderate in severity and not dependent on oral steroids
  - B. Treatment progress reports submitted to the health plan after the second visit, or at intervals as specified in the referral, must demonstrate the benefit of treatment for continuation of care to be approved.

Review Services will consider each referral request on a case-by-case basis and will consider requests outside the above criteria based on, among other things, clear documentation of objective improvement by the licensed naturopathic physician or the patient's personal physician, as well as a detailed treatment plan.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

### **Background**

Naturopathic medicine is a distinct profession of health care that has been in existence since the late nineteenth century. The philosophical approach includes the following principles:

- Utilization of therapies that first do no harm.
- Prevention of disease through healthy lifestyle and control of risk factors.
- Recognition and encouragement of the body's inherent healing abilities.

- Treatment of the whole person physical, emotional, mental, and spiritual.
- Patient education and cultivation of an attitude of personal responsibility for one's health.

Education standards for naturopathic medicine require at least three years of college level work followed by a four-year curriculum with over 4,000 hours of instruction at an accredited training institution (such as Bastyr University). In addition to conventional basic science courses, students receive training in botanical medicine, therapeutic nutrition, and various physical medicine modalities. Naturopathic physicians are licensed in the state of Washington and in ten other states.

#### **Evidence and Source Documents**

There is a small body of literature that supports some of the interventions that naturopaths provide.

## **Applicable Codes**

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

Considered medically recessary when effects in the applicable policy statements listed above are met.		
CPT® or	Description	
HCPC		
Codes		
Service Specialty: Naturopathy; TOS 320		

Date Created	Date Reviewed	Date Last Revised
11/15/2002	08/03/2010 <sup>MDCRPC</sup> , 06/07/2011 <sup>MDCRPC</sup> , 04/03/2012 <sup>MDCRPC</sup> , 02/05/2013 <sup>MDCRPC</sup> , 12/03/2013 <sup>MPC</sup> , 10/07/2014 <sup>MPC</sup> , 08/04/2015 <sup>MPC</sup> , 06/07/2016 <sup>MPC</sup> , 04/04/2017 <sup>MPC</sup> , 02/06/2018 <sup>MPC</sup> , 01/08/2019 <sup>MPC</sup> , 01/07/2020 <sup>MPC</sup> , 01/05/2021 <sup>MPC</sup> , 01/04/2022 <sup>MPC</sup> , 01/10/2023 <sup>MPC</sup>	11/25/2002

MDCRPC Medical Director Clinical Review and Policy Committee

MPC Medical Policy Committee

Revision History	Description