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Northwest Utilization Review

UR 48 Naturopathy Medical Necessity Criteria

Department: Utilization Review
Section: Alternative Medicine
Applies to: Kaiser Permanente Northwest Region
Review Responsibility: UROC
SME: Rachel Young, MD

Number: UR 48
Effective: 7/03
Last Reviewed: 2/21, 2/23, 2/20/24, 2/25, 2/17/26
Last Revised: 9/21, 2/22

MEDICAL NECESSITY CRITERIA AND OTHER REQUIREMENTS FOR NATUROPATHIC SERVICES

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

Coverage guidance: Naturopathy may be excluded from coverage. UR 48 only applies to referrals for naturopathy from a physician. Check CM for other exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy for Medicare Members	Naturopathy is not covered by Medicare and is considered a supplemental benefit. Please check member contract for specific coverage language. If a Medicare member has the supplemental benefit for naturopathy, UR 48 applies.
For Medicaid Members	
OR Medicaid	UR 48 does not apply
WA Medicaid	UR 48 does not apply. See WAC 182-501-0070
For Commercial and Self-funded Members	
OR Commercial	UR 48 applies
WA Commercial	UR 48 applies for all groups as a mandate
Self-funded plans	UR 48 applies

CRITERIA

I. Naturopathic care is limited to the following conditions:

A. Symptomatic menopause (limited to hot flushes/night sweats), perimenopause, or premenstrual syndrome [1-6]
B. Chronic Irritable Bowel Syndrome [7-11]
C. Headache [12] (episodic or chronic, with symptom onset >3 months ago)
D. Chronic Eczema/Atopic Dermatitis [16-18]

E. Osteoarthritis [19-22]

- Only if patient has been evaluated and failed therapy (in clinic, virtual, or telephonic) through KPNW internal Complementary and Integrative Medicine Clinic, and referral is placed by the clinic provider

F. Chronic (lasting >3 months) pain syndromes (other than secondary to osteoarthritis or headache) [19-22]

- Only if patient has been evaluated and failed therapy (in clinic, virtual, or telephonic) through KPNW internal Complementary and Integrative Medicine Clinic, and referral is placed by the clinic provider

G. Chronic Fatigue Syndrome

- Only if patient has been evaluated and failed therapy (in clinic, virtual, or telephonic) through KPNW internal Complementary and Integrative Medicine Clinic, and referral is placed by the clinic provider

2. Recommended standard medical therapies (allopathic care) for the condition must be documented as objectively ineffective.

Standard medical therapies (allopathic care) for the above qualifying conditions to be tried are:

A. For symptomatic menopause, perimenopause, or premenstrual syndrome (PMS):

i. For hot flushes/night sweats associated with menopause:

[Hormone Replacement Therapy (HRT) requirement can be waived if there is documentation of a shared decision making between the appropriate clinician and the patient regarding HRT]

- 1 oral HRT (at least a 2-month trial with at least 1 dose adjustment), AND one or more of the following:
- 1 selective serotonin reuptake inhibitor (SSRI) or serotonin/norepinephrine reuptake inhibitor (SNRI) (at least a 1-month trial), or
- oral Clonidine

ii. For PMS symptoms:

- 3-month trial of SSRI, or
- 3-month trial of continuous oral contraceptive pill (OCP)

iii. For perimenopause bleeding:

- 6-month trial of progestin containing intrauterine device (IUD) or OCP

iv. For perimenopause mood disorder or hot flushes:

- 2-month trial of low dose OCP, or
- 1 SSRI or SNRI (at least a 1-month trial)

B. For Irritable Bowel Syndrome (IBS):

i. IBS-Diarrhea:

- Trials of at least 2 of the following:
  -dairy holiday or lactose-restricted diet
  -loperamide (if bowel movement cluster in the morning, consider a trial of evening dosing)
  -probiotic
  -cholestyramine

ii. IBS-Constipation predominant:

- minimize constipating meds (anti-cholinergics, narcotics), AND
- Trials of at least 2 of the following:
  -fiber (note that psyllium and Metamucil can cause bloating. If prone to bloating try Benefiber, Citrucel)

-osmotic laxative (Miralax) titrated to effect- start at 17g/day, uptitrate every 3-5 days
-probiotic

iii. IBS with generalized abdominal pain and cramping:
- Trials of at least 2 of the following:
-dairy holiday
-dicyclomine 10mg 4x/day (can increase to 20mg 4x/day if tolerated)
-FODMAP diet (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols)
-nortriptyline every evening

C. For Headache (episodic or chronic, with symptom onset >3 months ago)**:**
- Adequate trial of prophylactic treatment:
-at least 1 antiepileptic medication, or
-at least 1 medication from another class (tricyclic antidepressant or beta-blocker), or
-Botox (for migraine headaches only)

Adequate trial= a maximum tolerated dose of the selected medication for at least 2 months.

D. For Chronic Eczema/Atopic Dermatitis
- Failed treatment recommended by a dermatologist

E. For Osteoarthritis:
- at least a 1-month trial of regular (not *as needed*) use of at least 1 non-steroidal anti-inflammatory drug (unless patient refusal or contraindicated) (prescription or over-the-counter), AND
- at least 1 corticosteroid injections per affected joint in the last 24 months (for knee osteoarthritis) (unless patient refusal or contraindicated)

F. Chronic pain syndromes (other than secondary to osteoarthritis or headache): exempt from a trial and failure of standard medical therapies (allopathic care) requirement

G. Chronic Fatigue Syndrome (CFS): exempt from a trial and failure of standard medical therapies (allopathic care) requirement

3. Naturopathic care must be part of an integrated plan of care for a specific medical condition. This condition must be evaluated by the referring clinician face-to-face, telephonically, or via video or email prior to consideration of a referral to a non-plan naturopathic provider.

4. After the initial authorization, additional visits may be authorized when the following circumstances are met:

A. The primary care clinician's assessment of the patient's condition demonstrates significant documented objective measurable improvement, AND

B. The Treatment Extension Request provided by the Naturopath includes:
- the patient's initial and current symptoms. The intensity of the symptoms must be documented in measurable terms.
- a treatment plan with measurable goals for continued improvement in symptoms and functional status and an identified target date for the conclusion of therapy.
- documentation by the naturopath that improvement in the patient's symptoms and/or functional status is expected to be sustainable with additional short-term treatment.
- Treatment must have a direct therapeutic relationship to the patient's referral diagnosis.

ADDITIONAL INFORMATION and REQUIREMENTS

1. The KPNW Complementary and Integrative Medicine (CIM) Clinic can provide patients with advice on diet, behavior modification, herb supplements, and other modalities. The clinic is appropriate for KPNW members with an interest in holistic care who are highly motivated from the standpoint of lifestyle modification.
2. If an external referral is needed, all authorized services for naturopathic care will be provided by a member of NaturoNet through Complementary Healthcare Plans' network.
3. All prescriptions and/or naturopathic services are reviewed for benefit and medical necessity prior to authorization. Herbs and supplements are not covered under the prescription drug benefit. Prescription drugs must be in the Kaiser Permanente formulary to be covered.
4. Procedures, evaluations, and diagnostic testing, including laboratory tests, that are determined by a network provider (MD, DO, NP or PA) to be medically necessary are to be ordered by a network provider.

Evidence/Source Documentation

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