

1 **Clinical Practice Guideline:** **Techniques and Procedures Not Widely**  
2 **Supported as Evidence-Based**

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4 **Date of Implementation:** **July 21, 2010**

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6 **Product:** **Specialty**  
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9 **GUIDELINES**

10 American Specialty Health – Specialty (ASH) clinical committees have established that a  
11 technique and/or procedure that is unproven, poses a significant health and safety risk  
12 and/or is scientifically implausible requires specific informed consent from members. Such  
13 consent must include a signed written attestation that the patient understands the current  
14 state of the evidence for, and the possible risks associated with, a technique or procedure  
15 prior to receiving it. Information from associated Clinical Practice Guidelines (CPGs) may  
16 be included as appropriate. The list of techniques and/or procedures in this guideline is not  
17 exhaustive; included are those techniques and procedures that have been specifically  
18 evaluated by ASH clinical committees and determined to pose a significant health and  
19 safety risk, to be scientifically implausible, or to be unproven based on the current state of  
20 the literature.

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22 Prior to receiving it, patients must be informed verbally and in writing if any procedure or  
23 treatment technique is considered experimental/investigational or unproven, poses a  
24 significant health and safety risk, and/or is scientifically implausible. If the patient decides  
25 to receive this procedure or treatment, they must sign a *Member Billing Acknowledgment*  
26 *Form* (for Medicare use *Advance Beneficiary Notice of Non-Coverage form*) indicating  
27 they understand they are assuming financial responsibility for any service-related fees.  
28 Further, the patient must sign an attestation indicating that they understand what is known  
29 and unknown about, and the possible risks associated with such techniques prior to  
30 receiving these services. All procedures, including those considered here, must be  
31 documented in the patients’ medical record. Finally, prior to using  
32 experimental/investigational or unproven procedures, those that pose a significant health  
33 and safety risk, and/or those considered scientifically implausible, it is incumbent on the  
34 practitioner to confirm that their professional liability insurance covers the use of these  
35 techniques or procedures in the event of an adverse outcome.

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37 **PROCESS AND DEFINITIONS**

38 The ASH clinical procedure assessment process evaluates diagnostic and therapeutic  
39 procedures against professionally recognized standards of practice, current scientific  
40 evidence, and consensus of appropriate experts. The recommendations of the consensus  
41 panel are considered by ASH clinical committees when developing criteria, definitions,  
42 and processes to support clinical decision-making within ASH’s clinical management  
43 system.

1 When developing, reviewing, and approving clinical policy, ASH peer-review committees  
 2 consider whether the technique/procedure:

- 3 • Is evidence-based with support from clinically relevant scientific information  
 4 which:
  - 5 ○ Can be used to inform the diagnosis or treatment of a patient.
  - 6 ○ Meets industry standard research quality criteria.
  - 7 ○ Is adopted as credible by an ASH clinical peer review committee.
  - 8 ○ Has been published in an acceptable peer-reviewed clinical science resource.
- 9 • Is established as clinically effective/established as having diagnostic utility by:
  - 10 ○ Scientific information published in an acceptable peer-reviewed clinical science  
 11 resource.
  - 12 ○ The consensus opinion of the Evidence Evaluation Committee (EEC) when  
 13 available.
- 14 • Is professionally recognized by:
  - 15 ○ Inclusion in the educational standards accepted by the majority of the  
 16 professions' educational institutions.
  - 17 ○ Wide acceptance and use of the practice.
  - 18 ○ Recommendations for use made by healthcare practitioners practicing in the  
 19 relevant clinical area.
- 20 • Poses a health and safety risk.
- 21 • Is plausible or implausible.
  - 22 ○ A belief, theory, or mechanism of health and disease that can be explained  
 23 within the existing framework of scientific methods, reasoning and available  
 24 knowledge is considered plausible.
  - 25 ○ A treatment intervention or diagnostic procedure that requires the existence of  
 26 forces, mechanisms, or biological processes that are not known to exist within  
 27 the current framework of scientific methods, reasoning and available  
 28 knowledge is considered implausible.
- 29 • Is approved by the appropriate federal regulatory agency and being used for the  
 30 purpose defined in that approval (unless it is considered an off-label use or  
 31 otherwise meets the generally accepted standards of medical practice).
  - 32 ○ This criterion applies to drugs, biological products, devices, and any other  
 33 product or procedure that must have final approval to market from the U.S.  
 34 Food and Drug Administration (FDA) or any other federal government body  
 35 with authority to regulate the technology. However, approval by the FDA or  
 36 other federal regulatory agency does not imply that the technology is  
 37 automatically considered by ASH as medically necessary or the accepted  
 38 standard of care.

**Other Considerations**

**Substitution harm (indirect harm):** Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility.
- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

**Labeling effects (non-specific harm):** The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

<b>Technique / Procedure*</b>
ABO Blood Typing for Diagnosis and/or Treatment
Actra-Rx
Acutonics/Sonotonics
Addictionology
Advanced Biostructural Correction (ABC)
Antineoplastons
Antioxidant Function Testing (e.g., Spectrox™)
Apitherapy
Applied Kinesiology (AK)
Aromatherapy
Ashiatsu Oriental Bar Therapy
Aura Healing
Auto-Urine Therapy (or Urine Therapy)
Autogenous Lymphocytic Factor
Ayurvedic Medicine (Herbal Therapies)
Bach Flower Remedies
Bee Sting Therapy
Bio Energetic Synchronization Technique (BEST)
Bio-Cranial Therapy (BCT)
Bioenergetic Sensitivity and Enzyme Therapy (BioSET)
Biofield Cancell (Entelev) Therapy
Bio-Geometric Integration (BGI)
Biological Terrain Assessment (BTA)
BioMagnetic Therapy
Bio-oxidative Therapy (e.g., ozone, hydrogen peroxide, singlet oxygen)
Bovine Cartilage Products
Carbon Dioxide Therapy

<b>Technique / Procedure*</b>
Cari-Loder Regimen (lofepramine plus phenylalanine with B12)
Cellular Therapy
Chelation Therapy for Atherosclerosis
Clinical Kinesiology
Coley’s Toxin
Colonic Irrigation
Colorpuncture
Concept Therapy
Contact Reflex Analysis (CRA)
COVID-19 (any non-FDA-approved therapy aimed at prevention or treatment of COVID-19 or associated illnesses.)
CranioSacral Therapy
Cupping
Directional Non-Force Technique (DNFT)
Dry Hydrotherapy/Aquamassage/Hydromassage
Dry Needling (not acupuncture)
Ear Candling
Electro-Meridian Diagnosis Category: <ul style="list-style-type: none"> <li>• BioMeridian (Meridian Stress Assessment [MSA] Machine)</li> <li>• ElectroAcupuncture by Voll (EAV)</li> <li>• Electrodermal Screening Test (EDST)</li> <li>• Ryodoraku/Electro Meridian Imaging (EMI)</li> <li>• Vega testing</li> </ul>
Essiac
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds
Fasting
Force Recording and Analysis System (FRAS)
Fresh Cell Therapy
Functional Intracellular Analysis, also known as: <ul style="list-style-type: none"> <li>• Essential Metabolic Analysis;</li> <li>• Intracellular Micronutrient Analysis;</li> <li>• Leukocyte Nutrient Analysis; and/or Micronutrient Analysis</li> </ul>
Gemstone and/or Crystal Therapy
Hair Mineral Analysis
Holistic Kinesiology
Immuno-Augmentive Therapy (IAT)
Infrasonic/Infrasonic Therapy
Insulin Potentiation Therapy

<b>Technique / Procedure*</b>
Intensive Model of Therapy
Intracellular Nutrient Analysis
Intravenous Micronutrient Therapy (Myers' Cocktail)
Intravenous Nutrient Therapy
Inversion Therapy
Iridology
Iscador (Mistletoe)
Jaffe-Mellor Technique (JMT)
Kelley/Gonzalez Therapy
Laetrile
Laser Therapy
Live Blood Cell Analysis
Manual Muscle Testing – to evaluate Internal/Visceral disorders
Manual Muscle Testing – to evaluate Psychological disorders
Markerless 3D kinematic and kinetic motion analysis and report, Comprehensive full body computer-based
Matrix Repatterning / Energetics
MEDEK Therapy
Medicinal Mushrooms
Megavitamin Therapy (Orthomolecular Medicine)
Mesotherapy
Micronutrient Panel Testing
Mistletoe (Iscador)
MTH-68/H Vaccine
Moxibustion - Direct
Nambudripad's Allergy Elimination Technique (NAET®)
Needle Implants (Intradermal Needles, Ear tacks, etc.)
Network Spinal Analysis (NSA)
Neural Therapy
Neuro Emotional Technique (NET)
Neuro Organizational Technique (NOT)
Neuro Vascular Dynamics (NVD)
Neurogenx
Neuro-Linguistic Programming (NLP)
Neurolink
New-Stim Bio-Kinetics
Non-invasive Interactive Neurostimulation (e.g., InterX®- all types)
Organ/Visceral Manipulation
Organic Acid Testing
Ortho-Bionomy

**CPG 133 Revision 18– S**

Techniques and Procedures Not Widely Supported as Evidence-Based

**Revised – July 20, 2023**

To CQT for review 06/12/2023

CQT reviewed 06/12/2023

To QIC for review and approval 07/11/2023

QIC reviewed and approved 07/11/2023

To QOC for review and approval 07/20/2023

QOC reviewed and approved 07/20/2023

<b>Technique / Procedure*</b>
Peat Therapies <ul style="list-style-type: none"> <li>Balneotherapy</li> </ul>
Phage Therapy
Polarity Therapy (Energetic Healing)
(Poon’s) Chinese Blood Cleaning
Prolonged Fasting Programs
Purging
Prolotherapy
Radionics
Reflexology
Regenerative Medicine (Stem Cell Treatments, Platelet-rich Plasma Injections)
Regenokine Therapy
Reiki
Remote therapeutic monitoring
Rife Therapy/Rife Machine
Sacro-Occipital Technique (SOT)TM
Sarapin Injections
Shark Cartilage Products
SonoKinesthesia Treatment
Surrogate Testing
Therapeutic Touch Therapy
Telomere Testing
Therapeutic Eurythmy
Thought Field Therapy (TFT) <ul style="list-style-type: none"> <li>Callahan Technique Training</li> </ul>
Threshold Electrical Stimulation
Toftness Radiation Detector
Total Body Modification (TBM)
Traumeel Preparation
Trichuris Suis Ova Therapy
Urinary Organic Acids Profiling
Vascular Endothelial Cells (VEC) Therapy
Vector Point Cranial Therapy
Vibrational Essences
Videonystagmography (VNG)
Virtual Reality – Motor-cognitive, semi-immersive virtual reality-facilitated gait training
Virtual reality technology to assist therapy
Webster Technique
Whitcomb Technique

<b>Technique / Procedure*</b>
Wurn Technique (Clear Passage Technique)
714-X or 714X

- 1 \*Note: This is not an exhaustive list of all techniques and/or procedures that are not evidence-based practice.
- 2 All techniques and/or procedures utilized should be evaluated by the practitioner against the current accepted
- 3 scientifically valid clinical literature and the above defined criteria.