

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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PAGE NUMBER: 1 of 7

SUBJECT: Acupuncture for Nausea & Vomiting
INDEX TITLE: Medical Management
ORIGINAL DATE: April 2000

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()		Individual Product ()	
DPW-MA:					
Health Choices ()			Voluntary ()		All ()
CMS-MA:					
OH ()		WV ()		PA ()	All (X)
HMO (X)	PPO (X)	Specialty Needs Plan (X)		Part D ()	PFFS (X)
PID-CHIP/AdultBasic:					
Free () CHIP only		Sub/CHIP () Sub/AB ()		Full/CHIP () Full/AB ()	All/CHIP () All/AB ()
ANCILLARY:					
Dental ()		Vision ()			
APPLICABLE TO:					
Community Care ()			Work Partners ()		

I. POLICY

It is the policy of UPMC Health Plan to cover Acupuncture for nausea and vomiting when it is medically necessary and covered under the member's specific benefit plan.

Due to a lack of controlled studies, UPMC Health Plan considers the use of acupuncture as investigational except when it is used for the treatment of post operative nausea, chemotherapy induced nausea and excessive nausea and vomiting associated with pregnancy. This is based on the 1997 National Institute of Health (NIH) consensus statement endorsing the use of acupuncture for nausea.

Coverage will be considered, on a case-by-case basis, for the specific indications detailed in this policy.

All denials are based on medical necessity and appropriateness as determined by a UPMC Health Plan Medical Director (Medical Director).

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to establish criteria for the use of acupuncture in the treatment of refractory nausea and vomiting.

IV. SCOPE

This policy applies to various UPMC departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Acupuncture: acupuncture is a procedure adapted from Chinese medical practice, in which the skin is pierced at specific body sites to induce anesthesia, improve certain symptoms such as pain, nausea or vomiting, and to treat certain medical conditions.

Types of Acupuncture

Manual – hand stimulation of the inserted needles

Electro-acupuncture – application of electrodes to the acupuncture needles with low frequency electrical stimulation

Regulation of Acupuncture

The U.S. Food and Drug Administration (FDA) regulates acupuncture needles and approves their use. They must be disposable, and manufacturers are required to label them for single use only.

Traditional View of Acupuncture

Acupuncture has been part of traditional Chinese medicine for 3,000 years. According to the traditional practice, positive and negative energy (chi or qi) vital to health, flows just beneath the skin through 360 specific points along 14 different lines called meridians. In health, chi is in balance. An imbalance in chi causes a block in the flow of energy, resulting in a state of unhealthiness. It is believed that inserting needles into specific points in the body may bring chi back into balance and restore health.

Modern View of Acupuncture

Western research suggests acupuncture may work through the nervous system by stimulating the regional release of hormones and peptides, including substance P, calcitonin gene-related peptide, enkephalin and beta-endorphins, with effects on prostaglandin synthesis. In electro-acupuncture, low frequency stimulation releases a type of endorphin that produces a slow onset, longer duration analgesia. When higher frequencies are applied, a neurochemical is produced that causes rapid onset analgesia of

shorter duration. Future research trials may better define how acupuncture works and may more precisely define regimens for specific conditions, with refinements in positioning, stimulation frequencies and duration of treatment.

There are some research studies on acupuncture of good quality from which conclusions may be drawn. Much of the historical literature however involves uncontrolled case series, variability of acupuncture approach from one subject to the next, concerns regarding adequacy of controls and other design flaws. More recent research such as the University of Maryland study on acupuncture for knee osteoarthritis provide examples of how to design high quality randomized controlled studies. Such high quality studies have received support from the National Center for Complementary and Alternative Medicine and other instituted at the NIH, and it is anticipated that the potential benefit of acupuncture for many other conditions, particularly chronic pain states will be clearly demonstrated.

Note: This policy pertains to the traditional view of acupuncture in the treatment for nausea as described below.

B. Specific Indications

UPMC Health Plan considers coverage of Acupuncture treatment for only the following conditions:

- Chemotherapy induced nausea and vomiting,
- Postoperative nausea and vomiting,
- Nausea and vomiting in Hyperemesis Gravidarum.

The following specific indications will be applied in these situations. Documented evidence of at least one of the following:

- History of high use of expensive anti-emetics.
- Certain chemotherapy regimes associated with high incidence of nausea and vomiting.
- Evidence of nausea and vomiting not adequately controlled with multimodal pharmacologic prophylaxis.
- Evidence of success with previous acupuncture treatments for nausea associated with the above conditions.
- Allergy or other contraindications to standard therapy.

C. Limitations

1. Members must be at least 18 years of age.
2. Acupuncture is limited to application by appropriately credentialed and licensed physicians.

D. Information Required for Review

In order for medical necessity to be established, adequate information must be furnished by the treating physician. Necessary information includes the following:

1. Physician's prescription or letter of medical necessity.

2. Documentation supporting the member's need for treatment of nausea and vomiting as described above, including :
 - The member's diagnosis,
AND
 - Evidence of history of failed standard treatment for a period of three months or more
3. Evidence of Credentialing and Privileges for the Practitioner

E. Review Process

1. The Medical Management staff assigned to review obtains the clinical information to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a UPMC Health Plan Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

F. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

G. Variations

Medical Assistance Product

Procedure is not on the Medical Assistance fee schedule; therefore this policy does not apply to this product.

CHIP (UPMC for Kids) Product

Acupuncture is not covered for this product

H. References

1. Aetna Clinical Policy Bulletins Number: 0135; Revised March 29, 2005.
2. Berman B, et al. "Effectiveness of Acupuncture as Adjunctive Therapy in Osteoarthritis of the Knee," *Annals of Internal Medicine*, 2004 December; 141(12):901-910.
3. Carlsson C, et al. "Manual Acupuncture Reduces Hyperemesis Gravidarum: A Placebo-controlled, randomized, single-blind, crossover study," *Journal of Pain and Symptom Management*, 2000 October; 20(4):273-279.

4. Collins, KB and DJ Thomas. "Acupuncture and Acupressure for the Management of Chemotherapy Induced Nausea and Vomiting," *Journal of the American Academy of Nurse Practitioners*, 2004 February; 16(2):76-80.
5. Dundee JW, RG Ghaly, KT Fitzpatrick, WP Abraham and GA Lynch. "Acupuncture Prophylaxis of Cancer Chemotherapy-Induced Sickness," *Journal of the Royal Society of Medicine*, 1989 May; 82(5):268-71.
6. Dundee JW and CM McMillan. "Clinical Uses of P6 Acupuncture," *Acupuncture Electrotherapy Research*, 1990; 15(3-4):211-5.
7. Dundee JW and J Yang. "Prolongation of the Antiemetic Action of P6 Acupuncture by Acupressure in Patients Having Cancer Chemotherapy," *Journal of the Royal Society of Medicine*, 1990 June; 83(6):360-2.
8. Ezzo J, et al. "Acupuncture-point Stimulation for Chemotherapy-induced Nausea and Vomiting," *Journal of Clinical Oncology*, 2001 October 1; 23(28):7188-98.
9. Gan T.J. "Acupuncture Reduces Nausea and Vomiting, Pain After Major Breast Surgery," *Journal of Anesthesia and Analgesia*, September 22, 2004.
10. Klaus L, et al. "Acupuncture for Patients with Migraine," *JAMA*, 2005 May 4; 293(17):2118-2125.
11. McMillan C, JW Dundee and WP Abram. "Enhancement of the Anti-emetic Action of Ondansetron by Transcutaneous Electrical Stimulation of the P6 Anti-emetic Point, in Patients Having Highly Emetic Cytotoxic Drugs," *British Journal of Cancer*, 1991 November; 64(5):971-2.
12. Neri I, G Allais, P Schiapparelli, I Blasi, C Benedetto and F Facchinetti. "Acupuncture Versus Pharmacological Approach to Reduce Hyperemesis Gravidarum Discomfort," *Minerva Ginecol.*, 2005, August; 57(4):471-5.
13. NIH Consensus Statement, no authors listed. Bethesda, MD: National Institutes of Health; 1998. <http://www.ncbi.nlm.nih.gov/pubmed/9809733>
14. Raustia AM and RT Pohjola. "Acupuncture Compared with Stomatognathic Treatment for TMJ Dysfunction," *Journal of Prosthetic Dentistry*, 1986 November; 56(5):616-23.
15. Reindl TK, et al. "Acupuncture Against Chemotherapy-Induced Nausea and Vomiting in Pediatric Oncology Interim Results of a Multicenter Crossover Study," *Support Care Cancer*, 2005 July 14 (Epub ahead of print).
16. Rotchford JK. "Overview: Adverse Events of Acupuncture," *Medical Acupuncture*, 1999-2000 Fall-Winter;11(2)
17. Shen J, N Wenger, J Glaspy, RD Hays, PS Albert, C Choi and PG Shakelle. "Electro-acupuncture for Control of Myeloablative Chemotherapy-induced Emesis: A Randomized Controlled Trial, *JAMA*, 2000 December 6; 284(21):2755-61.
18. Stener-Victorin E, C Kruse-Smidje and K Jung. "Comparison between Electro-acupuncture and Hydrotherapy, Both in Combination with Patient Education Alone, on the Symptomatic Treatment of Osteoarthritis of the Hip," *Clinical Journal of Pain*, 2004 May; 20(3):179-85.
19. Streitberger K, et al. "Effect of Acupuncture Compared with Placebo-acupuncture at P6 as Additional Antiemetic Prophylaxis in High-dose Chemotherapy and Autologous Peripheral Blood Stem Cell Transplantation: A Randomized Controlled Single-blind Trial," *Clinical Cancer Research*, 2003; 9(7):2538-44.

20. Vickers AJ, et al. "Acupuncture for Chronic Headache in Primary Care: Large, Pragmatic, Randomised Trial," British Medical Journal, March 27; 328(7442):744.
21. Witt C, et al. "Acupuncture in Patients with Osteoarthritis of the Knee: A Randomized Trial," Lancet, 2005 July 9-15; 366(9480):100-1.
22. Centers for Medicare and Medicaid Services: Acupuncture, NCD No 30.3, effective date has not been posted.
http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.3&ncd_version=1&basket=ncd%3A30%2E3%3A1%3AAcupuncture
23. Centers for Medicare and Medicaid Services: Acupuncture for Fibromyalgia, NCD No. 30.3.1, effective 4/16/04.
http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.3.1&ncd_version=1&basket=ncd%3A30%2E3%2E1%3A1%3AAcupuncture+for+Fibromyalgia
24. Centers for Medicare and Medicaid Services: Acupuncture for Osteoarthritis, NCD No 30.3.2, effective 4/16/04.
http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.3.2&ncd_version=1&basket=ncd%3A30%2E3%2E2%3A1%3AAcupuncture+for+Osteoarthritis

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