



Minnesota Department of
Human Services

Health Care

Our Mission

The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

Our Values

- We focus on people, not programs.
- We provide ladders up and safety nets for the people we serve.
- We work in partnership with others; we cannot do it alone.
- We are accountable for results, first to the people we serve, and ultimately to all Minnesotans.

We practice these shared values in an ethical environment where integrity, trustworthiness, responsibility, respect, justice, fairness and caring are of paramount importance.

Report to the Legislature

Alternative and Complementary Health Care Evidence Review

Minnesota Statutes 2006,
Chapter 256B, section 043, subdivision 1

March 2007

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Alternative and Complementary Health Care Evidence Review

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Introduction/Overview:

The 2006 legislature passed statute language directing DHS to “consider the potential for improving quality and obtaining cost savings through the greater use of alternative and complementary treatment methods and clinical practice”, and to incorporate these methods into Minnesota Health Care Programs (MHCP). (The full statute language is attached as *Appendix A*.) In consultation with the DHS Health Services Advisory Council (HSAC), the provider group that advises the department on evidence-based coverage policy, DHS undertook a process of identifying and appraising the evidence from published research on a subset of key alternative and complementary health care therapies: acupuncture, chiropractic, chelation therapy, biofeedback, and massage. This report is the result of that work.

This report is intended to provide an assessment of the current state of the evidence of the efficacy of these alternative and complementary therapies for particular conditions or diagnoses. For each treatment and condition pair, the evidence was appraised as either green (the evidence is consistent that the intervention is effective), amber (the evidence is inadequate, incomplete, or conflicting), or red (the evidence is consistent that the intervention is ineffective or leads to greater risk of harm). As in all of health care, the potential for an intervention to treat a particular condition may exist even though rigorous studies have not been conducted to demonstrate its efficacy and effect on patient outcomes. In this scenario, conclusions cannot yet be drawn; this document appraises evidence rather than the treatments themselves. DHS and HSAC believe that alternative and complementary therapies are important components of the public health care programs, and have potential to improve patient care cost-effectively. Appraising the state of the rigorous, peer-reviewed evidence pertaining to these therapies does much to focus the conversation on their measurable ability to improve patient care for specific treatment/condition pairs, and to identify areas where more studies need to be conducted to inform coverage policy.

Scoping Process:

The topic of alternative and complementary health care is extremely broad, covering a variety of disciplines, cultures, and belief systems. Because of the volume and heterogeneity of alternative and complementary therapies and the information available on them, DHS conducted a scoping exercise with HSAC to narrow the focus down to a list of five therapies deemed most worthy of evidence review.

This scoping process began with a categorization of therapies used by the National Institutes of Health’s National Center for Complementary and Alternative Medicine (NCCAM). This broadly representative list, which is used by NCCAM to survey Americans on their use of alternative and complementary health care, was presented to HSAC in grid format, along with definitions and current DHS and national Medicare

coverage policy for each therapy. (The grid is attached as *Appendix B.*) HSAC members went through a “forced ranking” process in which each member identified the five therapies most worthy of evidence review and ranked them in order of interest and importance. (The methodology and results of the scoring are attached as *Appendix C.*)

The five highest-scoring therapies chosen were (in rank order): acupuncture, chiropractic, chelation therapy (for indications other than lead toxicity), biofeedback, and massage.

Literature Search Strategy:

DHS performed targeted literature searches on PubMed, Medline (OVID), and the AHRQ National Guideline Clearinghouse to identify evidence on the five alternative and complementary health care therapies chosen. Results were categorized into treatment and condition pairs (such as acupuncture for osteoarthritis of the knee, or chiropractic for low back pain).

The evidence gathered was limited to English language studies published from 2000 through February of 2007, and included meta-analyses, systematic reviews, and clinical practice guidelines based on these methodologies. In meta-analysis, several studies are selected based on pre-defined criteria and the results are pooled together statistically to broadly assess the state of the evidence; in systematic reviews, articles are selected based on pre-defined criteria but conclusions about the state of the evidence are drawn without pooling and analyzing the results statistically. By limiting the search to systematic reviews and meta-analyses, assessing the overall evidence for a treatment condition pair was more manageable than gathering hundreds of trials individually and assessing the results based on the rigor of each study’s methodology and other factors. This strategy of relying upon syntheses of published studies also ensured that consensus in the literature would be identified where it existed and not lost in the sheer volume of studies identified.

Appraisal of the Evidence:

The abstracts for all of the articles identified were reviewed, and the conclusions drawn from the studies were used to evaluate the current state of the evidence. The evidence for each treatment/condition pair was placed into one of the following categories:

GREEN:

Use of the therapy appears to be supported by the evidence identified. Evidence is consistent that the intervention is effective.

AMBER:

Further evaluation is required. Studies are inadequate, inconclusive, or results are conflicting. Therapy may be effective compared to some but not all alternatives, or for narrow populations/situations, but results cannot be generalized.

RED:

Use of the therapy appears not to be supported by the evidence identified. Evidence has consistently shown the treatment to lack adequate effectiveness or to lead to greater risk of harm.

The table below displays the evidence appraisal using color shading for each treatment/condition pair for which studies were identified. The numbers in each cell correspond to citations found in the “References” section that follows, and cells left blank indicate that no studies were found for that treatment/condition pair.

In the alternative and complementary therapy grid in *Appendix B*, the cells shaded green indicate DHS’ current fee-for-service coverage policy for treatments appraised as green for at least one condition in the table below.

Evidence Review Table:

Condition/Indication	Alternative/Complementary Therapy				
	Acupuncture	Chiropractic	Chelation Therapy	Biofeedback	Massage
Asthma	1,2,3	4			5
Atherosclerotic Cardiovascular Disease			6,7,8		
Attention Deficit/Hyperactivity Disorder				9	
Autism					
Bell's Palsy	10				
Cancer-Related Pain and Symptom Relief	11,12				13
Chemotherapeutic Agents for Cancer			14,15		
Chemotherapy-Induced Nausea	16,17				
Chronic Pain	18,19				
Cystic Fibrosis (Pediatric)					20
Dementia					21
Depression	22				
Dysmenorrhea		23			
Epilepsy	24			25,26	
Fibromyalgia	27				
Headache (General)		28,29		30	
Headache (Idiopathic)	31				
Headache (Migraine)	32				
Headache (Recurrent in Children)				33	
Headache (Tension)					34
Hypertension				35,36	
Incontinence (Fecal, Adults)				37,38	
Incontinence (Fecal, Children)				39	
Incontinence (Urinary, Adults Following Stroke)				40	
Induction of Labor	41				
Insomnia	42				
Irritable Bowel Syndrome	43				
Lateral Elbow Pain	44,45				
Low Back Pain	46,47,48,49	50,51,52,53,54			55,56
Low Back Pain (Under Anesthesia)		57			
Malaria (Treatment)			58		
Myofascial Trigger Point Pain	59				
Neck Pain and Disorders	60	61,62,63			64
Nocturnal Enuresis in Children	65,66	67			
Osteoarthritis of the Knee and Other Peripheral Joints	68,69,70				
Parkinson's Disease			71		
Perineal Trauma (Reducing)					72
Promoting Development of Low Birthweight Infants					73
Promoting Mental and Physical Health in Infants < 6 mo.					74
Rheumatoid Arthritis	75			76	
Schizophrenia	77				
Shoulder Pain	78				
Smoking Cessation	79				
Stroke (Acute)	80				
Stroke (Rehabilitation)	81,82				
Temporomandibular Disorders				83	
Tuberculosis			84		
Xerostamia	85				

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Acupuncture for Asthma

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² McCarney, RW et al. Acupuncture for Chronic Asthma. *Cochrane Database of Systematic Reviews* (2003); 3: CD000008.

³ Passalacqua, G et al. ARIA Update: I – Systematic Review of Complementary and Alternative Medicine for Rhinitis and Asthma. *Journal of Allergy and Clinical Immunology* (2006); 117(5): 1054-1062.

Chiropractic for Asthma

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Massage for Asthma

⁵ Hondras, MA et al. Manual Therapy for Asthma. *Cochrane Database of Systematic Reviews* (2005); 2: CD001002.

Chelation Therapy for Atherosclerotic Cardiovascular Disease

⁶ Ernst, E. Chelation Therapy for Coronary Heart Disease: An Overview of All Clinical Investigations. *American Heart Journal* (2000); 140: 139-141.

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Biofeedback for Attention Deficit/Hyperactivity Disorder

⁹ Monastra, VJ et al. Electroencephalographic Biofeedback in the Treatment of Attention-Deficit/Hyperactivity Disorder. *Applied Psychophysiology and Biofeedback* (2005); 30(2): 95-114.

Acupuncture for Bell's Palsy

¹⁰ He, L et al. Acupuncture for Bell's Palsy. *Cochrane Database of Systematic Reviews* (2004); 1: CD002914.

Acupuncture for Cancer-Related Pain and Symptom Relief

¹¹ Bardia, A et al. Efficacy of Complementary and Alternative Medicine Therapies in Relieving Cancer Pain: A Systematic Review. *Journal of Clinical Oncology* (2006); 24(34): 5457-5464.

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Massage for Cancer-Related Pain and Symptom Relief

¹³ Fellowes, D et al. Aromatherapy and Massage for Symptom Relief in Patients with Cancer. *Cochrane Database of Systematic Reviews* (2004); 3: CD002287.

Chelation Therapy as Chemotherapeutic Agent for Cancer

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Acupuncture for Chemotherapy-Induced Nausea

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Acupuncture for Chronic Pain

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¹⁹ Institute for Clinical Systems Improvement. *Health Care Guideline: Assessment and Management of Chronic Pain*. Bloomington, MN. (2005).

Massage for Cystic Fibrosis (Pediatric)

²⁰ Huth, MM et al. The Effects of Massage Therapy in Improving Outcomes for Youth with Cystic Fibrosis: An Evidence Review. *Pediatric Nursing* (2005); 31(4): 328-332.

Massage for Dementia

²¹ Viggo Hansen, N et al. Massage and Touch for Dementia. *Cochrane Database of Systematic Reviews* (2006); 4: CD004989.

Acupuncture for Depression

²² Smith, CA and Hay, PPJ. Acupuncture for Depression. *Cochrane Database of Systematic Reviews* (2005); 2: CD004046.

Chiropractic for Dysmenorrhea

²³ Proctor, ML et al. Spinal Manipulation for Primary and Secondary Dysmenorrhea. *Cochrane Database of Systematic Reviews* (2006); 3: CD002119.

Acupuncture for Epilepsy

²⁴ Cheuk, DKL and Wong, V. Acupuncture for Epilepsy. *Cochrane Database of Systematic Reviews* (2006); 2: CD005062.

Biofeedback for Epilepsy

²⁵ National Collaborating Centre for Primary Care. *The Diagnosis and Management of the Epilepsies in Adults and Children in Primary and Secondary Care*. London, UK. (2004).

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Acupuncture for Fibromyalgia

²⁷ Agency for Healthcare Research and Quality. *Technology Assessment: Acupuncture for Fibromyalgia*. Rockville, MD. (2003).

Chiropractic for Headache (General)

²⁸ Astin, JA and Ernst, E. The Effectiveness of Spinal Manipulation for the Treatment of Headache Disorders: A Systematic Review of Randomized Clinical Trials. *Cephalalgia* (2002); 22: 617-623.

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Biofeedback for Headache (General)

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Acupuncture for Headache (Idiopathic)

³¹ Melchart, D et al. Acupuncture for Idiopathic Headache. *Cochrane Database of Systematic Reviews* (2001); 1: CD001218.

Acupuncture for Headache (Migraine)

³² ECRI. *Needle Acupuncture for Migraine [Windows on Medical Technology Report]*. Plymouth Meeting, PA. (2006).

Biofeedback for Headache (Recurrent in Children)

³³ Trautmann, E et al. Psychological Treatment of Recurrent Headache in Children and Adolescents – A Meta-Analysis. *Cephalalgia* (2006); 26: 1411-1426.

Massage for Headache (Tension)

³⁴ Fernandez-de-las-Penas, C et al. Are Manual Therapies Effective in Reducing Pain from Tension-Type Headache? A Systematic Review. *Clinical Journal of Pain* (2006); 22(3): 278-285.

Biofeedback for Hypertension

³⁵ Linden, W and Moseley, JV. The Efficacy of Behavioral Treatments for Hypertension. *Applied Psychophysiology and Biofeedback* (2006); 31(1): 51-63.

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Biofeedback for Incontinence (Fecal, Adults)

³⁷ Norton, C and Kamm, MA. Anal Sphincter Biofeedback and Pelvic Floor Exercises for Faecal Incontinence in Adults – A Systematic Review. *Alimentary Pharmacology & Therapeutics* (2001); 15(8): 1147-1154.

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Biofeedback for Incontinence (Fecal, Children)

³⁹ Brazzelli, M and Griffiths, P. Behavioural and Cognitive Interventions with or without Other Treatments for the Management of Faecal Incontinence in Children. *Cochrane Database of Systematic Reviews* (2006); 2: CD002240.

Biofeedback for Incontinence (Urinary, Adults Following Stroke)

⁴⁰ Thomas, LH et al. Prevention and Treatment of Urinary Incontinence After Stroke in Adults. *Cochrane Database of Systematic Reviews* (2005); 3: CD004462.

Acupuncture for Induction of Labor

⁴¹ Smith, CA and Crowther, CA. Acupuncture for Induction of Labour. *Cochrane Database of Systematic Reviews* (2004); 1: CD002962.

Acupuncture for Insomnia

⁴² Sok, SR et al. Effects of Acupuncture Therapy on Insomnia. *Journal of Advanced Nursing* (2003); 44(4): 375-384.

Acupuncture for Irritable Bowel Syndrome

⁴³ Lim, B et al. Acupuncture for Treatment of Irritable Bowel Syndrome. *Cochrane Database of Systematic Reviews* (2006); 4: CD005111.

Acupuncture for Lateral Elbow Pain

⁴⁴ Green, S et al. Acupuncture for Lateral Elbow Pain. *Cochrane Database of Systematic Reviews* (2002); 1: CD003527.

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Acupuncture for Low Back Pain

⁴⁶ Cherkin, DC et al. A Review of the Evidence for the Effectiveness, Safety, and Cost of Acupuncture, Massage Therapy, and Spinal Manipulation for Back Pain. *Annals of Internal Medicine* (2003); 138(11): 898-906.

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Chiropractic Under Anesthesia for Low Back Pain

⁵⁷ ECRI. *Manipulation Under Anesthesia for Low-back Pain [Windows on Medical Technology Report]*. Plymouth Meeting, PA. (2003).

Chelation Therapy for Malaria (Treatment)

⁵⁸ Smith, HJ and Meremikwu, M. Iron Chelating Agents for Treating Malaria. *Cochrane Database of Systematic Reviews* (2003); 2: CD001474.

Acupuncture for Myofascial Trigger Point Pain

⁵⁹ Cummings, TM and White, AR. Needling Therapies in the Management of Myofascial Trigger Point Pain: A Systematic Review. *Archives of Physical Medicine and Rehabilitation* (2001); 82: 986-992.

Acupuncture for Neck Pain and Disorders

⁶⁰ Trinh, KV et al. Acupuncture for Neck Disorders. *Cochrane Database of Systematic Reviews* (2006); 3: CD004870.

Chiropractic for Neck Pain and Disorders

⁶¹ Ernst, E. Chiropractic Spinal Manipulation for Neck Pain: A Systematic Review. *The Journal of Pain* (2003); 4(8): 417-421.

⁶² Gross, AR et al. A Cochrane Review of Manipulation and Mobilization for Mechanical Neck Disorders. *Spine* (2004); 29(14): 1541-1548.

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Massage for Neck Pain and Disorders

⁶⁴ Haraldsson, BG et al. Massage for Mechanical Neck Disorders. *Cochrane Database of Systematic Reviews* (2006); 3: CD004871.

Acupuncture for Nocturnal Enuresis in Children

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⁶⁷ Glazener, CMA et al. Complementary and Miscellaneous Interventions for Nocturnal Enuresis in Children. *Cochrane Database of Systematic Reviews* (2005); 2: CD005230.

Acupuncture for Osteoarthritis of the Knee and Other Peripheral Joints

⁶⁸ Agency for Healthcare Research and Quality. *Technology Assessment: Acupuncture for Osteoarthritis*. Rockville, MD. (2003).

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Chelation Therapy for Parkinson's Disease

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Massage for Perineal Trauma (Reducing)

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Massage for Promoting Development of Low Birthweight Infants

⁷³ Vickers, A et al. Massage for Promoting Growth and Development of Preterm and/or Low Birth-Weight Infants. *Cochrane Database of Systematic Reviews* (2004); 2: CD000390.

Massage for Promoting Mental and Physical Health in Infants < 6 Months

⁷⁴ Underdown, A et al. Massage Intervention for Promoting Mental and Physical Health in Infants Aged Under Six Months. *Cochrane Database of Systematic Reviews* (2006); 4: CD005038.

Acupuncture for Rheumatoid Arthritis

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Biofeedback for Rheumatoid Arthritis

⁷⁶ Astin, JA et al. Psychological Interventions for Rheumatoid Arthritis: A Meta-Analysis of Randomized Controlled Trials. *Arthritis & Rheumatism (Arthritis Care & Research)* (2002); 47(3): 291-302.

Acupuncture for Schizophrenia

⁷⁷ Rathbone, J and Xia, J. Acupuncture for Schizophrenia. *Cochrane Database of Systematic Reviews* (2005); 4: CD005475.

Acupuncture for Shoulder Pain

⁷⁸ Green, S et al. Acupuncture for Shoulder Pain. *Cochrane Database of Systematic Reviews* (2005); 2: CD005319.

Acupuncture for Smoking Cessation

⁷⁹ White, AR et al. Acupuncture and Related Interventions for Smoking Cessation. *Cochrane Database of Systematic Reviews* (2006); 1: CD000009.

Acupuncture for Stroke (Acute)

⁸⁰ Zhang, SH et al. Acupuncture for Acute Stroke. *Cochrane Database of Systematic Reviews* (2005); 2: CD003317.

Acupuncture for Stroke (Rehabilitation)

⁸¹ Sze, FK et al. Does Acupuncture Improve Motor Recovery After Stroke? A Meta-Analysis of Randomized Controlled Trials. *Stroke* (2002): 2604-2619.

⁸² Wu, HM et al. Acupuncture for Stroke Rehabilitation. *Cochrane Database of Systematic Reviews* (2006); 3: CD004131.

Biofeedback for Temporomandibular Disorders

⁸³ Crider, A et al. Efficacy of Biofeedback-Based Treatments for Temporomandibular Disorders. *Applied Psychophysiology and Biofeedback* (2005); 30(4): 333-345.

Chelation Therapy for Tuberculosis

⁸⁴ Cronje, L. and Bornman, L. Iron Overload and Tuberculosis: A Case for Iron Chelation Therapy. *The International Journal of Tuberculosis and Lung Disease* (2005); 9(1): 2-9.

Acupuncture for Xerostamia

⁸⁵ Jedel, E. Acupuncture in Xerostamia – A Systematic Review. *Journal of Oral Rehabilitation* (2005); 32: 392-396.

APPENDIX A: Alternative and Complementary Health Care Statute Language

From Minnesota Statutes 2006

Chapter 256B: Medical Assistance for Needy Persons

256B.043 COST-CONTAINMENT EFFORTS.

Subdivision 1. **Alternative and complementary health care.** The commissioner of human services, through the medical director and in consultation with the Health Services Policy Committee established under section [256B.0625, subdivision 3c](#), as part of the commissioner's ongoing duties, shall consider the potential for improving quality and obtaining cost savings through greater use of alternative and complementary treatment methods and clinical practice; shall incorporate these methods into the medical assistance, MinnesotaCare, and general assistance medical care programs; and shall make related legislative recommendations as appropriate. The commissioner shall post the recommendations required under this subdivision on agency Web sites according to section [144.0506, subdivision 1](#).

APPENDIX B: Alternative and Complementary Health Care Overview Grid

Adapted from the National Center for Complementary and Alternative Medicine (NCCAM) at NIH - www.nccam.nih.gov

NOTE: The therapies listed below were included in NCCAM's 2002 National Health Interview Survey, and are not meant to comprise an exhaustive list of all CAM therapies.

** Cells shaded green indicate DHS' current fee-for-service coverage policies for therapies with at least one treatment/condition pair receiving an assessment of green.*

Forced Ranking of Top 5 Most Pertinent Topics	Therapy (* indicates practitioner-based therapies)	Definition	DHS Coverage (Fee-for-Service) http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=LatestReleased&dDocName=id_000094	CMS National Coverage Determinations (Medicare) http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd
	Alternative Medical Systems			
	Acupuncture*	Acupuncture is based on the theory that health is determined by a balanced flow of energy (chi or qi), which is thought to be present in all living organisms. This life energy circulates throughout the body along a series of energy pathways (meridians). Each of these meridians is linked to specific internal organs and organ systems. Within this system of energy pathways, there are over 1,000 acupoints that can be stimulated through the insertion of needles. This is thought to help correct and rebalance the flow of life energy, and restore health. Acupuncture has been used to treat health problems and conditions ranging from the common cold to addiction and chronic fatigue syndrome.	Covered for chronic pain, PA required beyond 10 sessions. Must be performed by or under the supervision of an MD. Billed using a physician extender modifier.	Acupuncture is not considered reasonable and necessary. A scientific assessment of acupuncture is pending.
	Ayurveda*	This comprehensive system of medicine, developed in India over 5,000 years ago, places equal emphasis on body, mind, and spirit. The goal is to restore the natural harmony of the individual. An ayurvedic doctor identifies an individual's "constitution" or overall health profile by ascertaining the	Ayurveda practitioners are not eligible to enroll with MHCP.	N/A

		patient's metabolic body type (Vata, Pitta, or Kapha) through a series of personal history questions. Then the patient's "constitution" becomes the foundation for a specific treatment plan designed to guide the individual back into harmony with his or her environment. This plan may include dietary changes, exercise, yoga, meditation, massage, herbal tonics, and other remedies.		
	Homeopathic Treatment	This system of medical practice is based on the theory that any substance that can produce symptoms of disease or illness in a healthy person can cure those symptoms in a sick person. For example, someone suffering from insomnia may be given a homeopathic dose of coffee. Administered in diluted form, homeopathic remedies are derived from many natural sources, including plants, metals, and minerals. Numbering in the thousands, these remedies have been used to treat a wide variety of ailments including seasonal allergies, asthma, influenza, headaches, and indigestion.	Homeopathic remedies are not covered.	N/A
	Naturopathy*	This broad system of medicine is based on the theory that the body is a self-regulating mechanism with the natural ability to maintain a state of health and wellness. Naturopathic doctors, who generally reject invasive techniques and the use of synthetic drugs, try to cure illness and disease by harnessing the body's natural healing powers. This is done with the use of various alternative and traditional techniques, including herbal medicine, homeopathic treatment, massage, dietary supplements, and other physical therapies.	Naturopathic practitioners are not eligible to enroll with MHCP.	N/A
	Biologically Based Therapies			
	Chelation Therapy*	This therapy involves a series of intravenous injections of a binding (chelating) agent, such as the amino acid EDTA, to remove toxic metals and wastes from the bloodstream. Following injection, the binding agent travels through the bloodstream attaching itself to toxic metals and wastes, which are subsequently excreted through the patient's urine. Used initially to treat lead poisoning, chelation therapy is used by a growing number of practitioners to treat and reverse the process of arteriosclerosis (hardening of the arteries).	Chelation therapy is covered.	Considered experimental – not covered.
	Folk Medicine*	These systems of healing (such as Curanderismo and Native American healing) have persisted since the beginning of culture and have flourished long before the development of conventional medicine. Folk healers usually participate in a training regimen of observation and imitation, with healing often considered a gift passed down through several generations of a family.		N/A

		Folk healers may employ a range of remedies including prayer, healing touch or laying on of hands, charms, herbal teas or tinctures, magic rituals, and others. Folk healers are found in all cultures and operate under a variety of names and labels.		
	Nonvitamin, Nonmineral, Natural Products	These products are taken by mouth and contain a dietary ingredient intended to supplement the diet other than vitamins and minerals. They include herbs or herbal medicine (as single herbs or mixtures), other botanical products such as soy or flax products, and dietary substances such as enzymes and glandulars. Among the most popular are echinacea, ginkgo biloba, ginseng, feverfew, garlic, kava kava, and saw palmetto. Garlic, for example, has been used to treat fevers, sore throats, digestive ailments, hardening of the arteries, and other health problems and conditions.	Herbal products are <i>not</i> covered.	N/A
	Diet-Based Therapies	Therapies based upon dietary changes or restrictions. Includes vegetarian and macrobiotic diets as well as the Atkins, Pritikin, Ornish, and Zone diets.	Physician visits, medical nutrition therapy, mental health services, and lab work for weight management are covered. Weight loss services on a program basis, foods for the purpose of weight reduction, instructional materials, classes, and any services provided by non-MHCP providers are <i>not</i> covered.	Medical nutritional therapy is covered (with limits) for diagnoses of renal disease or diabetes.
	Megavitamin Therapy	This therapy refers to the use of vitamins in excess of the Recommended Daily Allowances (RDA) established by the National Academy of Sciences, Food and Nutrition Board. Although these therapies have been used for the prevention and treatment of diseases and illnesses such as cancer, heart disease, schizophrenia, and the common cold, some high dose or megavitamin regimens can produce adverse or toxic effects.	Vitamins are covered for recipients with documented vitamin deficiencies or with particular medical conditions. All vitamins are covered for children under 7 and pregnant women. Other minerals and electrolytes are covered for particular conditions.	N/A

	Manipulative and Body-Based Therapies			
	<u>Chiropractic Care*</u>	This care involves the adjustment of the spine and joints to influence the body's nervous system and natural defense mechanisms to alleviate pain and improve general health. It is primarily used to treat back problems, headaches, nerve inflammation, muscle spasms, and other injuries and traumas.	<i>Covered Services:</i> Manual spinal manipulation to treat subluxation, x-rays needed to support a subluxation diagnosis. Payment for manual spinal manipulation is limited to 6 per month or 24 per calendar year unless prior authorization is obtained.	Current coverage limited to manual spinal manipulation to correct subluxation of the spine. A two-year demonstration began in April of 2005 "to evaluate the feasibility and advisability of expanding the coverage of diagnostic and other chiropractic services under Medicare." Services include extraspinal manipulation, x-rays, EMG and nerve conduction studies, clinical lab tests, electrotherapy, evaluation and management services, the ordering of imaging, and referrals for PT.
	<u>Massage*</u>	This therapy involves pressing, rubbing, and otherwise manipulating muscles and other soft tissues of the body, causing them to relax and lengthen and allowing pain-relieving oxygen and blood to flow to the affected area. Using their hands and sometimes feet, elbows, and forearms, massage therapists may use over 75 different methods, such as Swedish massage, deep-tissue massage, neuromuscular massage, and manual lymph drainage. Massage is considered effective for relieving any type of pain in the body's soft tissue, including back, neck, and shoulder pain, headaches, bursitis, and tendonitis.	Covered subject to volume thresholds: 200 15-minute units for OT, 120 15-minute units for PT.	N/A

	Mind-Body Therapies			
	Biofeedback*	This method teaches clients, through the use of simple electronic devices, how to consciously regulate normally unconscious bodily functions (e.g., breathing, heart rate, blood pressure) to improve overall health. Biofeedback has been used to reduce stress, eliminate headaches, recondition injured muscles, control asthmatic attacks, and relieve pain.	Covered subject to volume thresholds: 200 units for OT, 30 treatment sessions for PT. Also covered as a component of psychotherapy, limited to 26 cumulative hours per calendar year.	“Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.”
	Meditation	Mental calmness and physical relaxation is achieved by suspending the stream of thoughts that normally occupy the mind. Generally performed once or twice a day for approximately 20 minutes at a time, meditation is used to reduce stress, alter hormone levels, and elevate one’s mood. In addition, a person experienced in meditation can achieve a reduction in blood pressure, adrenaline levels, heart rate, and skin temperature.		Transcendental Meditation and associated services are not covered.
	Guided Imagery	This method involves a series of relaxation techniques followed by the visualization of detailed images, usually calm and peaceful in nature. If used for treatment, the client may visualize his/her body as healthy, strong, and free of the specific problem or condition. Sessions, conducted in groups or one-on-one, are typically 20–30 minutes and may be practiced several times		N/A

		a week. Guided imagery has been advocated for a number of chronic conditions, including headaches, stress, high blood pressure, and anxiety.		
	Progressive Relaxation	This therapy involves the successive tensing and relaxing of each of the 15 major muscle groups. Performed lying down, one generally begins with the head and progresses downward, tensing each muscle as tightly as possible for a count of 5 to 10 and then releasing it completely. Often combined with deep breathing, progressive relaxation is particularly useful for reducing stress, relieving tension, and inducing sleep.		N/A
	Deep Breathing Exercises	Deep breathing involves slow, deep inhalation through the nose, usually for a count of 10, followed by slow and complete exhalation for a similar count. To help quiet the mind, one generally concentrates fully on breathing and counting through each cycle. The process may be repeated 5 to 10 times, several times a day.		N/A
	Hypnosis*	An altered state of consciousness, it is characterized by increased responsiveness to suggestion. The hypnotic state is attained by first relaxing the body, then shifting the client's attention toward a narrow range of objects or ideas as suggested by the hypnotist or hypnotherapist. The procedure is used to access various levels of the mind to effect positive changes in a person's behavior and to treat numerous health conditions. For example, hypnosis has been used to lose weight, improve sleep, and reduce pain and stress.	Hypnotherapy is considered a part of psychotherapy, which is covered subject to volume limitations.	N/A
	Yoga*	This combination of breathing exercises, physical postures, and meditation, practiced for over 5,000 years, calms the nervous system and balances body, mind, and spirit. It is thought to prevent specific diseases and maladies by keeping the energy meridians (see acupuncture) open and life energy (qi) flowing. Usually performed in classes, sessions are conducted at least once a week and for approximately 45 minutes. Yoga has been used to lower blood pressure, reduce stress, and improve coordination, flexibility, concentration, sleep, and digestion. It has also been used as supplementary therapy for such diverse conditions as cancer, diabetes, asthma, and AIDS.		N/A

	Tai Chi	This Chinese self-defense discipline and low-intensity, low-impact exercise regimen is used for health, relaxation, and self-exploration. Usually performed daily, tai chi exercises include a set of forms, with each form comprising a series of body positions connected into one continuous movement. A single form may include up to 100 positions and may take as long as 20 minutes to complete. Some of the proposed benefits of tai chi include improved concentration, circulation, and posture, reduction of stress, and prevention of osteoporosis.		N/A
	Qi Gong	This ancient Chinese discipline combines the use of gentle physical movements, mental focus, and deep breathing designed to integrate the mind, body, and spirit, and to stimulate the flow of vital life energy (qi). Directed toward specific parts of the body, qi gong exercises are normally performed two or more times a week for 30 minutes at a time and have been used to treat a variety of ailments including asthma, arthritis, stress, lower back pain, allergies, diabetes, headaches, heart disease, hypertension, and chronic pain.		N/A
	Energy Healing Therapy / Reiki*	This method helps the body's ability to heal itself through the flow and focusing of healing energy (Reiki means universal healing energy). During treatment, this healing energy is channeled through the hands of a practitioner into the client's body to restore a normal energy balance and health. Energy healing therapy has been used to treat a wide variety of ailments and health problems and is often used in conjunction with other alternative and conventional medical treatments.		N/A

APPENDIX C: HSAC “Forced Ranking” Process and Results

Process:

Points were assigned to each therapy/topic based on HSAC member rankings. Values were assigned, with #1 votes receiving 5 points, #2 votes receiving 4 points, etc. Members who did not give their choices in rank order had 3 points assigned to each of their 5 choices.

Results:

The complimentary and alternative medicine (CAM) topics receiving votes are listed below in descending order, alongside the number of points received:

<u>CAM Topic</u>	<u>Total Points</u>
Acupuncture	39
Chiropractic Care	24
Chelation Therapy	16
Biofeedback	13
Massage	11
Hypnosis	7
Nonvitamin, Nonmineral, Natural Products	7
Homeopathic Treatment	6
Megavitamin Therapy	5
Naturopathy	5
Meditation	4
Yoga	4
Diet-Based Therapies	3
Tai Chi	1

The topics receiving #1 votes are listed below, along with the count of #1 votes:

<u>CAM Topic</u>	<u>Count of #1 Votes</u>
Acupuncture	5
Biofeedback	1
Chiropractic Care	1
Megavitamin Therapy	1
Nonvitamin, Nonmineral, Natural Products	1

Two CAM topics were listed as “write-ins”, which either defy simple categorization or are more specific than the topics listed:

- Omega 3 Acids: grouped under “Nonvitamin, Nonmineral, Natural Products” for scoring purposes
- EMDR (Eye Movement Desensitization and Reprocessing): not scored