

MEDICAL POLICY

SUBJECT: POWER THERAPIES FOR POST-TRAUMATIC STRESS DISORDER	EFFECTIVE DATE: 07/19/00 REVISED DATE: 01/17/02, 11/21/02 ARCHIVED DATE: 10/15/03 EDITED DATE: 11/10/05, 12/21/06, 12/20/07, 12/18/08 12/17/09, 12/16/10, 11/17/11, 11/15/12, 11/21/13
POLICY NUMBER: 8.01.09 CATEGORY: Behavioral Health	PAGE: 1 OF: 4
<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

Based upon our criteria and assessment of peer-reviewed literature, power therapies have not been proven to be medically effective and therefore, are considered **investigational**.

Refer to Corporate Medical Policy # 11.01.03 regarding Experimental and Investigational Services.

DESCRIPTION:

Post-traumatic Stress Disorder (PTSD) is a lingering, deep-seated, negative, emotional response to an event in the past that continues to cause undue levels of stress and anxiety. Post-traumatic stress is often accompanied by nightmares, flashbacks, panic attacks, and anxiety that come out of the blue. Post-traumatic stress, like other anxiety disorders, responds best to cognitive-behavioral therapy. In the past, PTSD was often seen as “battle fatigue” in service people returning from war. PTSD occurs in other situations where trauma is involved, such as rape, a natural disaster, or being a victim of crime.

Power Therapies, also referred to as Energy Therapies, are new treatments for posttraumatic stress disorders (PTSD). Power therapies constitute a general category unto themselves within the field of psychotherapy, and they have become an alternative to traditional behavioral and psychodynamic psychotherapeutic techniques in the treatment of trauma. They may be most closely akin to cognitive-behavior therapies in that they share an interest in directly reducing fear, and they require the use of extensive manuals prescribing the steps to be used in treatment. They are called power therapies because they are reported to work rapidly and efficaciously. Power therapies appear to utilize other, more rapid and more powerful means of interrupting associated negative emotionality than traditional cognitive-behavioral or psychodynamic therapy techniques employ. Their proponents claim to need only 1-3 sessions, whereas traditional therapies may require months or years of treatment, to effect substantial, sometimes even dramatic, improvements. Power Therapies include Traumatic Incident Reduction (TIR), Visual Kinesthetic Dissociation (VKD), Eye Movement Desensitization and Reprocessing (EMDR), Emotional Freedom Technique (EFT), Tapas Acupressure Technique (TAT), and Thought Field Therapy (TFT).

Traumatic Incident Reduction (TIR) reviews the actual steps of the traumatic incident moving from beginning to end repeatedly until the incident becomes “lighter”.

Visual Kinesthetic Dissociation (VKD), a technique used in the practice of Neurolinguistic Programming has the client view the traumatic incident under circumstances that provide additional safety, security, and distance through “double dissociation” and resource utilization.

Eye Movement Desensitization and Reprocessing (EMDR) has the client discuss a memory of a specific picture of the traumatic event and review their feelings when they bring up that picture. A positive cognition is developed to replace the negative cognition when the picture is brought up. EMDR also involves having the client focus on an external stimulus such as frequent back and forth finger movements, alternating sound or handtapping, while the patient is focused on the source of some emotional distress.

SUBJECT: POWER THERAPIES FOR POST-TRAUMATIC STRESS DISORDER POLICY NUMBER: 8.01.09 CATEGORY: Behavioral Health	EFFECTIVE DATE: 07/19/00 REVISED DATE: 01/17/02, 11/21/02 ARCHIVED DATE: 10/15/03 EDITED DATE: 11/10/05, 12/21/06, 12/20/07, 12/18/08 12/17/09, 12/16/10, 11/17/11, 11/15/12, 11/21/13 PAGE: 2 OF: 4
---	---

Emotional Freedom Technique (EFT) involves the routine tapping with the fingertips on specific points on the energy meridians which is thought to neutralize disruptions in the patient's electrical system. The tapping serves to release the blockages that are created when a patient thinks about an emotionally disturbing circumstance. When the blockage is released, the emotions come into balance.

Tapas Acupressure Technique (TAT) is a systemic technique for reducing traumatic/emotional stress and allergies. In TAT, the patient focuses on the trauma/distress. Then using 3 fingers with one hand, the patient applies gentle pressure to 3 acupressure points near the eyes and the forehead while placing the other hand at the back of the head. Subsequent steps include making a positive statement about the problem, asking about the origin of the problem and asking about where the problem is stored in one's body or life.

Thought Field Therapy (TFT), the theory from applied kinesiology-perturbations in the thought field "active information" has the client focus on the event, fear, anxiety, etc.; focus on the subjective level of distress (SUDS); continue to focus while tapping firmly 5-6 times the eye spot, arm spot or collarbone spot repeatedly, with additional stimulation and self-talk to try to decrease SUDS.

RATIONALE:

Published literature regarding Power Therapies essentially addresses only one Power Therapy, EMDR. Controlled research has shown that EMDR's most distinctive feature, visual tracking, is unnecessary and is irrelevant to whatever benefits that the patient may receive. Recent reviews have concluded that the data claimed to support EMDR is derived mostly from uncontrolled case reports and poorly designed controlled experiments. Also, studies investigating long-term follow-up of EMDR found no sustained benefit.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific codes

Copyright © 2013 American Medical Association, Chicago, IL

HCPCS: No specific codes

ICD9: 309.81 Prolonged posttraumatic stress disorder
 308.3 Other acute reactions to stress, brief or acute posttraumatic disorder

ICD10: F43.0 Acute stress reaction
 F43.10-F43.12 Post-traumatic stress disorder (code range)

REFERENCES:

American Psychiatric Association. Practice guidelines. Treatment of patients with acute stress disorder or posttraumatic stress disorder. [http://psychiatryonline.org/content.aspx?bookid=28§ionid=1682793] accessed 10/21/13.

Cahill SP, et al. Does EMDR work? And if so, why? A critical review of controlled outcome and dismantling research. J Anxiety Disorder 1999 Jan-Apr;13(1-2):5-33.

Commons ML. The power therapies: a proposed mechanism for their action and suggestions for future empirical validation. Traumatol 2000 Aug;VI(2):5.

SUBJECT: POWER THERAPIES FOR POST-TRAUMATIC STRESS DISORDER POLICY NUMBER: 8.01.09 CATEGORY: Behavioral Health	EFFECTIVE DATE: 07/19/00 REVISED DATE: 01/17/02, 11/21/02 ARCHIVED DATE: 10/15/03 EDITED DATE: 11/10/05, 12/21/06, 12/20/07, 12/18/08 12/17/09, 12/16/10, 11/17/11, 11/15/12, 11/21/13 PAGE: 3 OF: 4
---	---

Cusack K, et al.. The cognitive dismantling of eye movement desensitization and reprocessing (EMDR) treatment of posttraumatic stress disorder (PTSD). J Anxiety Disorder 1999 Jan-Apr;13(1-2):87-99.

Davidson PR, et al. Eye movement desensitization and reprocessing (EMDR): a meta-analysis. J Consult Clin Psychol 2001 Apr;69(2):305-16.

Devilley GJ, et al. The relative efficacy and treatment distress of EMDR and a cognitive-behavior trauma treatment protocol in the amelioration of posttraumatic stress disorder. J Anxiety Disorder 1999 Jan-Apr;13(1-2):131-57.

Hembree EA, et al. Posttraumatic stress disorder: psychological factors and psychosocial interventions. J Clin Psychiatry 2000;61(Suppl 7):33-9.

Ironson G, et al. Comparison of two treatments for traumatic stress: a community-based study of EMDR and prolonged exposure. J Clin Psychol 2002 Jan;58(1):113-28.

Lee C, et al. Treatment of PTSD: stress inoculation training with prolonged exposure compared to EMDR. J Clin Psychol 2002 Sept;58(9):1071-89.

Levin P, et al. What psychological testing and neuroimaging tell us about the treatment of posttraumatic stress disorder by eye movement desensitization and reprocessing. J Anxiety Disorder 1999 Jan-Apr;13(1-2):159-72.

Lytle RA, et al. Efficacy of Eye Movement Desensitization in the treatment of cognitive intrusions related to a past stressful event. J Anxiety Disord 2002;16(3):273-288.

Macklin ML, et al. Five-year follow-up study of eye movement desensitization and reprocessing therapy for combat-related posttraumatic stress disorder. Comprehens Psychiatry 2000 Jan-Feb;41(1):24-7.

Muris P and Merckelbach H. Traumatic memories, eye movements, phobia, and panic: a critical note on the proliferation of EMDR. J Anxiety Disorder 1999 Jan-Apr;13(1-2):209-23.

National Center for PTSD. Treatment of PTSD. [<http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp>].accessed 10/21/13.

Rogers S, et al. A single session, group study of exposure and eye movement desensitization and reprocessing in treating posttraumatic stress disorder among Vietnam war veterans: preliminary data. J Anxiety Disorder 1999 Jan-Apr;13(1-2):119-30.

Shapiro F. EMDR 12 years after its introduction: past and future research. J Clin Psychol 2002 Jan;58(1):1-22.

Shapiro F. Eye movement desensitization and reprocessing (EMDR) and the anxiety disorders: clinical and research implications of an integrated psychotherapy treatment. J Anxiety Disorder 1999 Jan-Apr;13(1-2):35-67.

Shepherd J, et al. Eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder: a review of an emerging therapy. Psychol Med 2000 Jul;30(4):863-71.

Taylor S, et al. Comparative efficacy, speed, and adverse effects of three PTSD treatments: exposure therapy, EMDR, and relaxation training. J Consult Clin Psychol 2003 Apr;71(2):330-8.

Watson PJ, et al. Managing stress response to major trauma. Curr Psychiatry Rep 2002 Aug;4(4):247-53.

KEY WORDS:

Emotional Freedom Technique (EFT), Eye Movement Desensitization and Reprocessing (EMDR), Post traumatic stress disorder (PTSD), Power therapies, Tapas Acupressure Technique (TAT), Thought Field Therapy (TFT), Traumatic Incident Reduction (TIR), Visual Kinesthetic Dissociation (VKD), Energy Therapies.

SUBJECT: POWER THERAPIES FOR POST-TRAUMATIC STRESS DISORDER	EFFECTIVE DATE: 07/19/00 REVISED DATE: 01/17/02, 11/21/02 ARCHIVED DATE: 10/15/03 EDITED DATE: 11/10/05, 12/21/06, 12/20/07, 12/18/08 12/17/09, 12/16/10, 11/17/11, 11/15/12, 11/21/13
POLICY NUMBER: 8.01.09 CATEGORY: Behavioral Health	PAGE: 4 OF: 4

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific Regional or National coverage determination addressing power therapies.