

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	ACUPUNCTURE
Policy Number	8.01.20
Category	Contract Clarification
Effective Date	11/29/01
Revised Date	01/23/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 06/28/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 04/25/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria, assessment of peer-reviewed literature, acupuncture is **medically appropriate** when performed by an individual licensed by New York State to perform acupuncture and when performed for the following diagnoses:
 - A. Adult postoperative nausea and vomiting;
 - B. Chemotherapy related nausea and vomiting;
 - C. Pregnancy related nausea and vomiting;
 - D. Carpal tunnel syndrome;
 - E. Fibromyalgia;
 - F. Headache;
 - G. Low back pain;
 - H. Menstrual pain;
 - I. Myofascial pain;
 - J. Osteoarthritis; or
 - K. Tennis elbow.
- II. Based upon our criteria and review of the peer-reviewed literature, acupuncture for patients undergoing rehabilitation following cerebral vascular accidents (stroke) is **not medically necessary** as the efficacy of the treatment has not been proven.
- III. Based upon our criteria and review of the peer-reviewed literature, acupuncture for all other conditions, including but not limited to the following, has not been proven to be effective and is, therefore, considered **investigational**:
 - A. allergic rhinitis,
 - B. irritable bowel syndrome, and
 - C. substance (e.g., alcohol, cocaine) use disorders.
- IV. Based upon our criteria and review of the peer-reviewed literature, electrical stimulation of auricular acupuncture points/auricular electrostimulation is considered **investigational**.

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

POLICY GUIDELINES

- I. Coverage for acupuncture, as well as the number of covered treatments, is contract dependent. Please refer to your Customer (Member/Provider) Service Department for determination of contract benefits.

Medical Policy: ACUPUNCTURE

Policy Number: 8.01.20

Page: 2 of 8

- II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

Acupuncture is the practice of piercing the skin with needles at specific body sites to induce anesthesia, to relieve pain to alleviate withdrawal symptoms of substance abusers, or to treat various non-painful disorders. The placement of needles into the skin is dictated by the location of meridians. These meridians are thought to mark patterns of energy flow throughout the human body. Acupuncture has 4 components—the acupuncture needle(s), the target location defined by traditional Chinese medicine, the depth of insertion, and the stimulation of the inserted needle. Acupuncture may be performed with or without electrical stimulation. Acupuncture is a traditional form of Chinese medical treatment that has been practiced for over 3,000 years.

Treatment involves inserting 4 to 15 needles at selected acupuncture points for usually 10-30 minutes. Needles are approximately 37 gauge, stainless steel and disposable. Needles are manipulated with electricity (electroacupuncture), heat or manually.

It is thought that acupuncture for analgesia stimulates the small-diameter nerve fibers in muscles that enter the dorsal horn of the spinal cord. An impulse is then sent to other levels within the spinal cord, the midbrain, and the hypothalamic-pituitary system, which then release neurotransmitters that cause analgesia. Thus, when practitioners place a needle in the region of pain, all three centers are activated to provide an analgesic effect.

Acupuncture is felt to be helpful for patients who have unsuccessfully exhausted the conventional treatment modalities, who experience adverse consequences with conventional approaches, who prefer to not take pharmacological agents for their condition, or whose co-morbidities prevent them from utilizing certain drug therapies.

Electrical stimulation of auricular acupuncture points, or auricular electrostimulation, involves the stimulation of acupuncture points on the ear. Auricular electrostimulation has been proposed for treatment of a variety of conditions; including pain, depression, and anxiety. Devices have been developed that provide electrical stimulation to auricular acupuncture sites over a period of several days.

- I. The P-Stim™ (NeuroScience Therapy Corp) is a single-use miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify 3 auricular acupuncture points. The P-Stim™ device connects to 3 inserted acupuncture needles with caps and wires. The device is pre-programmed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours. The P-Stim™ received marketing clearance through the U.S. Food and Drug Administration's (FDA) 510(k) process in 2006.
- II. The E-pulse, or Electro Acupuncture device, is a microprocessor-controlled battery-powered unit designed to administer auricular point nerve stimulation treatment for pain therapy over a 96-hour period. The E-pulse received 510(k) marketing clearance in 2009.
- III. The NSS-2 Bridge device (Innovative Health Solutions, Inc.) is a small electrical nerve stimulator placed behind the ear that emits electrical pulses to stimulate branches of certain cranial nerves which may provide relief from opioid withdrawal symptoms. The FDA cleared this device in 2017 through the de novo premarket review pathway for use in reducing the symptoms of opioid withdrawal.

RATIONALE

The U.S. Food and Drug Administration (FDA) regulates the approval of acupuncture needles and requires manufacturers to label the needles for single use only.

Clinical trials have demonstrated good evidence on the effectiveness of acupuncture in studies on headache, pregnancy-induced nausea and vomiting, chemotherapy-induced nausea and vomiting and postoperative nausea and vomiting.

The National Institute of Health (NIH) states there are other situations where acupuncture may be useful as an adjunct treatment, an acceptable alternative or may be included in a comprehensive management program. These include, but are

Medical Policy: ACUPUNCTURE

Policy Number: 8.01.20

Page: 3 of 8

not limited to menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain and carpal tunnel syndrome.

Studies investigating acupuncture for the treatment of asthma are of poor quality and have conflicting results. The efficacy of acupuncture in the treatment of asthma and in stroke rehabilitation is not supported by clinical trials. Studies investigating the use of acupuncture for substance addiction (e.g., alcohol, opioids) and allergic rhinitis have not demonstrated the efficacy of acupuncture for these conditions. Studies of acupuncture for smoking cessation found that acupuncture is not effective in maintaining abstinence from nicotine addiction. A 2018 case series (Miranda and Taca) reported successful alleviation of opioid withdrawal symptoms, however this was an uncontrolled, retrospective study with no comparator used, therefore conclusions cannot be drawn from this limited evidence.

CODES

- 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.
- Code Key: Experimental/Investigational = (E/I), Not Medically Necessary = (NMN)

CPT Codes

Code	Description
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)
97813	with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)

Copyright © 2019 American Medical Association, Chicago, IL

HCPCS Codes

Code	Description
S8930 (E/I)	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

ICD10 Codes

Code	Description
F10.10-F10.99 (E/I)	Alcohol related disorders (code range)
F11.10-F11.99 (E/I)	Opioid related disorders (code range)
F12.10-F12.99 (E/I)	Cannabis related disorders (code range)
F13.10-F13.99 (E/I)	Sedative, hypnotic, or anxiolytic related disorders (code range)
F14.10-F14.99 (E/I)	Cocaine related disorders (code range)
F15.10-F15.99 (E/I)	Other stimulant related disorders (code range)
F16.10-F16.99 (E/I)	Hallucinogen related disorders (code range)
F17.200-F17.299 (E/I)	Nicotine dependence (code range)
F18.10-F18.99 (E/I)	Inhalant related disorders (code range)
F19.10-F19.99 (E/I)	Other psychoactive substance related disorders (code range)
G43.001-G43.019	Migraine without aura (code range)
G43.101-G43.419	Migraine with aura (code range)

Proprietary Information of Univera Healthcare

Medical Policy: ACUPUNCTURE**Policy Number: 8.01.20****Page: 4 of 8**

Code	Description
G43.701-G43.719	Chronic migraine without aura (code range)
G43.B0-G43.B1	Ophthalmoplegic migraine (code range)
G43.801-G43.919	Other types of migraines (code range)
G44.1	Vascular headache, not elsewhere classified
G44.201-G44.209	Tension-type headache, unspecified, not intractable (code range)
G44.211-G44.219	Episodic tension-type headache (code range)
G44.221-G44.229	Chronic tension-type headache (code range)
G44.301-G44.309	Post-traumatic headache, unspecified (code range)
G44.321-G44.329	Chronic post-traumatic headache (code range)
G46.0-G46.8 (NMN)	Vascular syndromes of brain in cerebrovascular diseases (code range)
G50.0-G50.9	Disorders of trigeminal nerve (code range)
G51.2-G51.9	Facial nerve disorders (code range)
G56.00-G56.03	Carpal tunnel syndrome (code range)
H92.01-H92.09	Otalgia (code range)
I67.2 (NMN)	Cerebral atherosclerosis
I67.81-I67.82 (NMN)	Other specified cerebrovascular diseases (code range)
I67.89 (NMN)	Other cerebrovascular disease
I67.9 (NMN)	Cerebrovascular disease, unspecified
I68.0 (NMN)	Cerebral amyloid angiopathy
I68.8 (NMN)	Other cerebrovascular disorders in diseases classified elsewhere
J30.1-J30.9 (E/I)	Allergic rhinitis (code range)
K58.0-K58.9 (E/I)	Irritable bowel syndrome (code range)
K91.0	Vomiting following gastrointestinal surgery
M15.0-M15.9	Polyosteoarthritis (code range)
M16.0-M16.9	Osteoarthritis of hip (code range)
M17.0-M17.9	Osteoarthritis of knee (code range)
M18.0-M18.9	Osteoarthritis of first carpometacarpal joint (code range)
M19.011-M19.079	Primary osteoarthritis (code range)
M19.111-M19.179	Post-traumatic osteoarthritis (code range)
M19.211-M19.279	Secondary osteoarthritis (code range)
M19.90-M19.93	Osteoarthritis, unspecified site (code range)
M25.50-M25.579	Pain in joint (code range)
M26.621-M26.629	Arthralgia of temporomandibular joint (code range)
M43.26-M43.28	Fusion of spine (code range)
M43.8x6-M43.8x9	Other specified deforming dorsopathies, site unspecified (code range)
M51.16-M51.17	Intervertebral disc disorders with radiculopathy (code range)
M53.1	Cervicobrachial syndrome
M53.2x7	Spinal instabilities, lumbosacral region
M53.2x8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.86-M53.88	Other specified dorsopathies, site unspecified <u>(code range)</u>
M53.9	Dorsopathy, unspecified

Medical Policy: ACUPUNCTURE**Policy Number: 8.01.20****Page: 5 of 8**

Code	Description
M54.06-M54.09	Panniculitis affecting regions of neck and back (code range)
M54.16-M54.18	Radiculopathy, site unspecified (code range)
M54.30-M54.32	Sciatica (code range)
M54.40-M54.42	Lumbago with sciatica (code range)
M54.5	Low back pain
M60.80-M60.9	Other myositis (code range)
M62.830	Muscle spasm of back
M77.10-M77.12	Lateral epicondylitis (code range)
M79.0	Rheumatism, unspecified
M79.10-M79.18	Myalgia (code range)
M79.2	Neuralgia and neuritis, unspecified
M79.601-M79.676	Pain in limb, hand, foot, fingers and toes (code range)
M79.7	Fibromyalgia
N64.4	Mastodynia
N94.4-N94.6	Dysmenorrhea (code range)
O21.0-O21.9	Excessive vomiting in pregnancy (code range)
R51	Headache
T45.1x5A-T45.1x5S	Adverse effect of antineoplastic and immunosuppressive drugs (code range)

REFERENCES

*Agency for Healthcare Research and Quality. Complementary and alternative therapies for back pain II. Evidence report/technology assessment, number 194. 2010 Oct

[<http://www.ahrq.gov/downloads/pub/evidence/pdf/backpaincam/backcam2.pdf>] accessed 3/11/19.

Armour M, et al. Acupuncture and acupressure for premenstrual syndrome. Cochrane Database Syst Rev. 2018 Aug 14(8): CD005290.

*BlueCross BlueShield Association. Acupuncture. Medical Policy Reference Manual Policy #7.01.01 - Archived. 2010 Aug 12.

BlueCross BlueShield Association. Acupuncture for Pain Management, Nausea and Vomiting, and Opioid Dependence. Medical Policy Reference Manual Policy # 7.01.157. 2018 Nov 08.

BlueCross BlueShield Association. Cranial electrotherapy stimulation (CES) and auricular electrostimulation. Medical Policy Reference Manual Policy #8.01.58. 2019 Feb 14.

BlueCross BlueShield 1996 TEC Assessments; Tab 22.

Cai Y, et al. Electroacupuncture for Poststroke Spasticity: A Systematic Review and Meta-Analysis. Arch Phys Med Rehabil. 2017 Dec;98(12):2578-2589.e4.

*Chen HY, et al. Auricular acupuncture treatment for insomnia: a systematic review. J Altern Complement Med 2007 Jul-Aug;13(6):669-76.

*Chen N, et al. Acupuncture for Bell's palsy. Cochrane Database Syst Rev 2010 Aug 4;(8):CD002914.

Cheuk DK and Wong V. Acupuncture for epilepsy. Cochrane Database Syst Rev. 2014(5):CD005062.

Choi GH, et al. Acupuncture and related interventions for the treatment of symptoms associated with carpal tunnel syndrome. Cochrane Database Syst Rev. 2018 Dec 2;(12): CD011215.

Coyle ME, et al. Acupuncture therapies for chronic obstructive pulmonary disease: a systematic review of randomized, controlled trials. Altern Ther Health Med 2014 Nov-Dec;20(6):10-23.

Medical Policy: ACUPUNCTURE

Policy Number: 8.01.20

Page: 6 of 8

- *Cui Y, et al. Acupuncture for restless legs syndrome. *Cochrane Database Syst Rev*. 2008 Oct 8;(4):CD006457.
- Ee C, et al. Acupuncture for menopausal hot flashes: a randomized trial. *Ann Intern Med* 2016 Feb 2;164(3):146-54.
- Feeney C, et al. Acupuncture for Pain and Nausea in the Intensive Care Unit: A Feasibility Study in a Public Safety Net Hospital. *J Altern Complement Med*. 2017 Apr 25.
- *Furlan AD, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev* 2005 Jan 25;(1):CD001351.
- *Gates S, et al. Auricular acupuncture for cocaine dependence. *Cochrane Database Syst Rev* 2005 Oct 28;(1):CD005192.
- *Green S, et al. Acupuncture for shoulder pain. *Cochrane Database Syst Rev* 2005 Apr 18;(2):CD005319.
- Hinman RS, et al. Acupuncture for chronic knee pain: a randomized clinical trial. *JAMA* 2014 Oct 1;312(13):1313-22.
- Ju ZY, et al. Acupuncture for neuropathic pain in adults. *Cochrane Database Syst Rev* 2017 Dec 2;(12):CD012057.
- *Kim JI, et al. Acupuncture for the treatment of tinnitus: a systematic review of randomized clinical trials. *BMC Complement Altern Med* 2012 Jul 17;12:97.
- Kim KH, et al. Acupuncture for symptomatic gastroparesis. *Cochrane Database Syst Rev* 2018 Dec 18;12: CD009676.
- Lan L, et al. Acupuncture for functional dyspepsia. *Cochrane Database Syst Rev* 2014 Oct 13;10:CD008487.
- *Law SK and Li T. Acupuncture for glaucoma. *Cochrane Database Syst Rev* 2013 May 31;5:CD006030.
- *Lee A, et al. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. *Cochrane Database of Systematic Reviews* 2015 Nov 2;(11):CD003281.
- Lim DC, et al. Acupuncture for polycystic ovarian syndrome. *Cochrane Database Syst Rev* 2016 May 3;(5):CD007689.
- *Linde K, et al. Acupuncture for patients with migraine: a randomized controlled trial. *JAMA* 2005 May 4;293(17):2118-25.
- *Linde K, et al. Acupuncture for the prevention of episodic migraine. *Cochrane Database of Systematic Reviews* 2016 Jun 28;(6):CD001218.
- *Linde K, et al. Acupuncture for tension-type headache. *Cochrane Database of Systematic Reviews* 2016 Apr 19;(4): CD007587.
- Liu F, et al. A meta-analysis of acupuncture use in the treatment of cognitive impairment after stroke. *J Altern Complement Med* 2014 Jul;20(7):535-44.
- Liu CF and Chien LW. Efficacy of acupuncture in children with asthma: a systematic review. *Ital J Pediatr* 2015 Jul 7;41:48.
- *Manheimer E, et al. Acupuncture for peripheral joint osteoarthritis. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art: CD001977.
- *Manheimer E, et al. Acupuncture for treatment of irritable bowel syndrome. *Cochrane Database Syst Rev* 2012 May 16;5:CD005111.
- Manheimer E, et al. Acupuncture for hip osteoarthritis. *Cochrane Database Syst Rev* 2018 May 5;5:CD013010.
- Manyanga T, et al. Pain management with acupuncture in osteoarthritis: a systematic review and meta-analysis. *BMC Complement Altern Med* 2014 Aug 23;14:312.
- McAlindon TE, et al. OARSI guidelines for the non-surgical management of knee osteoarthritis. *Osteoarthritis Cartilage* 2014 Mar;22(3):363-88.
- Miranda A and Taca A. Neuromodulation with percutaneous electrical nerve field stimulation is associated with reduction in signs and symptoms of opioid withdrawal: a multisite, retrospective assessment. *Am J Drug Alcohol Abuse* 2018;44(1):56-63.

Medical Policy: ACUPUNCTURE

Policy Number: 8.01.20

Page: 7 of 8

Nelson AE, et al. A systematic review of recommendations and guidelines for the management of osteoarthritis: The chronic osteoarthritis management initiative of the U.S. bone and joint initiative. Semin Arthritis Rheum 2014 Jun;43(6):701-12.

Paley CA, et al. Acupuncture for cancer pain in adults. Cochrane Database Syst Rev 2015 Oct 15(10):CD007753.

*Sator-Katzenschlager SM, et al. Electrical stimulation of auricular acupuncture points is more effective than conventional manual auricular acupuncture in chronic cervical pain: a pilot study. Anesth Analg 2003 Nov;97(5):1469-73.

*Sator-Katzenschlager SM and Michalek-Sauberer A. P-Stim auricular electroacupuncture stimulation device for pain relief. Expert Rev Med Devices 2007 Jan;4(1):23-32.

*Sator-Katzenschlager SM, et al. The short- and long-term benefit in chronic low back pain through adjuvant electrical versus manual auricular acupuncture. Anesth Analg 2004 May;98(5):1359-64, table of contents.

Shen X, et al. Acupuncture for schizophrenia. Cochrane Database Syst Rev 2014 Oct 20;10:CD005475.

*Smith CA, et al. Acupuncture for depression. Cochrane Database Syst Rev 2018 Mar 4;3:CD004046.

*Smith CA, et al. Complementary and alternative therapies for pain management in labour. Cochrane Database Syst Rev 2006 Oct 18;(4):CD003521.

Smith CA, et al. Acupuncture for induction of labour. Cochrane Database Syst Rev 2017 Oct 17;10:CD002962.

Smith CA, et al. Acupuncture for primary dysmenorrhoea. Cochrane Database Syst Rev 2016 Apr 18;(4):CD007854.

*Thomas KJ, et al. Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. Health Technol Assess 2005 Aug;9(32):iii-iv, ix-x, 1-109.

*Trinh KV, et al. Acupuncture for neck disorders. Cochrane Database Syst Rev 2006 Jul 19;3:CD004870.

*White AR, et al. Acupuncture and related interventions for smoking cessation. Cochrane Database Syst Rev 2014(1):CD000009.

*Xie Y, et al. Acupuncture for dysphagia in acute stroke. Cochrane Database Syst Rev. 2008 Jul 16;(3):CD006076.

Xu M, et al. Acupuncture for acute stroke. Cochrane Database Syst Rev. 2018 Mar 30;(3):CD003317.

Yeh ML, et al. A randomized controlled trial of auricular acupuncture in heart rate variability and quality of life for hypertension. Complement Ther Med 2015 Apr;23(2):200-9.

Yang A. et al. Acupuncture for stroke rehabilitation. Cochrane Database Syst Rev. 2016 Aug 26;(8):CD004131.

Yang B, et al. Efficacy of acupuncture on fibromyalgia syndrome: a meta-analysis. J Tradit Chin Med 2014 Aug;34(4):381-91.

Yang J, et al. Acupuncture for hypertension. Cochrane Database Syst Rev. 2018 Nov 14;(11):CD008821.

Yu C, et al. Effectiveness of acupuncture for angina pectoris: a systematic review of randomized controlled trials. BMC Complement Altern Med 2015 Mar 28;15:90.

*Zhang Y, et al. Acupuncture for uterine fibroids. Cochrane Database of Systematic Reviews 2010, Issue 1. Art: CD007221.

Zhao HJ, et al. Auricular therapy for chronic pain management in adults: a synthesis of evidence. Complement Ther Clin Pract 2015 May;21(2):68-78.

Zhou J, et al. The effectiveness and safety of acupuncture for patients with Alzheimer disease: a systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore) 2015 Jun;94(22):e933.

*Key Article

KEY WORDS

Acupuncture, Alternative medicine, Auricular electrostimulation, Electroacupuncture, E-pulse, P-Stim™.

Proprietary Information of Univera Healthcare

Medical Policy: ACUPUNCTURE

Policy Number: 8.01.20

Page: 8 of 8

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There are currently three National Coverage Determinations (NCDs) for acupuncture. Please refer to the following websites for Medicare Members:

Acupuncture (30.3):

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&>.

Acupuncture for Fibromyalgia (30.3.1): <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=283&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&>.

Acupuncture for Osteoarthritis (30.3.2):

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=284&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=acupuncture&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&>.