DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.100
BUMED-M3B2
11 Mar 2013

BUMED INSTRUCTION 6320.100

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL, CHIROPRACTIC, AND LICENSED ACUPUNCTURE

Ref: (a) through (z), see enclosure (1)

Encl: (1) References
(2) Medical Chiropractic and Licensed Acupuncture Clinical Practice
(3) Standard Acupunctive Supply List
(4) Acroynms

1. Purpose. To provide guidance and policy for tiered training, privileging, and clinical practice of medical, chiropractic, and licensed acupuncture throughout the Navy Medicine Enterprise. Enclosures (1) through (3) provide references, Medical Acupuncture Clinical Practice guidance, and Standard Acupuncture Supply List, respectively. This is a new instruction and must be read in its entirety.

2. Scope. This instruction applies to all ships and stations having Medical and Dental Department personnel.

3. Background

a. Pain is the most common diagnosis seen in outpatients in the United States. Medical care for the 50 million patients in the United States with chronic pain, and secondary disability, cost the national economy approximately $100 billion annually. In 2011, up to 278,000 Navy Medicine beneficiaries including 50,000 active duty Service members in the U.S. Navy and Marine Corps received care for chronic pain, accounting for 9% of the force. Despite this significant chronic pain disease burden, pain care in the United States tends to be uncoordinated, has high variance, and is generally pharmaco- and procedure-centric rather than comprehensive and multimodal as is recommended by current evidence-based Clinical Practice Guidelines (CPGs) – the 'biopsychosocial approach' per references (a) through (c). This gap accounts in part for the current alarming high use of prescription medications and complications per reference (d). In order to address this medical care gap in the military, the 2010 National Defense Authorization Act (NDAA) per reference (e) and a 2011 Assistant Secretary of Defense for Health Affairs (ASD (HA)) memorandum per reference (f) directed that the Military Health System (MHS) ensure access to standardized comprehensive pain management for all beneficiaries, including Complementary and Alternative Medicine (CAM). The Bureau of Medicine and Surgery (BUMED) responded to these requirements by developing

and deploying the Navy Comprehensive Pain Management Program (NCPMP), reference (g). An important objective of the NCPMP is to establish evidence-based systemic CAM capability, including acupuncture, throughout Navy Medicine.

b. Acupuncture is a treatment technique using peripheral insertion of solid needles to treat musculoskeletal and systemic complaints. The evidence basis for acupuncture is evolving but high level data for both efficacy and safety are available in some conditions (e.g., adult postoperative pain) per reference (h). Acupuncture has particular potential utility in military populations in whom rates of musculoskeletal injuries and side effects from opioid treatment, including mortality and addiction potential, are particularly high, reference (i).

c. Medical acupuncture refers to a method of shortened training (approximately 300 hours) on the use of acupuncture that recognizes the advanced education privileged providers, particularly physicians, already possess. The American Board of Medical Acupuncture (ABMA) states, "Medical acupuncture is a medical discipline having a central core of knowledge embracing the integration of acupuncture from various traditions into contemporary biomedical practice. A Physician Acupuncturist is one who has acquired specialized knowledge and experience related to the integration of acupuncture within a biomedicine practice" per reference (j). However, for the purposes of this instruction, the term 'privileged providers' includes allopathic and osteopathic physicians, as well as dentists, podiatrists, chiropractors, clinical pharmacists, physical and occupational therapists, physician's assistants, and advanced practice nurses. Chiropractic acupuncture refers to a similar training method for chiropractors.

d. Auricular acupuncture (also called auriculotherapy) is a commonly employed and easily taught medical acupuncture technique (approximately 4 hours) (reference (k)); military versions of this medical acupuncture subtype include "battlefield acupuncture" by the United States Air Force (USAF) and "first aid acupuncture" by the United States Navy (USN). Myofacial trigger point injection (without injection of medication), also called "dry needling," "trigger point manual therapy," "trigger point dry needling," and "intramuscular manual therapy," and commonly employed by physical therapists, is considered a subtype technique of medical and chiropractic acupuncture for the purposes of this instruction (despite inconsistency regarding terminology in the literature).

e. By contrast, licensed acupuncture requires several years of training (approximately 2,625 hours) but there is no medical education requirement for their instruction.

4. Board and other professional certification

a. Physicians (allopathic and osteopathic). Per the guidelines of the World Health Organization, per reference (l), available at: http://whqlibdoc.who.int/hq/1999/WHO_ EDM_ TRM_99.1.pdf, adequate physician training in medical acupuncture can be accomplished in a short course. Currently, formal "board certification" in medical acupuncture is available only for physicians as only licensed physicians (allopathic and osteopathic) are eligible to sit for the

board examination. For board certification, the ABMA, in reference (j), available at: http://www.dabma.org, requires: (1) successful completion of an ABMA approved training program (http://www.dabma.org/programs.asp) (approximately 300 hours including 100 hours of clinical training); (2) passing a board examination; and (3) at least 2 years of medical acupuncture experience including case histories from at least 500 clinical acupuncture treatments (before or after board examination completion) (http://www.dabma.org/requirements.asp). The board certification process usually takes 2-3 years. Physicians can also complete shorter courses and obtain more limited certification in the dry needling and auricular acupuncture subtypes of medical acupuncture (see below).

b. Other privileged providers (see Background for definition). Non-physician privileged providers can participate in some of the aforementioned ABMA approved and other recognized medical acupuncture training programs (e.g., State University of New York Downstate Medical Center [http://www.downstate.edu/cme/acupuncture.html] Tri-State College of Acupuncture [http://www.tsca.edu], and McMaster University [http://mcmasteracupuncture.com]) and receive certification of course completion but they cannot currently receive or claim "board certification" in medical acupuncture. It is recognized that the field of acupuncture certification is evolving rapidly and this technicality may become inapplicable. It is also recognized that course eligibility requirements are evolving with many courses allowing additional provider subtypes. Non-physician privileged providers can also complete courses and obtain more limited certification in the dry needling and auricular acupuncture subtypes of medical acupuncture.

c. Chiropractors. Per reference (m), available at: http://americanboardofchiropracticacupuncture.org/, the ABCA has a similar 300 hour education and training requirement. Recognized training programs are available at: http://americanboardofchiropracticacupuncture.org/find-acupuncture-program/. Only licensed chiropractors are eligible to sit for the board examination and apply for ABCA "board certification." Chiropractors can also complete courses and obtain more limited certification in the dry needling and auricular acupuncture subtypes of medical and chiropractic acupuncture.

d. Licensed acupuncturists. Per reference (m), available at: http://www.nccaom.org/, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), aims to "establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine..." The NCCAOM recognizes three routes for eligibility to sit for the certification examination and for application for "Diplomate of Acupuncture" status:

1. Formal education for graduates of training programs in Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredited programs in the United States (http://www.acaom.org/find-a-school/) (3-4 years of academic training).

2. Formal education for international applicants.

3. Apprenticeship for United States and international applicants. NCCAOM accredited Acupuncture and Oriental Medicine (AOM) training programs for licensed acupuncture require 2,625 hours including 600 hours of biomedicine and clinical judgment.

e. Non-privileged providers. Non-privileged providers (i.e., corpsmen, medical technicians, and registered nurses) can complete courses and obtain limited certification in the auricular acupuncture subtype of medical acupuncture.

5. Acupuncture practice in Navy Medicine facilities. Per reference (o), available at: http://www.med.navy.mil/directives/ExternalDirectives/6320.66E%20.%20Part%203%20(Privilege%20Sheets%20-%20App%20E%20only).pdf, details training requirements for privileged health care provider applicants who wish to request supplemental privileges from their medical treatment facility (MTF) or dental treatment facility (DTF) for practice of medical acupuncture in Navy Medicine. Reference (o) also details training and state license requirements for certification of licensed acupuncturists as well as the training requirement for certification of non-privileged provider applicants in auricular acupuncture (note that trained licensed acupuncturists and non-privileged providers can apply for approval to perform licensed acupuncture and auricular acupuncture, respectively, only as 'privileged provider extenders'; they cannot apply for privileging).

a. Physicians. Physicians may apply for supplemental privileges in medical acupuncture by providing written documentation of successful completion of an ABMA-approved medical acupuncture course or an equivalent course (with or without ABMA board certification, although board certification is preferable). Physicians may also apply for more limited privileges in the dry needling and auricular acupuncture subtypes of medical acupuncture by providing written documentation of successful completion of certification courses or inclusion of training in standard residency programs.

b. Other privileged providers. Non-physician privileged providers may apply for supplemental privileges in medical acupuncture by providing written documentation of successful completion of an ABMA approved or other recognized medical acupuncture course. Non-physician privileged providers may also apply for more limited privileges in the dry needling and auricular acupuncture subtypes of medical acupuncture by providing written documentation of successful completion of certification courses or inclusion of training in standard residency programs.

c. Chiropractors. Chiropractors may apply for supplemental privileges in chiropractic acupuncture by providing written documentation of successful completion of an ABCA recognized chiropractic acupuncture course (with or without ABCA board certification, although board certification is preferable). Chiropractors may also apply for more limited privileges in the dry needling and auricular acupuncture subtypes of medical and chiropractic acupuncture by providing written documentation of successful completion of certification courses or inclusion of training in standard residency programs.

d. Licensed acupuncturists. Licensed acupuncturists are not authorized for privileging in medical, chiropractic, or licensed acupuncture. However, they can apply for approval to perform licensed acupuncture under a defined scope of practice as "privileged provider extenders" (with written orders, supervision, and medical note cosigning by a privileged provider) by providing written documentation of successful completion of an NCCAOM accredited licensed acupuncture course as well as NCCAOM "Diplomate of Acupuncture" status. In addition to these training documentation requirements, applicants must provide documentation of a valid licensed acupuncture state license (a State Licensure Requirement table is available on the NCCAOM website at http://www.nccaom.org/regulatory-affairs/state-licensure-map); licensed acupuncturists are only authorized to perform acupuncture techniques that fall within the scope of practice of their state license.

e. Non-privileged providers. Non-privileged providers are not authorized for privileging in medical, chiropractic, or licensed acupuncture. However, they can apply for approval to perform the auricular acupuncture technique subtype of medical acupuncture under a defined scope of practice as "privileged provider extenders" (with written orders and medical note cosigning by a privileged provider) by providing written documentation of successful completion of a certification course.

6. Auricular Acupuncture. The United States Air Force (USAF) has spearheaded development and implementation of tiered acupuncture training and certification in the military, including auricular acupuncture; the Air Force Acupuncture Center (Andrews Air Force Base, MD) Battlefield Acupuncture course for providers requires 4 hours. Providers trained in medical acupuncture in the other Services also train providers (privileged and non-privileged) in the auricular acupuncture technique. To obtain supplemental privileges in the more limited auricular acupuncture technique, per reference (o), requires privileged provider and chiropractor applicants to submit documentation of successful completion of the USAF Battlefield Acupuncture Course or a similar course (e.g., http://auriculotherapy.com). Non-privileged providers can be trained in and apply for approval to perform auricular acupuncture under a defined scope of practice as "privileged provider extenders" (see paragraph 4e) by providing written documentation of successful completion of the USAF Battlefield Acupuncture Course or a similar course.

7. Potential indications – background. This section provides background and rationale for Navy Medicine policy on approved acupuncture indications detailed below in paragraph 8.

a. A list of conditions considered potentially treatable by acupuncture can be found in reference (p), at: http://apps.who.int/medicinedocs/pdf/s4926e/s4926e.pdf, and reference (q), at: http://www.guidelinecentral.com/CustomContentRetrieve.aspx?ID=1825714. As is the standard for most treatment modalities, acupuncture should be utilized routinely only in indications for which published peer-reviewed reasonably high quality evidence is available demonstrating efficacy and safety.

b. A 1997 National Institutes of Health (NIH) Consensus Conference statement, published in the Journal of the American Medical Association (JAMA) in 1998 in reference (h), lists the acupuncture indications of chemotherapy induced nausea/vomiting, adult postoperative surgery pain, and postoperative dental pain as having at least "promising results." The Consensus Statement lists a number of additional indications for which acupuncture "may be useful as an adjunct treatment or an acceptable alternative or may be included in a comprehensive management program:" addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma. At least 600 acupuncture trials have been published since publication of the NIH Consensus statement.

c. The 2007 American College of Physicians/American Pain Society joint guideline on diagnosis and treatment of low back pain in reference (r), available at: http://annals.org/article.aspx?volume=147&page=478, recommends acupuncture treatment for patients with chronic and subacute (but not acute) low back pain who "do not improve with self care options" -- supported by "grade B evidence (at least fair-quality evidence of moderate benefit, or small benefit but no significant harms, costs, or burdens). Other recent pain management CPGs similarly recommend consideration of use of acupuncture in low back pain as an "adjuvant to conventional therapy" in reference (c) and in fibromyalagia in reference (b).

d. As of the time of the writing of this instruction, the web based clinical resource tool UpToDate lists the following conditions as having "possible efficacy (whether or not…greater efficacy than sham acupuncture)" available at: (http://www.uptodate.com/contents/search?search=acupuncture&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset= in reference (s)): chronic pain, postoperative nausea and vomiting, chemotherapy induced nausea, acute pain including dental pain, hypertension, and chronic obstructive pulmonary disease (COPD). UpToDate lists other conditions as having "been studied…but the evidence is insufficient to recommend the use of acupuncture for these conditions": stroke, depression, fibromyalgia, and tobacco use. UpToDate lists three conditions as having high-quality trials supporting use of acupuncture: low back pain, knee osteoarthritis, and migraine headache. Two recent randomized clinical trials (RCTs), one from the United States and one from Germany, provided pivotal data in support of the efficacy of acupuncture in low back pain in references (t) and (u). Recent RCTs in knee osteoarthritis and migraine headache also showed efficacy in comparison with control (although not higher than sham) in references (v) and (w). A RCT in fibromyalgia also showed efficacy in comparison with control although no sham group was included in reference (x).

e. It is recognized that data are rapidly evolving in many of the conditions noted in references (b), (c), (r), q, and (s) (and in other conditions); this instruction will be updated and modified as appropriate upon publication of new critical RCTs and CPGs.

8. Policy

a. Privileging. Reference (o), includes specific written guidance on the granting of supplemental privileges in medical acupuncture for privileged providers and chiropractic acupuncture for chiropractors (including more limited privileging in dry needling or auricular acupuncture), and of approval for performance of licensed acupuncture for licensed acupuncturists and auricular acupuncture for non-privileged providers as "privileged provider extenders" (see above) throughout Navy Medicine, facilitating utilization of these clinical treatments in afloat units and ashore MTF/DTFs inside the continental United States (CONUS), outside the continental United States (OCONUS), and in operational settings. Amplifying information can be found in reference (y), available at: http://aim.bmj.com/content/19/2/112.long. The practice of medical, chiropractic, and licensed acupuncture is permitted and encouraged at ships and stations with Medical and Dental Department personnel.

b. Indications. For the purposes of this instruction, indications are categorized as A, B, or C (see Table 1 below). Acupuncture is authorized and recommended for routine use only for Category A indications – those backed by fair to high quality evidence. Acupuncture is authorized but not recommended for routine use for Category B indications – those backed by limited evidence; providers can consider use of acupuncture as an adjunctive treatment for Category B indications. Acupuncture is authorized only for exceptional use in Category C indications – those backed by minimal or with no evidence (all indications not listed in Categories A and B). As is the standard for most "off label" treatments, decisions to use acupuncture in Category C indications should be individualized after a careful assessment of predicted potential for benefit and risk, discussion of alternatives, provision of informed consent, and within the context of a patient-provider relationship. Routine use of acupuncture for Category C indications should occur under the auspices of an approved research protocol whenever possible. Use of acupuncture in Category C conditions outside a research protocol should be the exception rather than the rule.

c. See paragraph 7 for background and rationale for this acupuncture indications policy.

Remainder of Page intentionally left blank

Table 1. Acupuncture indications

Category A (fair to high quality evidence): Authorized and recommended for routine use			
	NIH reference (q)	**ACP/APS, ICSI, ASA (references (b), (c), (r)**	**UpToDate reference (s)**
1. Adult postoperative surgery pain	promising results		
2. Postoperative dental pain	promising results		possible efficacy
3. Low back pain (LBP)	May be useful as adjunct	Recommended for chronic and subacute but not acute LBP	high quality trials support use in LBP
4. Osteoarthritis (OA)	May be useful as adjunct		high quality trials support use in knee OA
5. Headache	May be useful as adjunct		high quality trials support use in migraine headache
6. Chemotherapy induced nausea/vomiting	promising results		possible efficacy
Category B (limited evidence): Authorized but not recommended for routine use (consider as adjunct)			
1. Chronic pain			possible efficacy
2. Acute pain including dental pain			possible efficacy
3. Postoperative nausea/vomiting			possible efficacy
4. Fibromyalgia	May be useful as adjunct		studied…but evidence insufficient to recommend
5. Myofascial pain	May be useful as adjunct		
6. Tennis elbow	May be useful as adjunct		
7. Carpel tunnel syndrome	May be useful as adjunct		
8. Menstrual cramps	May be useful as adjunct		
9. Addiction	May be useful as adjunct		studied…but evidence insufficient to recommend
10. Depression			studied…but evidence insufficient to recommend
11. Stroke rehabilitation	May be useful as adjunct		studied…but evidence insufficient to recommend
12. Asthma	May be useful as adjunct		
13. Chronic Obstructive Pulmonary Disease			possible efficacy
14. Hypertension			possible efficacy
Category C (minimal or no evidence): Authorized only for exceptional use			
1. All other indications			

9. Action. Commanders, Naval Medical Centers; Commanding Officers of MTFs and DTFs; and Fleet Medical and Dental Officers shall ensure:

a. All privileged providers and chiropractors who meet this instruction's privileging requirements for medical acupuncture and chiropractic acupuncture (i.e., documentation of training/certification) are permitted and encouraged to pursue supplemental privileges to utilize their skills and knowledge of this practice. Similarly, privileged providers and chiropractors trained in dry needling and auricular acupuncture subtypes of medical acupuncture should be permitted and encouraged to pursue supplemental privileges for these more limited techniques. Licensed acupuncturists who meet this instruction's certification requirements for license acupuncture (i.e., documentation of training/certification and state licensure) are encouraged to practice this technique as "privileged provider extenders" under a defined scope of practice requiring orders, supervision, and note cosigning by a privileged provider. Non-privilege providers who meet this instruction's certification requirement for auricular acupuncture (i.e., documentation of training/certification) are also encouraged to practice this technique as "privileged provider extenders" under a defined scope of practice requiring orders, supervision, and note cosigning by a privileged provider. Such training and certification will enhance the throughput capability and efficiency of providers to maximize Service member and beneficiary access to medical acupuncture as a therapeutic modality.

b. Availability of local funding of needed supplies, provision of adequate clinical space in order to practice, and scheduled time to practice during the workday.

c. All privileged providers, especially those involved in the care of patients with pain, strongly interested in receiving medical or chiropractic acupuncture training through ABMA, ABCA, or other recognized courses (as applicable), should generally be allowed to do so if clinic requirements allow. This training will be contingent on a minimum of 2 years of End of Active Obligated Service (EAOS) remaining at the completion of the training (with rare exceptions). Similarly, these and non-privileged providers (see above) should generally be allowed to receive training and certification competency in the more limited auricular acupuncture technique with a reduced EAOS requirement of 6 months remaining at the end of training, with rare exceptions (this also applies to dry needling training for privileged providers).

10. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (z).

11. Form. DoD approved exception to Optional Form 522 (Rev 7/2008), Request for Administration of Anesthesia and for Performance of Operations and Other Procedures is

available at: http://www.med.navy.mil/directives/pages/BumedInstructions.aspx at the Forms tab and is authorized for local reproduction. Enclosure (2), paragraph 6, has specifics on how to complete this form.

M. L. NATHAN

Distribution is electronic only via the navy medicine Web site at:
http://www.med.navy.mil/directives/pages/BumedInstructions.aspx

REFERENCES

(a) VA/DoD Evidence Based Practice. Management of Opioid Therapy for Chronic Pain. Clinical Practice Guidelines: Summary Guideline. May 2010. Accessed 23 April 2012 http://www.healthquality.va.gov/COT_312_SUM-er.pdf
(b) Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Assessment and Management of Chronic Pain. 5th Edition (November, 2011)
(c) American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice Guidelines for Chronic Pain Management: An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010; 112:810-33
(d) Paulozzi, L.J., et al. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR*. 2011; 60:1487-89
(e) National Defense and Authorization Act (NDAA) of 2010, Section 711
(f) Assistant Secretary of Health (Health Affairs) Policy for Comprehensive Pain Management. Memorandum 11-003, 30 March 2011
(g) Navy Comprehensive Pain Management Program. Concept of Operations. Bureau of Medicine and Surgery June 2012
(h) NIH Consensus Conference. Acupuncture. *JAMA*. 1998; 280:1518-24
(i) Seal, K.H., et al., Association of Mental Health Disorders with Prescription Opioids and High-Risk Opioid Use in US Veterans of Iraq and Afghanistan. *JAMA*. 2012; 307:940-47
(j) The American Board of Medical Acupuncture (ABMA)
(k) Helms, J.M., et al. HMI Auricular Trauma Protocol: An Acupuncture Approach for Trauma Spectrum Symptoms; *Med Acupunct*. 2011; 23:209-13
(l) World Health Organization: Guidelines on Basic Training and Safety in Acupuncture, 1999
(m) The American Board of Chiropractic Acupuncture (ABCA)
(n) The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
(o) BUMEDINST 6320.66E
(p) World Health Organization: Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials, 2003
(q) National Guideline Clearinghouse: Acupuncture and Electroacupuncture: Evidence-Based Treatment Guidelines, 2004
(r) Chou, R., et al. Clinical Guidelines. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007; 147:478-91
(s) UpToDate: Acupuncture. at: http://www.uptodate.com/contents/search
(t) Cherkin, D.C., et al. A Randomized Trial Comparing Acupuncture, Simulated Acupuncture, and Usual Care for Chronic Low Back Pain. *Arch Intern Med*. 2009; 169: 858-66

(u) Haake, M., et al. German Acupuncture Trials (GERAC) for Chronic Low Back Pain: Randomized, Multicenter, Blinded, Parallel-Group Trial with 3 Groups. *Arch Intern Med*. 2007;167 :1892-8
(v) Scharf, H.P., et al. Acupuncture and Knee Osteoarthritis. A Three-Armed Randomized Trial. *Ann Int Med*. 2007; 145:15-20
(w) Linde, K., et al. Acupuncture for patients with migraine: a randomized controlled trial. *JAMA*. 2005;293: 2118-25
(x) Martin, D.P., et al. Improvement in Fibromyalgia Symptoms with Acupuncture: Results of a Randomized Controlled Trial. *Mayo Clin Proc*. 2006; 81:749-57
(y) Hoffman, P., et al. Skin Disinfection and Acupuncture; *Acupunct Med*. 2011; 19:112-6
(z) SECNAV Manual 5210.1 of Jan 2012

MEDICAL, CHIROPRACTIC, AND LICENSED ACUPUNCTURE CLINICAL PRACTICE

1. Utilization of Providers trained in Medical and Chiropractic Acupuncture and Licensed Acupuncturists. The effective utilization of health care providers trained in medical and chiropractic acupuncture (including dry needling and auricular acupuncture) and licensed acupuncture may vary between medical treatment facilities (MTFs). Systems of employment of these uniquely trained providers include:

a. Acupuncture performed in a separate "Acupuncture Clinic," staffed on a full-time or a part-time basis; similar to chiropractic clinics located in some Navy MTFs. The place of work can be tracked using a separate Medical Expense Performance Reporting System (MEPRS) code. Providers must code the time in the Acupuncture Clinic as a separate (secondary) worksite. Workload expectations for medical acupuncture providers in their primary worksites must be appropriately reduced to account for time attributable to the Acupuncture Clinic. Workload and costs are tracked through the Evaluation and Management (E&M) code data obtained from the Medical Metrics (M2) database.

b. Acupuncture performed during set aside time within a primary worksite, along the lines of a "Procedure Day" within a Family Medicine Clinic. Workload will be captured under the parent MEPRS codes. The captured workload compensates for the decrease in the number of routine appointments available at the primary worksite.

c. Acupuncture provided during regularly scheduled clinic appointments. However, high quality acupuncture requires more time than traditional acute or routine appointments, so some accommodation in the templates is required to account for this increased time requirement. The increased relative value units from the acupuncture appointment compensates for the decrease in the number of routine appointments available in the primary worksite.

2. Practice Space Requirements. In all of the above scenarios in paragraph 1 above, adequate clinic space is needed where more than one patient can be treated at a time. Acupuncture treatments require needles to be in place for up to 30 minutes in some cases.

3. Coding and Workload Capture. E&M codes for acupuncture are available in Armed Forces Health Longitudinal Technology Application (AHLTA). The initial consultation (not treatment) uses codes from the 99201 to 99205 series or from the 99211 to 99215 series. Treatments are coded with Current Procedural Terminology (CPT) codes as 97810, 97811, 97813, and 97814, as appropriate. Further information on coding follows below:

a. Codes 99201 to 99205 or 99211 to 99215: These E&M codes can be used by most acupuncture providers. These codes don't include treatments; they are used simply to report the time spent in assessing a patient's condition and doing an intake. The 99201 to 99205 code range is for patients who haven't been seen by a provider in the past 3 years. Visits are generally initial intakes with new patients. The 99211 to 99215 code range is for patients who aren't new and have been seen by a provider in the past 3 years; these are often re-assessments of the patient.

b. Codes 97810 and 97811**:** These two CPT codes generally go together. Code 97810 is a general acupuncture treatment code without electrical stimulation. It includes 15 minutes of personal one-on-one time administering a treatment to a patient. Code 97811 is for each additional 15 minutes spent administering a treatment without electrical stimulation (it is not to be used simply to report time the patient is on the table with needles in place waiting for treatment completion). Code 97811 is an add-on code and cannot be used without employing 97810 (or in some instances, 97813) first. For example, if just a 15-minute frontal body treatment is administered, use 97810. If both a 15-minute frontal treatment and a 15-minute back treatment are administered, both codes should be utilized.

c. Codes 97813 and 97814: These CPT codes are used identically as 97810 and 97811 when electrical stimulation on one or more needles is utilized. Again, the first 15 minutes of treatment are covered under Code 97813. Only if additional needling with stimulation is done should you use Code 97814 (in addition to 97813).

d. Under rare circumstances, Code 97811 can also be used as an add-on code to 97813, just as 97814 can also be used as an add-on code to 97810.

4. Clinical Supplies. Stainless steel is the material of choice for acupuncture needles in most clinical situations. If available, acupuncture needles made from gold should be utilized to avoid sensitization reactions to the nickel component of stainless steel when needles remain in place for a prolonged period. Each needle should be carefully checked before use. If it is bent, the shaft is eroded, or the tip hooked or blunt, the needle is defective and must be discarded. See enclosure (3) for information on ordering supplies.

5. Patient and Healthcare Provider Safety. Per reference (l), acupuncture is generally a safe procedure with few contraindications or complications. Its most commonly used form involves very small needle penetration of the skin. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g., HIV or hepatitis), from physician to patient or reverse, or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness and use of disposable or sterilized needles. There are, in addition, other risks which may not be foreseen or prevented, but for which providers performing acupuncture must be prepared. These include: broken needles, untoward reactions, pain or discomfort, and inadvertent injury to important organs (including neuromuscular structures – muscle, tendons, nerves, bone, capsules, ligaments, etc.).

a. Per reference (y), avoidance of infection in acupuncture requires close adherence to appropriate cleanliness standards. At a minimum, the provider shall wash their hands prior to treatment, use sterile single-use needles or needles sterilized in the same fashion as surgical instruments, and only place needles in clean skin. Additional infection control measures, including gloves, skin prep (such as alcohol wipes), and other measures may be necessary under special circumstances such as an immunocompromised patient.

b. Contraindications to acupuncture include patient refusal, infection or malignant tumor at the site of needle placement, some trunk body points in pregnancy (head/arms/trunk [e.g., auricular] body points are not contraindicated in pregnancy), or severe bleeding disorders (such as spontaneous bleeding secondary to severe thrombocytopenia). Acupuncture can be used as adjunctive therapy in medical emergencies and surgical conditions.

c. Potential accidents and untoward reactions associated with acupuncture include fainting, convulsions, pain, broken/stuck needles, local infection (needling should be avoided in treating areas of lymphedema), and rare involvement of a major organ.

d. Providers must be familiar with their Command's Bloodborne Pathogen Program and the procedures for reporting and treating of needlestick injuries.

6. Informed Consent. Health care providers directly treating patients with acupuncture must fully counsel them about the risks and benefits of the procedure. The DoD approved exception to the Optional Form 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, is used to document this counseling. This form is available electronically at: http://www.med.navy.mil/directives/pages/BumedInstructions.aspx. When completing this form, the following data is entered:

a. Block 1a - check the "ANESTHESIA" block.

b. Block 1b - enter "Acupuncture."

c. Block 2 - enter: "Place sterile needles in or near the affected areas plus other areas of the body, and may include augmenting therapies such as electrical stimulation, thermal heating, cupping, scraping, or other treatments. Risks include, but are not limited to: infection, bleeding, or bruising, increase in pain, lightheadedness, organ puncture such as pneumothorax, and numbness and tingling (if a nerve is traumatized)." Risks vary depending on location of the procedure and disclosure should thus be individualized (e.g., pneumothorax is not a risk with auricular acupuncture).

BUMEDINST 6320.100
11 Mar 2013

Standard Acupuncture Supply List

Practitioner _____ Date _____ Order #____

Base Address _____

Item #	Pg #	Description	Cost/ea	Std Amt	Ordered	Total $
		Ear Needles				
Dbc.press.s	14	Small press tacks, 100 ct	4.50	2		
Asp.ss.80	23	ASP, ss semi-permanent, 80 ct	39.00	1		
Asp.gold.80	23	ASP, gold semi-permanent, 80 ct	44.00	request		
Sd.20x15	9	Seirin D, 36g, 15mm,100ct, no tube	10-13.00	2		
		Needles				
Sj.25x50	8	Seirin J, 32 gauge x 50 mm,100ct	10-13.00	6		
Hs.22x40	20	Hwa-to, 34 gauge, 40 mm, 100ct	5.50	6		
Hs.22x50	20	Hwa-to, 34 gauge, 50 mm, 100ct	5.50	3		
Hs.25x40	20	Hwa-to, 32 gauge, 40 mm, 100ct	5.50	6		
Hs.25x50	20	Hwa-to, 32 gauge, 50 mm, 100ct	5.50	3		
Hs.30x75	20	Hwa-to, 30 gauge, 75 mm, 100ct	5.50	1		
		Accessories for Pointer-Plus				
Pt.plus		Pointer Plus handheld device	82.00	opt		
Ptp.probe	63	Converts device to stimulator	6.50	opt		
		Accessories-Ito Model IC-1107+				
IC.1107		Ito-IC 1107+	205.00	opt		
Ic.x.allig	59	Rectangular jack, alligator clip	9.50	opt		
Ic.x.convt	59	Converter: to 3.5mm jack	9.25	opt		
Micro.duck	75	Small needle clips (requires converter)	4.95	opt		
Micro-japan	75	Small needle clips (requires converter)	7.50	opt		
Duo.2.stim	76	Dual pen probes (requires converter)	8.00	opt		
		Other items				
Sage.1.pt	24	1 pint biohazard container	2.85	opt		
Saucer.s	90	4”x1.4” tray to transfer used needle	5.50	opt		
Piezo-lt	67	Piezo-lt devic, stimulator	39.00	opt		
Piezogrnd	67	Piezo grounding pole	22.50	opt		
		Additional Needle Options				
Sj.14x30	8	Seirin J, 42 gauge, 30 mm, 100ct	10-13.00	opt		
Sj.16x30	8	Seirin J, 40 gauge, 30 mm, 100ct	10-13.00	opt		
Sj.20x30	8	Seirin J, 36 gauge, 30 mm, 100ct	10-13.00	opt		
Sj.16x40	8	Seirin J, 40 gauge, 40 mm, 100ct	10-13.00	opt		
Sj.20x50	8	Seirin J, 36 gauge, 50 mm, 100ct	10-13.00	opt		
Lc.25x60	10	Seirin Laser, 32 gauge, 60 mm, 100ct	16.50	opt		
Lc.30x60	10	Seirin Laser, 30 gauge, 60 mm, 100ct	16.50	opt		
		Requested items, please fill in below:				
					Total	

Lhasa-OMS 2008 Catalog	www.lhasaoms.com	(800) 722-8775
Helio	www.heliomed.com	(800) 672-2726
Meyer Distributing	www.meyerdist.com	(800) 472-4221

Enclosure (3)

Acronyms

ABCA	American Board of Chiropractic Acupuncture
ABMA	America Board of Medical Acupuncture
ACAOM	Accreditation Commission for Acupuncture and Oriental Medicine
AHLTA	Armed Forces Health Longitudinal Technology Application
AOM	Acupuncture and Oriental Medicine
ASD HA	Assistant Secretary of Defense (Health Affairs)
BUMED	Bureau of Medicine and Surgery
CAM	Complementary and Alternative Medicine
CONUS	The Continental United States
COPD	Chronic Obstructive Pulmonary Disease
CPG	Clinical Practice Guidance
CPT	Current Procedural Terminology
DTF	Dental Treatment Facility
EOAS	End of Active Obligated Service
E&M	Evaluation and Management
LBP	Low Back Pain
M2	Medical Metrics
MHS	Military Health System
MTF	Medical Treatment Facility
MEPRS	Medical Expense Performance Reporting System
NCCAOM	National Certification Commission for Acupuncture and Oriental Medicine
NCPMP	Navy Comprehensive Pain Management Program
NDAA	National Defense Authorization Act
NIH	National Institutes of Health
OA	Osteoarthritis
OCONUS	Outside of the Continental United States
RCT	Randomized Clinical Trails
USN	United States Navy
USAF	United States Air Force