Defense Health Agency
PROCEDURAL INSTRUCTION

NUMBER 6025.33
February 20, 2020

DAD-MA

SUBJECT: Acupuncture Practice in Military Medical Treatment Facilities (MTFs)

References: See Enclosure 1.

1. PURPOSE. The purpose of this Defense Health Agency-Procedural Instruction (DHA-PI) is to establish Defense Health Agency (DHA's) guidance for implementing tiered acupuncture training, privileging, and documentation and to support the clinical practice of acupuncture by designated clinical staff throughout the DoD, as a complement to existing pharmacologic and non-pharmacologic therapies. This DHA-PI, based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (w), establishes the DHA's procedures to expand the availability and utilization of acupuncture as a non-pharmacologic therapy for acute and chronic pain as an essential element of the Military Health Service (MHS) Pain Management Campaign found in Reference (d).

2. APPLICABILITY. This DHA-PI applies to all military medical treatment facilities (MTFs) and staff supporting the delivery of healthcare to beneficiaries. All organizational entities within the DoD that align with or are satellites of an MTF for the purposes of acupuncture practice in MTFs are to comply with this DHA-PI.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a), and (h) through (k) that this DHA-PI will:

a. Standardize the MHS comprehensive approach for the provision of tiered acupuncture training, privileging, and documentation, supporting the clinical practice of medical and chiropractic acupuncturists, licensed acupuncturists (L.Ac.), and other allied healthcare personnel in order to expand access to acupuncture.

b. Comply with the Presidential Memorandum for the Heads of Executive Departments and Agencies, as described in Reference (k), by utilizing all healthcare resources, programs and capabilities available to the DHA, and by following established DoD policies and DoD/Veterans Affairs (VA)/Centers for Disease Control and Prevention clinical practice guidelines. In addition, DHA will oversee, review and modify all processes for opioid prescriptions, along with

clinical practice guidelines of those health conditions leading to their use, and will implement programs that may use alternative pathways of pain management in accordance with References (d), (j), and (o).

c. Ensure a medical evaluation and a clinical diagnosis are completed prior to acupuncture being offered to a patient.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

8. FORMS. DHA forms referenced in this document can be retrieved from: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx#

a. DHA Form 103, Consent for Battlefield Acupuncture Treatment

b. DHA Form 104, Consent for Course of Acupuncture Treatment

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Enclosures

1. References
2. Responsibilities
3. Procedures
4. Acupuncture Practice in Department of Defense Military Medical Treatment Facilities
5. Acupuncture Related Board and Other Professional Certifications
6. Military Health System Stepped Care Model for the Management of Pain
7. Standardized Acupuncture Supply List
8. Coding Medical Acupuncture

Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(d) DHA-Procedural Instruction 6025.04, "Pain Management and Opioid Safety in the Military Health System (MHS)," June 8, 2018
(e) DoD Directive 5400.11-R, "DoD Privacy Program," May 14, 2007
(f) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(g) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
(h) National Defense Authorization Act (NDAA) of 2010, Section 711
(i) Assistant Secretary of Defense, Health Affairs (HA) Memorandum, HA-Policy 11-003 "Policy for Comprehensive Pain Management," March 30, 2011
(j) VA/DoD Evidence Based Practice. Management of Opioid Therapy for Chronic Pain Clinical Practice Guidelines: Summary Guideline. February 2017[1]
(k) Presidential Memorandum, "Combatting the National Drug Demand and Opioid Crisis," October 26, 2017
(l) National Institutes of Health/National Center for Complementary and Integrative Health, (n.d.) Acupuncture[2]
(m) White, Adrian. (2009), Western medical acupuncture: A definition. Acupuncture in Medicine. 27. 33-35. 10.1136/aim.2008.000372
(n) 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
(o) Centers for Disease Control, "Guidelines for Opioid Prescribing for Chronic Pain," 2016[3]
(p) Institute for Clinical Systems Improvement (ICSI), Health Care Guideline: "Pain; Assessment, Non-Opioid Treatment Approaches and Opioid Management." 8th Edition, August 2017[4]
(q) Paulozzi, L.J., et al., Vital Signs: Overdoses of Prescription Opioid Pain Relievers–United States, 1999-2008. MMWR. 2011; 60:1487-89[5]
(r) Helms, J.M., et al., HMI Auricular Trauma Protocol: An Acupuncture Approach for Trauma Spectrum Symptoms; Med Acupunct. 2011; 23:209-13[6]

[1]This reference is available at: https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOTCPGProviderSummary022817.pdf.
[2]This reference is available at: https://nccih.nih.gov/health/acupuncture.
[3]This reference is available at: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm.
[4]This reference is available at: https://www.icsi.org/guideline/pain/.
[5]This reference can be found at: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm.
[6]This reference can be found at: https://hmieducation.com/pub/publications/hmi_5429a6e797d46.pdf.

(s) Hoffman, P., et al., Skin Disinfection and Acupuncture; Acupunct Med. 2011; 19:112-6[7]
(t) Department of Veterans Affairs, Veterans Health Administration (VHA), "Provision of Complementary and Integrative Health (CIH)", Directive 1137, May 18, 2017
(u) DoD Manual 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," October 29, 2013
(v) World Health Organization[8]
(w) American Board of Medical Acupuncture (ABMA)[9]
(x) American Board of Chiropractic Acupuncture: Council of Chiropractic Acupuncture[10]
(y) State University of New York Downstate Medical Center[11]
(z) Tri-State College of Acupuncture[12]
(aa) McMaster University Acupuncture[13]
(ab) Accreditation Commission for Acupuncture and Oriental Medicine[14]
(ac) IOM (Institute of Medicine), 2011. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington, DC: The National Academies Press.
(ad) Vallerand, A. H., Cosler, P., Henningfield, J. E., & Galassini, P. (2015), Pain management strategies and lessons from the military: A narrative review. Pain Research and Management, 20(5), 261-268.
(ae) DHA-Procedural Manual 6025.13, Volume 4, "Clinical Quality Management in the Military Health System Volume 4: Credentialing and Privileging," August 29, 2019

[7]This reference can be found at: https://journals.sagepub.com/doi/pdf/10.1136/aim.19.2.112.
[8]This reference is available at: http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf.
[9]This reference is available at: http://www.dabma.org.
[10]This reference is available at : http://americanboardofchiropracticacupuncture.org/.
[11]This reference is available at: http://www.downstate.edu/cme/acupuncture.html.
[12]This reference is available at: http://www.tsca.edu.
[13]This reference is available at: http://mcmasteracupuncture.com.
[14] This reference is available at: http://acaom.org/.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Monitor implementation of this DHA-PI to achieve the stated purpose.

b. Coordinate with the Surgeons General (SGs) of the Military Departments (MILDEPs) to implement guidance in this DHA-PI.

c. Provide standardized acupuncture informed consent form and educational materials for use by MTFs.

d. Support availability of acupuncture supplies through the medical logistics system.

e. Provide further guidance on the use of provider extenders to expand availability of acupuncture services in the MHS.

f. Ensure systems and tools are in place to collect data and measure outcomes related to the use of acupuncture in the MHS.

g. Ensure MTF Directors, implements the developed procedures of this DHA-PI.

h. Coordinate with SGs of MILDEPS to provide pain management and acupuncture subject matter expertise to the Director, DHA.

2. SGs OF THE MILDEPs. The SGs of the MILDEPs will:

a. Ensure the Director, MTF, implement the developed procedures of this DHA-PI.

b. Provide pain management and acupuncture subject matter experts to the Director, DHA.

3. CHIEF, INTEGRATED CLINICAL QUALITY SUPPORT BRANCH. The Chief, Integrated Clinical Quality Support Branch will:

a. Include acupuncture on the Individual Privilege List consistent with the levels of training described in Enclosure 4 of this DHA-PI.

b. Ensure appropriate privileging of providers meeting requirements in Enclosure 4 of this DHA-PI.

c. Support the tracking of the providers in the MHS qualified to perform acupuncture as described in the DHA-PI.

4. CHIEF, PATIENT-CENTERED CARE OPERATIONAL/CLINICAL SUPPORT SERVICES. The Chief, Patient-Centered Care Operational/Clinical Support Services will implement this DHA-PI by providing guidance on acupuncture coding and medical records documentation.

5. DIRECTOR, PURCHASED CARE OFFICE. The Director, Purchased Care Office, will include evaluating complementary and integrative health therapies, as the DHA continues to evaluate and update the TRICARE regulation as the medical profession evolves.

6. PAIN MANAGEMENT CLINICAL SUPPORT SERVICE. The Pain Management Clinical Support Service will:

a. Develop and improve the utilization of acupuncture that promotes consistent, high quality, safe, and patient-centered care for patients with pain and minimizes opioid use.

b. Support the Clinical Communities with implementation and use of acupuncture as a nonpharmacologic therapy for acute and chronic pain.

c. Recommend standardized acupuncture processes and metrics to support quality improvement.

d. Provide subject matter expertise in pain management and opioid safety to the Clinical Communities and Clinical Support Services and DHA entities regarding implementation of this DHA-PI and development of further guidance on use of provider extenders to expand availability of acupuncture services in the MHS.

e. Ensure that MTF health care providers credentialed and privileged in acupuncture have access to supplies as needed to provide high quality management in clinical settings associated with acute and chronic back pain, and for which acupuncture has been demonstrated to be effective (Enclosure 7).

f. Ensure compliance with References (e) through (g) and DHA policy for any personally identifiable or protected health information collected, maintained, used, and/or disclosed in connection to acupuncture treatment.

7. REGIONAL COMMANDERS/DIRECTORS (MARKET DIRECTORS). The Regional Commanders/Directors (Market Directors) will provide oversight and accountability for MTFs regarding the use of acupuncture for acute and chronic pain management.

8. DIRECTOR, MTF. The Director, MTF, will:

a. Support the access to acupuncture within the MTFs, and its expansion as a nonpharmacologic therapy, specifically for the management of acute and chronic pain.

b. Ensure appropriate privileging of providers meeting requirements in Enclosure 4 of this DHA-PI.

9. ENTERPRISE SOLUTIONS BOARD. The Enterprise Solutions Board will:

a. Oversee and synchronize the Clinical Communities and Pain Management Clinical Support Service as they implement the developed procedures in this DHA-PI.

b. Recommend resource prioritization and monitor clinical improvement efforts related to this DHA-PI.

10. CLINICAL COMMUNITIES. The Clinical Communities will:

a. Drive clinical improvements in pain management and opioid safety through the increased use of acupuncture as nonpharmacologic therapy for acute and chronic pain.

b. Reduce unwarranted variation in implementation and use of acupuncture in partnership with the Pain Management Clinical Support Service.

ENCLOSURE 3

PROCEDURES

1. BACKGROUND. Pain is the most common complaint/symptom for which individuals seek outpatient care in the United States. Medical care for the 50 million patients in the United States with chronic pain, and secondary disability exceeds $100 billion annually (Reference (ac)).

a. Chronic pain—pain lasting more than 3 months, is part of what is known as the "polytrauma triad," which also includes traumatic brain injury and post-traumatic stress disorder. Studies have demonstrated a prevalence of chronic pain at 44% of returning Service members who were not seeking care, with 48.3% of these reporting pain of a year or more in duration (Reference (ad)).

(1) Despite the significant demand for chronic pain management, pain care in the United States is often uncoordinated, highly variable, and tends to be pharmaco - and/or procedure-centric, as opposed to the more comprehensive and multimodal approach recommended by evidence-based clinical practice guidelines.

(2) This is a gap that contributes to the alarmingly high use of prescription medications and the associated complications cited in Reference (k). In order to address this growing issue, References (h) and (i), directed that MHS ensure access to standardized comprehensive pain management for all beneficiaries, including Complementary and Integrative Medicine, formerly known as Complementary and Alternative Medicine.

b. The term "acupuncture" describes a family of procedures involving the stimulation of points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine (Reference (l)). Western Medical Acupuncture is an adaptation of Chinese acupuncture. It uses current knowledge of anatomy, physiology and pathology, the principles of evidence-based medicine, and acts mainly by stimulating the nervous system. Its known modes of action include local antidromic axon reflexes, segmental and extra segmental neuromodulation, and other central nervous system effects. Western Medical Acupuncture is principally used by conventional healthcare practitioners, most commonly in primary care. It is mainly used to treat musculoskeletal pain, including myofascial trigger point pain. It is also effective for postoperative pain and nausea (Reference (m)). Acupuncture, as part of an interdisciplinary approach, has particular potential utility in military and Veteran populations in which rates of musculoskeletal injuries and side effects from opioid treatment, including mortality and addiction potential, are particularly high, as per Reference (n). Moxibustion is not addressed in this DHA-PI.

c. See Glossary, Part II, for Definitions Related to Acupuncture Practice.

d. See Enclosure 5 for Acupuncture Related Board and Other Professional Certifications.

2. UTILIZATION OF PROVIDERS TRAINED AND CERTIFIED IN ACUPUNCTURE. The effective utilization of healthcare providers trained and certified in acupuncture (including limited (protocol-specific) acupuncture), may vary between MTFs. Systems of employment of these uniquely trained providers are based on available clinical space, available trained providers, and clinic capacity to support acupuncture workload/activity. Opportunities to incorporate the provision of acupuncture services include:

a. Acupuncture may be performed in a separate "Acupuncture Clinic," staffed on a full or a part-time basis, similar to some of the chiropractic clinics located in a number of DoD MTFs. The place of work can be tracked using a separate MHS code. Providers must code the time in the Acupuncture Clinic as a separate (secondary) worksite. Workload expectations for 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 code data obtained from the Medical Metrics or DoD equivalent database.

b. Acupuncture is performed during allotted time within a primary worksite, similar to a "Procedure Day" within a Family Medicine or Primary Care Clinic. Workload will be captured under the coding system. 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. High quality acupuncture may require more time than traditional acute or routine appointments, so some accommodation in the templates may be required to account for this increased time requirement. The relative value units from the acupuncture appointment should help compensate for the decrease in the number of routine appointments available in the primary worksite.

3. PRACTICE/PROCEDURAL SPACE RECOMMENDATIONS. It should be noted that in each of the above scenarios, adequate clinic space is needed to allow for the efficient treatment of more than one patient at a time. This is particularly important given that acupuncture treatments require the applied needles remain in place for variable lengths of time.

4. CODING AND WORKLOAD CAPTURE. Common understanding and utilization of coding for acupuncture by healthcare providers ensures accurate workload and procedure documentation and visibility in the electronic healthcare record. Guidelines and examples for coding Medical Acupuncture in the DoD are included in Enclosure 8.

5. CLINICAL SUPPLIES. All acupuncture needles are single patient use only. Stainless steel is the material of choice for acupuncture needles in most clinical situations. Acupuncture ear 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 7 for information on ordering supplies).

6. PATIENT AND HEALTHCARE PROVIDER SAFETY. Per Reference (n), acupuncture is generally considered to be a safe procedure with few contraindications or complications. In its most commonly used form, ultra-thin, single-use, sterile needles are used to penetrate the surface of the skin. Nevertheless, it is essential to follow all accepted infection prevention and control as well as standard precautions to minimize potential risk of transmitting infection from one patient to another (e.g., human immunodeficiency virus or hepatitis), from provider to patient, reverse, or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, along with the use of single-use, sterile 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 (s), avoidance of infection in acupuncture requires close adherence to appropriate infection control standards. At a minimum, the provider will follow standard precautions, wash their hands prior to treatment, use sterile, single-use needles, and only place needles in clean skin. Additional infection prevention and control measures, including gloves, skin preparation (such as alcohol wipes), and other measures may be necessary under special circumstances, such as when caring for an immunocompromised patient.

b. Contraindications of acupuncture;

(1) Absolute contraindications to acupuncture include patient refusal, infection at insertion site, the presence of a malignant tumor at the site of needle placement, and severe neutropenia.

(2) Traditional acupuncture may be safely used in patients with automatic implantable cardioverter-defibrillator or pacemaker, however, they are an absolute contraindication to the use of electroacupuncture.

(3) While pregnancy is not an absolute contraindication to the performance of acupuncture, pregnant patients must be referred to an acupuncturist with experience managing pregnant patients with acute or chronic pain, and who can determine the risks and benefits of acupuncture therapy.

c. Potential accidents and untoward reactions associated with acupuncture include fainting, convulsions, pain, broken/stuck needles, local infection (note that needling should be avoided in treating areas of marked lymphedema). The involvement of a major organ (i.e. heart, liver, lungs, intestines, etc.) is an exceedingly rare complication.

d. Providers must be familiar with, and adhere to, the MTF Infection Prevention Guidelines Bloodborne Pathogen Program and procedures for reporting and treating of needle stick injuries.

7. INFORMED CONSENT. Healthcare providers directly treating patients with acupuncture must fully counsel them about the risks and benefits of the procedure. The sample consent forms included in Enclosures 8 and 9 contain recommended information and instructions and should be utilized as templates for informed consent for acupuncture.

ENCLOSURE 4

ACUPUNCTURE PRACTICE IN DEPARTMENT OF DEFENSE MILITARY MEDICAL TREATMENT FACILITIES

1. ACUPUNCTURE SERVICE LEVELS. Reference (u) provides credentials and clinical privileges requirements for healthcare providers. Table 1 provides a summary guide of acupuncture service levels.

Table 1. Acupuncture Service Levels

Table ACUPUNCTURE SERVICE LEVELS *, **			
Levels of Acupuncture	**Minimum Training Requirements**	**Proof of Training**	**Eligible Providers**
Level 1: Battlefield Acupuncture (BFA)	4-hour training program approved by the Veterans Health Association Integrative Health Coordinating Center or the Air Force Acupuncture and Integrative Medicine Center.	Certificate of training from a program that includes demonstration and validation of clinical skill competency.	Privileged Providers and Advanced Practice Providers, and other authorized clinical staff and provider extenders.
Level 2: Administration of Standardized Acupuncture Protocols, to Include but not limited to: BFA, National Acupuncture Detoxification Association protocol, Auricular Trauma protocol and/or Lumbar Pens.	8+ hour training program approved by the VA National Pain Management Program office and the Air Force Acupuncture and Integrative Medicine Center.	Certificate of training from a program that includes demonstration and validation of clinical skill competency.	Privileged Providers and eligible Advanced Practice Providers.
Level 3: Comprehensive Acupuncture	300-hour training program approved by the American Board of Medical Acupuncture (Reference (w)).	Certificate of training from a program that includes demonstration and validation of clinical skill competency.	Physicians, Dentists, L.Ac., and other eligible Advanced Practices Providers.

* All patients must receive a medical evaluation including diagnosis by a licensed provider prior to receiving acupuncture treatment.
** Treatment that is provided must be within the providers' MTF approved scope of practice.

2. PRIVILEGING PROCEDURES. Standard privileging procedures at each DoD facility will be followed to allow providers to perform limited (protocol-specific), or full spectrum (comprehensive) acupuncture as warranted by the providers' level of formal training. In accordance with Reference (ae), L.Ac's are considered to be non-privileged providers and are only permitted to engage in the delivery of healthcare as defined in their MTF granted scope of practice.

3. LEADERSHIP RESPONSIBILITIES OF MTFS

a. All eligible providers who fulfill privileging requirements to practice full spectrum (comprehensive) acupuncture should be permitted and encouraged to pursue supplemental privileges to utilize their skills and knowledge of this practice. Similarly, eligible providers who fulfill privileging and/or scope of practice requirements to practice one or more limited (protocol-specific) acupuncture techniques should be permitted and encouraged to request and receive supplemental privileges for these more limited techniques. Such training and certification will enhance the throughput capability and efficiency of providers to maximize patient access to acupuncture as a therapeutic modality.

b. Local leadership is expected to facilitate the procurement of needed supplies, and clinical space and time to provide acupuncture services within the existing clinical schedule to the greatest degree possible. In some cases, it may be possible to incorporate an acupuncture treatment into a routine clinic visit.

c. All privileged providers, especially those involved in the care of patients with pain, who are interested in receiving formal training in full spectrum (comprehensive) acupuncture through entities such as the American Board of Chiropractic Acupuncture (ABCA) will be allowed to do so if supported by mission and clinical requirements.

4. MEDICAL RECORDS MANAGEMENT. Medical records created in the course of providing acupuncture treatments will be managed in accordance with will be managed and protected in accordance with References (e) through (g) and integrated into the patient's electronic medical record.

5. CONSENT FORMS. Informed consent must be obtained prior to a patient receiving initial acupuncture treatment. Additional informed consent is not required for follow-up acupuncture treatments related to the initial diagnosis and treatment plan. Use DHA Form 103, Consent for Battlefield Acupuncture Treatment or DHA Form 104, Consent for Course of Acupuncture Treatment, as appropriate.

ENCLOSURE 5

ACUPUNCTURE RELATED BOARD AND OTHER PROFESSIONAL CERTIFICATIONS

1. PHYSICIANS (ALLOPATHIC AND OSTEOPATHIC). Per the guidelines of Reference (v), adequate physician training in Medical Acupuncture can be accomplished in a short course. Formal "board certification" for Medical Acupuncture is only available for licensed physicians (allopathic and osteopathic) due to the requirement to sit for the board examination in acupuncture. For board certification, Reference (w), requires: (1) successful completion of an American Board Medical Acupuncture (ABMA) approved training program (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). The board certification process usually takes 2 to 3 years. Physicians can also complete shorter courses and obtain certification in limited (protocol-specific) acupuncture techniques.

2. OTHER PRIVILEGED PROVIDERS. Advanced Practice Providers can participate in some of the aforementioned ABMA approved and other accredited Medical Acupuncture training programs (e.g., References (y) through (aa)), and receive certification of course completion but they cannot currently receive "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.

3. CHIROPRACTORS. Only licensed chiropractors are eligible to sit for the board examination and apply for ABCA "board certification." For board certification, Reference (x), the ABCA requires: (1) successful completion of an acupuncture training program from a Council on Chiropractic Education accredited college (300 hours including a minimum of 100 hours of practical/hands-on instruction), or board review of training programs to determine acceptability in lieu of an approved course of study; and (2) passing the Diplomat of the American Chiropractic Board of Acupuncture examination. Chiropractors can also complete courses and obtain certification in limited (protocol-specific), acupuncture techniques.

4. L.Ac. 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 application for "Diplomate of Acupuncture" status:

a. Formal education for graduates of accredited training programs such as Reference (ab), in the United States (3 to 4 years of academic training).

b. Formal education for international applicants.

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

5. OTHER NON-PRIVILEGED PROVIDERS. Non-privileged providers (i.e., medics, corpsmen, medical technicians, and registered nurses) can complete courses and obtain certification in limited (protocol-specific) acupuncture techniques (Example: Battlefield Acupuncture).

ENCLOSURE 6

MILITARY HEALTH SYSTEM STEPPED CARE MODEL FOR THE MANAGEMENT OF PAIN

The MHS Stepped Care Model for the management of pain seeks to enable Clinical Communities to provide evidence-based pain management guided by clinical practice guidelines: Effectively treat acute and chronic pain; promote non-pharmacologic treatment; prevent acute pain from becoming chronic; and minimize use of opioids with appropriate prescribing only when indicated. In order to facilitate dissemination and local implementation of the model, DHA will train Primary Care Pain Champions who are selected by their MTF Commanders or Directors.

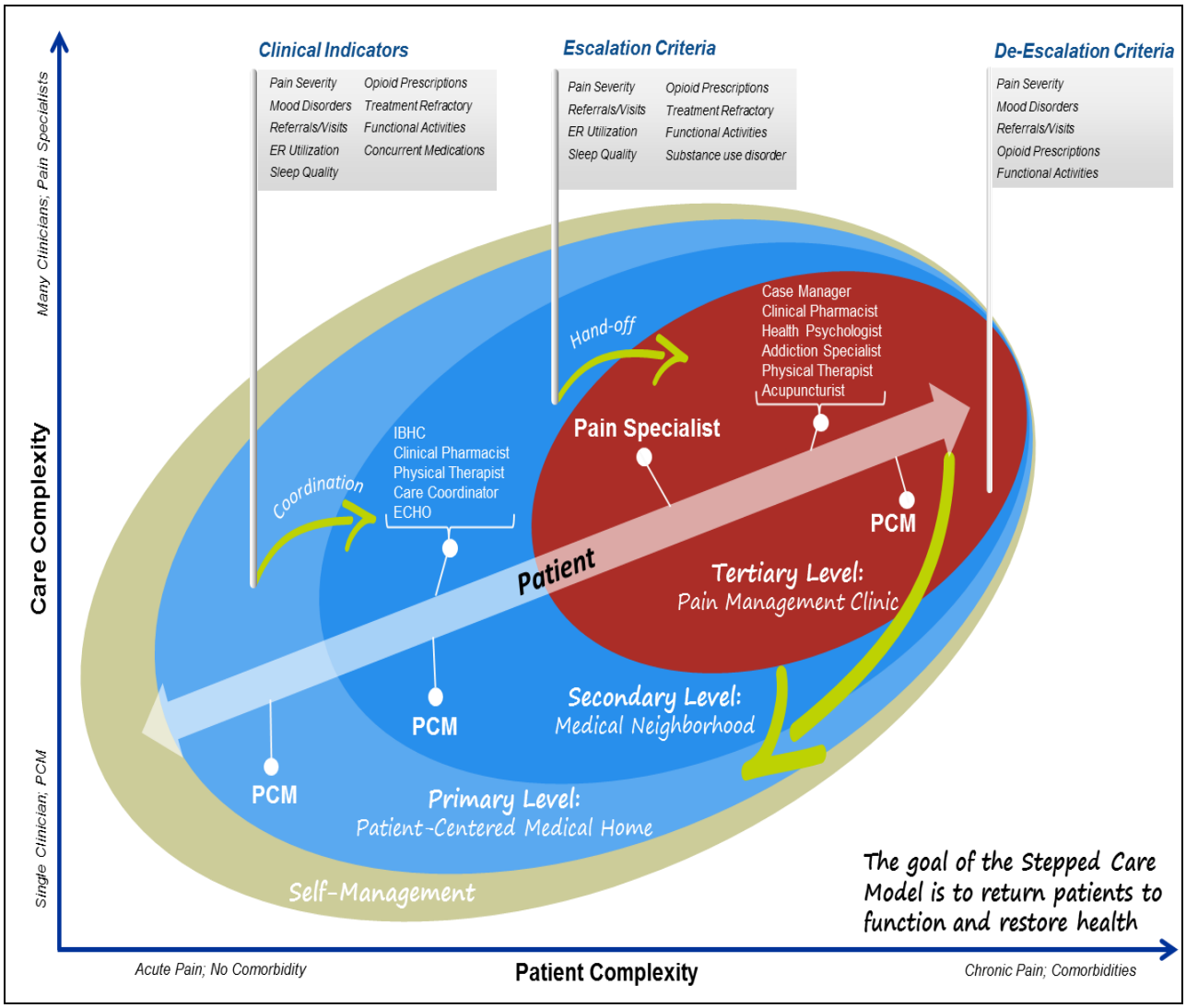

Figure. Military Health System Stepped Care Model For the Management of Pain

ENCLOSURE 7

STANDARDIZED ACUPUNCTURE SUPPLY LIST

Table 2. Standardized Acupuncture Supply List

Item Description	Stock Level	Comments
Needle J-type No2 (.18) x 15 mm	2 box/Room (Rm)	100/box CASE = 10 boxes = 1000 needles
Needle L-type No3 (.20) x 30mm	2 box/Rm	100/box CASE = 10 boxes = 1000 needles
Needle L-type No5 (.25) x 40mm	2 box/Rm	100/box CASE = 10 boxes = 1000 needles
Needles L-type No5 (.25) x 60mm	2 box/Rm	100/box CASE = 10 boxes = 1000 needles
ASP Auricular Semi-Permanent needles, Gold	2 box/Rm	80 **GOLD** needles/box
ASP Auricular Semi-Permanent needles, Stainless Steel	2 box/Rm	80 stainless steel needles/box
Pyonex Press Needles by Seirin Yellow, 0.2 x **0.6** mm	1 box/Rm	Box of 100 needles
Pyonex Press Needles by Seirin Green 0.2 x **0.9** mm	1 box/Rm	Box of 100 needles
Piezo electric pen (PEP)	1 / Rm	
Infra-Red lamp 6-7 watt lamp	1/Rm	Lamp (e.g., LhasaOMS.com offers a Pro M-750 Portable IR lamp, etc.)
Electro-acupuncture desktop unit (6-channels preferred)	1/Clinic	For example, ITO ES 6-channel digital display
Electro-acupuncture hand-held unit (3-channels preferred)	1/Rm	For example, ITO ES 130 or IC 1107
Pad isopropyl alcohol	1 box/Rm	
2x2 gauze pads	1 box/Rm	
2 Gallon Sharps container	1 unit/Rm	

ENCLOSURE 8

CODING MEDICAL ACUPUNCTURE

1. Here are the most commonly used acupuncture procedure or Current Procedure Terminology (CPT) codes:

NOTE: "stimulation" of a needle can refer to either manual stimulation, electrical stimulation, or heat stimulation.

97810 Acupuncture, one or more needles, WITHOUT Electrical Stimulation, Initial 15 minutes.
97811 Acupuncture, one or more needles, WITHOUT Electrical Stimulation, Additional 15 minutes.

97813 Acupuncture, one or more needles, WITH Electrical Stimulation, Initial 15 minutes.
97814 Acupuncture, one or more needles, WITH Electrical Stimulation, Additional 15 minutes.

97032 Modalities Electrical Stimulation.
97014 Modalities Electrical Stimulation, UNATTENDED.

97026 Modalities Infrared Treatment.
97028 Modalities Ultraviolet Treatment.
97039 Modalities Unlisted Modality (magnets, press tacks, seeds, pellets).

NOTE: The 1st needle treatment is always CPT-coded as either 97810 or 97813. The 1st needle treatment is NEVER CPT coded as 97811 or 97814.

The second needle treatment is an ADDITIONAL treatment. It can be coded either as 97811 or 97814.

97811 can be coded AFTER either 97810 or after 97813.
97814 can be coded AFTER either 97810 or after 97813.

2. Included below are some sample acupuncture cases, along with the recommended CPT coding.

Case #1:
You see a patient, and you do Battlefield Acupuncture. It takes 12 minutes.
97810 Acupuncture, one or more needles, Without Electrical Stimulation, Initial 15 minutes.

Case #2:
You see a patient, and you do Battlefield Acupuncture. It takes 30 minutes, during which time you're continually adding more Auricular Semi-Permanent needles, having the patient walk, then re-assessing.

97810 Acupuncture, one or more needles, Without Electrical Stimulation, Initial 15 minutes.
97811 Acupuncture, one or more needles, Without Electrical Stimulation, Additional 15 minutes.

Case #3:
You see a patient, and you do an N > N +1 Circuit using electricity to stimulate the needles. It takes 20 minutes. You do not add any other needles or treatment.
97813 Acupuncture, one or more needles, With Electrical Stimulation, Initial 15 Minutes.
NOTE: You can only take credit for the first 15-minute segment of this stimulation treatment.

Case #4:
You see a patient, and you do an N > N +1 Circuit using electricity to stimulate the needles. It takes 30 minutes. During the latter 15 minutes, you don't make any changes. You don't touch or speak to the patient.
97813 Acupuncture, one or more needles, With Electrical Stimulation, Initial 15 minutes.
NOTE: You can only take credit for the first 15-minute segment of this stimulation treatment. You did not add any more needle treatments.

Case #5:
You see a patient, and you do an N > N +1 Circuit using electricity to stimulate the needles. It takes 30 minutes. During the 2nd 15 minutes, you are changing the frequency, adjusting the intensity, assessing the patient's pain response with movement, and adding, replacing or taking away needles, as needed.
97813 Acupuncture, one or more needles, With Electrical Stimulation, Initial 15 minutes.
97814 Acupuncture, one or more needles, With Electrical Stimulation, Additional 15 minutes.

Case #6:
You see a patient, and you do an N > N +1 Circuit using electricity to stimulate the needles. It takes 15 minutes.
97813 Acupuncture, one or more needles, With Electrical Stimulation, Initial 15 minutes.
After completing the N > N +1 Circuit, you decide to put in Battlefield Acupuncture (BFA) needles.
97811 Acupuncture, one or more needles, Without Electrical Stimulation, Additional 15 minutes.

Case #7:
You see a patient, and you do Battlefield Acupuncture. It takes 15 minutes.
97810 Acupuncture, one or more needles, Without Electrical Stimulation, Initial 15 minutes.
Once you have put in the BFA needles, you decide to add an N > N +1 Circuit using electricity to stimulate the needles. It takes 15 minutes.
97814 Acupuncture, one or more needles, With Electrical Stimulation, Additional 15 minutes.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ABCA	American Board of Chiropractic Acupuncture
ABMA	America Board of Medical Acupuncture
AOM	Acupuncture and Oriental Medicine
BFA	Battlefield Acupuncture
CPT	Current Procedure Terminology
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
L.Ac.	Licensed Acupuncturist
MHS	Military Health System
MILDEP	Military Department
MTF	Military Medical Treatment Facility
NCCAOM	National Certification Commission for Acupuncture and Oriental Medicine
Rm	Room
SG	Surgeons General
VA	Veterans Affairs

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this DHA-PI.

Auricular Acupuncture. Also referred to as auriculotherapy, includes a commonly employed and easily taught acupuncture technique involving points on the ear (Reference (r)). Auriculotherapy protocols have been developed to treat specific conditions, such as acute and chronic pain. The military has adopted auriculotherapy protocols for use in specific conditions. One of these protocols is known as "Battlefield Acupuncture" within the medical services of the United States Air Force and Army, and as "first aid acupuncture" within the United States Navy Medical Corps.

Chiropractic Acupuncture. Refers to the administration of comprehensive acupuncture by chiropractors who have been fully trained as a chiropractic practitioner. Such individuals participate in a condensed course of formal training (approximately 300 hours), that build upon the approved advanced education and training previously received by a chiropractor.

L.Ac. Refers to an individual who has been licensed or otherwise authorized through a state licensing board to administer comprehensive acupuncture. An L.Ac. typically has completed at least 3 years of focused graduate-level education and training in acupuncture and oriental medicine. The Council of Colleges of Acupuncture and Oriental Medicine state that the minimum requirements admission to AOM program include satisfactory completion of at least 2 academic years (60 semester credits/90 quarter credits), of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent (e.g., certification in a medical profession requiring at least the equivalent training of a registered nurse or a physician assistant), from an institution accredited by an agency recognized by the U.S. Department of Education. Many AOM colleges exceed this minimum standard and require a bachelor's degree for admission.

Medical Acupuncture. Term refers to the administration of comprehensive acupuncture by physicians who have been fully trained in evidence-based medicine (sometimes termed Western or Allopathic medicine). Such individuals participate in a condensed course of formal training (approximately 300 hours), that builds upon the advanced medical education and training received by physicians. The 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.

Myofascial trigger point needling (without injection). Also known as: dry needling; trigger point manual therapy; trigger point dry needling; intramuscular manual therapy; a treatment technique commonly employed for the management of pain by physical therapists as well as by medical and licensed acupuncturists. Discussion of this particular treatment technique is beyond the scope of this document.