



## AAMA Newsletter December 2007

# Academy president tackles insurance reimbursement, encourages members to share their tips

**By Nirosi Nakazawa, MD, FAAMA  
President, AAMA**

I am going to address the subject of insurance companies that have been influencing and negatively affecting our acupuncture practice. This is our first attempt to expose examples typical of their modus operandi, which have been detrimental to our practices where half the patients are insured and the other half are paying cash.

My reason for doing this is an attempt to enlighten with a two-fold purpose. First, I want you to share your experiences in dealing with insurance companies. Despite CPT coding, etc., there is still much confusion and discrepancies in its application.

Second and more important, I want our AAMA Newsletter to become not only the "information center" for each member's practice management, but also to develop it as a "communication center" where members can write about experiences on pertinent subjects that would be useful to their colleagues. I also welcome any constructive advice, opinions and criticisms. I have already asked some elder leaders such as Drs. John Reed, Marshall Sager and others to write periodically. I am hoping this approach will result in greater enlightenment about what is working best in our respective practices.

To prime the pump, I want to share procedures performed in my office:

### **1. For a new patient**

- a. Obtain patient information: Name, date of birth, all phone numbers, employer's name
- b. Obtain Insurance company information: Name, insured person's name, group and individual numbers
- c. Remind patients that most insurance companies only pay for acupuncture for treatment of pain and nausea due to chemo-therapy and pregnancy.

### **2. Call insurance companies**

- a. Verify eligibility, ask for deductible amount, co-pay, maximum number of visits allowed, and whether referrals and authorizations are necessary.

### **3. Make the first appointment**

- a. Pay attention to insurance companies that do not pay for same-day consultation with acupuncture.
- b. Patients may have to make two separate office visits, which is burdensome to patients who depend on others for transportation

### **4. At Registration**

- a. We collect deductibles and/or co-pay at the first visit before being seen. The insurance company will advise us as to how much we will be paid, which typically is one price for the first office visit E/M and then a flat fee for each subsequent visit until the deductible is met.

b. Once the deductible is met, co-pay usually will be \$5-\$25 depending on the insurance company.

## **5. Follow-ups**

a. I may not bill using Modifier-25 in following visits unless "a significant, separately identifiable symptom or condition" is observed. I understand that there is a question as to whether we should use 99212 with Modifier-25 for all visits, as we are physicians and responsible for each patient's visits, treatment and outcome. However, Modifier-25 is not for the routine visit as described in the CPT manual. It requires substantial documentation (medical records) to prove utilizing Modifier-25 and it is very time consuming. Of course, be prepared for the ensuing battle with the insurance company.

b. However, during the course of treatments, I find Modifier-25 equivalent on many occasions to apply to multiple areas of pain on the same patient. I then use Modifier-25 without hesitation, and I usually get paid with clear documentation. On the third or fourth patient visit, I often find Modifier-25 can still be applicable or I may find it different from the original findings due to new patient complaints. At this juncture, we have to be careful about using a new ICD. For instance, in the Maryland area, several major insurers will not reimburse when the ICD differs from the original first office visit coding. Furthermore, we must clearly document changes in the medical record. Therefore, the original ICD is vital for reimbursement from those companies.

c. Also, it is important to consider the situation from the patient's standpoint. In each 99212-25, patients have to pay a co-pay of \$5-\$25 plus acupuncture co-pay ranging from \$5-\$25, depending on the individual insurance companies. An extra \$10-\$50 for each visit is a hardship for many of my patients even though they seem to understand the significance of Modifier-25. Companies will not reimburse for this portion, and we have constant battles on this point many times. In private practice, good patient relations is of the utmost importance, we must keep this in mind to sustain a good acupuncture practice.

### **Now it's Your Turn!**

I have provided a brief review of how we handle insurance in my personal practice. I encourage other members to share your personal experiences and advice. Robert Schulman, MD, FAAMA, is the chair of the Insurance Committee and has much experience in these matters. I have asked for his expertise and also his committee's input. I would like to receive more details from members. Send input for publication to [minekonaka@aol.com](mailto:minekonaka@aol.com) or [bdortberg@aol.com](mailto:bdortberg@aol.com). Let us know how you are dealing with insurance in your office.

## **New column to share member information on medical acupuncture**

AAMA President Hiroshi Nakazawa, MD, FAAMA, would like to start the column, Practice Management Forum, in the newsletter for members to contribute industry tidbits.

Do you have particular tips or suggestions on workable strategies for dealing with insurance companies in your practice. Send in your tips to be included here.

To get started, we are looking for suggestions or tips on how best to utilize the Modifier-25 to assure appropriate reimbursement.

Send in your tips or suggestions on the Modifier-25 query above or any other insurance reimbursement issue that is of particular concern to you. We will carry your tips in the next newsletter.

Dr. Nakazawa urges members to participate in this exchange sharing their experience with reimbursement issues. Or, if you have particular questions, let us have them...we will share with the full group to get broad input. . Send your information to Editor Barton Ortberg ([bdortberg@aol.com](mailto:bdortberg@aol.com), fax 323/937-0959).

# **AAMA 2008 Symposium being planned with new offerings in Washington, DC**

Chair Robert Gross, MD, DABMA, and the Symposium Program Committee are well into the programming to create an exciting and informative 2008 AAMA Symposium in Washington, DC.

Among the Faculty who have agreed to participate are Dr. Thomas Ots of Germany, Dr. Li Chung Huang of China, Dr. Francisco Lozano of Mexico, Dr. William Craig, Dr. Eugene Hong, Dr. Richard Hammerschlag, Dr. Brian Berman, Dr. Chuck Moss, Dr. Allen McDaniels, Dr. Bryan Frank, Dr. Anaflavia O. Freire, Dr. Anita Cignolini, Dr. Jiang Zhu, Dr. Frank Butler and Dr. Richard Niemtzow.

The 20<sup>th</sup> Annual AAMA Symposium will be held on April 11-13, 2008 at Marriott Wardman Park Hotel, 2660 Woodley Road, NW, in Washington, DC. The Review Course will be offered on April 8-9, 2008, followed by Pre-Symposium workshops on April 10, 2008 and the Board Certification Exam on April 13, 2008.

The Academy has negotiated a discounted rate of \$215/night (single/double). To reserve a room, call the hotel at 800/228-9290 or 202/328-2000 by **March 10, 2008** and be sure to mention AAMA.

Led by Chair Thomas Burgoon, Pre-Symposium workshops are planned on April 10, 2008 by Dr. Thomas Ots with German Psychosomatics Psychiatry, by Dr. Li Chung Huang with Chinese Auricular Acupuncture and by Dr. Francisco Lozano with OB-GYN Applications.

Also on April 10, a new session entitled, "HMI Tuneup," will debut at AAMA's Symposium. HMI senior preceptors will offer a day of intensive review of important acupuncture points used daily to manage many pain and functional problems. This session will be strictly limited in attendance. All participants must have completed a 200 hour training program acceptable to the ABMA. See details in article in this issue.

See the call for 2008 abstracts for poster presentations and free paper presentations, as well as MARF competition, in this issue.

## **Review of 2007 Symposium**

[Click here](#) for photos of AAMA's 2007 Symposium, courtesy of Dr. Bryan L. Frank

AAMA's 19<sup>th</sup> Annual Symposium, Modern Approaches to an Ancient Tradition, was enjoyed by more than 300 people in Baltimore, MD, thanks to the hard work of Chair Robert Gross, MD, DABMA, Committee members, an excellent Faculty, Pre-Symposium workshops, exhibitors and contributions from all members who attended.

## **2007 Faculty**

International speakers included Stephen K.H. Aung, MD of Canada; Benno Brinkhaus, MD of Germany; Klaus-Dieter Platsch, MD of Germany; Kwang-Sup Soh, PhD of Korea, and Toshikatsu Yamamoto, MD, PhD of Japan.

Faculty members from America included Michael W. Coomes, MD, FAAMA; Nigel Dawes, MA, LAc; Robert Gross, MD, DABMA; Neil R. Gumenick, DIPL. Ac, LAc; Leon Hammer, MD; Joseph M. Helms, MD, FAAMA; Sanghoon Lee, PhD, LAc; Jeffrey S. Meyers, MD; Vitaly Napadow, PhD; Jay Sandweiss, DO, FAAMA; and Stephen M. Taylor, DO.

Academy Founder Joseph Helms, MD, FAAMA, presented the Inaugural Lecture in the Joseph Helms Founder's Lecture Series, "Helms Goes Curious." There was also a special workshop for Diplomats of the ABMA. Additional highlights included the Latest in European Acupuncture Research; Leon Hammer, MD, on Psychology and Chinese Medicine, and Root Treatment in Japanese Meridian Therapy

In addition to sessions, there were Pre-Symposium workshops led by Chair Thomas Burgoon, MD, exhibitors, a dinner cruise and more.

Audio and in some cases video of these sessions is available for review, download or purchase on CD at the Live Education Center posted at the Academy website. All sessions were audio recorded. Selected sessions were videotaped. Access to all of these materials is free to those who registered and attended the Symposium and for a fee to all others. Go to <http://www.softconference.com/aama/> to review.

### **2007 Poster Presentations**

In the Poster Presentations, honors were given to the following participants:

•*First Place* -- \$750

"Effect of GB34-GB32 Electro-acupuncture on Regional Cerebral Blood Flow in Ischemic Stroke Patients Evaluated by 99m Tc-ECD SPECT"

**Sang-kwan Moon, Hyung-Sup Bae, Seong-uk Park, Woo-sang Jung, Jung-mi Park, Chang-nam Ko, Ki-ho Cho, Young-suk Kim and Deok-yoon Kim**

•*Second Place* -- \$500

"Upper Motor Neuron Bladder Incontinence Successfully Treated with a Combination of Acupuncture and Percutaneous Electrical Nerve"

**Peter T. Dorsher, MS, MD**

•*Third Place* -- \$250

"Effects of Electro-acupuncture Versus Placebo Acupuncture on Mechanical Neck Pain, Skin Temperature and Muscle Pressure Pain Threshold"

**Tat-Leang Lee**

### **2007 Research Paper Competition**

Winners of the annual Acupuncture Research Paper were awarded cash at Symposium 2007, in addition to registration, travel and lodging prizes:

•*First Place* -- \$1,500

"The Effect of Needle Combination on the Analgesic Efficacy of the Tendinomuscular Meridians (TMM) System"

**Albert Leung, MD**

•*Second Place (tie)* -- \$550

"Acupuncture Meridians Exist As Anatomic Structures"

**Peter T. Dorsher, MS, MD**

•*Second Place (tie)* -- \$550

"Effects of Electroacupuncture with Different Stimulation Parameters on Assisting Medicine-induced Abortion: A Controlled Clinical Trial"

**Yang Fang, Ma Liangxiao, Zhu Jiang, He Zhiping, Chen Yan and Xu Hongyan**

### **Current Board of Directors**

The Officers and Board of Directors of the Board for 2007-2008 are as follows:

President Hiroshi Nakazawa, MD, FAAMA

Vice President Bruce R. Gilbert, MD, PhD, FAAMA (elected for one-year term)

Treasurer Gene G. Hong, MD, DABMA

Secretary Claudia M. Cooke, MD, FAAMA

Tapan K. Chaudhuri, MD

Yuan-Chi Lin, MD  
Richard Niemtzw, MD  
Elizabeth H. Sebestyen, MD  
Glenn S. Rothfeld, MD  
Robert Schulman, MD

Dr. William Rutenberg completed his term last April. His seat was filled by the election of Dr. Niemtzw. Over the summer, Dr. Roberto Jodorkovsky stepped down from his seat due to the press of other responsibilities. His seat has been filled with the election of Dr. Elizabeth Sebestyen.

### **Academy's Direction**

As the new President, Dr. Nakazawa said he's proud to be a part of the AAMA's tradition and honored to be contributing to that continued success. "We have to work together to make the AAMA better," he said. "I remember JFK said, 'To whom much is given, much is expected.'"

The AAMA president plans to focus on improving the membership status, increasing educational opportunities for members and improving payment reimbursement:

**1) Membership:** The voices and participation by members make the AAMA potent and powerful. Please urge fellow medical acupuncture physicians, graduates and medical students to join AAMA by simply visiting the Academy website at [www.medicalacupuncture.org](http://www.medicalacupuncture.org). Being members, physicians have benefits at their disposal, such as information, education with CME, etc., as well as services AAMA provides.

**2) Learning:** The Continuing Education Committee is working hard to provide more weekend workshops that grant CME credit.

**3) Reimbursement and insurance:** In the last membership survey, reimbursement was the No. 1 concern. The AAMA Board is studying this issue and will come up with a solution. Directors have been informed that Medicare will cut physician reimbursement by 10% in 2008 and eventually will culminate to a 40% cut in the next nine years. Insurance companies will follow the cuts made by Medicare. Therefore, AAMA will have an uphill battle. The Board will keep members informed of any decisions made in this area.

### **Order Anything You Missed**

The 2007 Symposium Syllabus is available for purchase by visiting [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and clicking on AAMA Store. Content from the [19<sup>th</sup> Annual Symposium](#) also is available for purchase in DVD, MP3 and PowerPoint formats. Visit [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and click on AAMA's Live Education Center.

## **New 'HMI Tuneup' to kick off AAMA Symposium 2008 in Washington, DC**

A new session entitled, "HMI Tuneup," will debut at AAMA's Symposium in Washington, DC in April 2008. HMI senior preceptors will offer a day of intensive review of important acupuncture points used daily to manage many pain and functional problems.

Regions of common musculoskeletal pain will be addressed through anatomy, palpation, needling patterns and techniques of stimulation. Participants have the opportunity to solidify their clinical skills and return to practice with greater acupuncture confidence. Participation is limited to physicians with 200 hours of AAMA-approved formal training.

There will be six East Coast HMI senior preceptors available for the Thursday session. Some will be there just for that day, while others will stay through the weekend.

The session will involve hands-on training in six stations of two tables each, with mattresses or foam pads for treatment demonstrations. Needles will be provided for the program, and students will be asked to bring their own electrical stimulators. Visual demonstrations will also be part of this program.

The number of participants will be limited to between 36-48 in order to assure a reasonable preceptor-to-student ratio.

This optional session will be offered on Thursday, April 10, 2008 concurrently with Pre-Symposium Workshops. As noted, attendance will be limited to facilitate a quality educational experience. Watch for registration details as the workshop gets closer.

## **Oral Paper, Poster presentations sought for Symposium**

You are invited to apply to present a Free (Oral) Paper or Poster Presentation at AAMA's Annual Symposium 2008 April 11-13, 2008 at Marriott Wardman Park Hotel in Washington, DC.

### **SYMPOSIUM ORAL PRESENTATIONS**

Members and others interested in presenting a Free Paper Oral Presentation at the 2008 Symposium should submit a one-page abstract (summary) of the proposed oral presentation via e-mail by February 10, 2008 to [administrator@medicalacupuncture.org](mailto:administrator@medicalacupuncture.org) with the E-mail Subject line reading: "AAMA Free Paper", in order to be properly received. Abstracts should have the title, author, affiliation, contact information and abstract text of no more than 250 words.

If your application is approved, you will be notified by February 29, 2008. Presenters of Free Oral Papers must be registered delegates at the Symposium. Those approved to make oral presentations of their paper may compete in the Free Paper Awards competition, though presenters are not required to compete for the awards. To be eligible for the competition Free Papers must be original, unpublished papers suitable to be published in the Conference Syllabus. The actual paper must be submitted by March 31, 2008 via e-mail to [administrator@medicalacupuncture.org](mailto:administrator@medicalacupuncture.org) with the Email Subject line reading: "AAMA Free Paper Award Contest", in order to be properly received and considered for the Free Paper Awards. Free Paper Awards will be announced at the close of the Symposium.

### **POSTER PRESENTATIONS**

Application to make a Poster Presentation should be submitted no later than February 10, 2008. An abstract (summary) of the proposed Poster Presentations should be submitted via e-mail by February 10, 2008, to [administrator@medicalacupuncture.org](mailto:administrator@medicalacupuncture.org) with the E-mail Subject line reading: "AAMA Poster Presentation", in order to be properly received. Abstracts should have the title, author, affiliation, contact information and abstract body of no more than 250 words.

If your poster application is accepted, you will be notified by February 29, 2008. All poster presenters must be registered delegates at the Symposium. Poster Presentation Awards will be presented to the 1st, 2nd, and 3rd place presentations, with \$750, \$500 and \$250 awarded, respectively. Awards will be announced at the close of the Symposium.

## **Entries sought for Acupuncture Research Paper competition**

This is a call for entries for the annual Acupuncture Research Paper Competition sponsored by the Medical Acupuncture Research Foundation. 1st, 2nd, and 3rd-place awards will be presented at the AAMA Symposium 2008. The deadline for submission of research papers for the competition is February 10, 2008. If your paper is selected as one of the winners, you will be notified by March 10, 2008. Awards are as follows:

- First Place: \$1,500, Symposium Registration, travel reimbursed up to \$500, and three night's hotel lodging for the presenting author. Paper to be presented at AAMA Symposium in Washington, DC, April 11-13, 2008.

- Second Place: \$750, Symposium Registration, travel reimbursed up to \$500.

- Third Place: \$350 and Symposium Registration.

The First-Place winning paper is to be presented in a 30-minute Plenary Session at the Symposium. Papers for second and third place to be announced at the Symposium. The authors will be acknowledged there.

The editor of the Medical Acupuncture Journal will consider submitted publications for publication in the Journal. For complete instructions and rules for participation in the Research Competition, go to the Academy website at [www.medicalacupuncture.org](http://www.medicalacupuncture.org).

## Survey reveals Academy members' experiences with acupuncture insurance issues

AAMA recently surveyed the membership on insurance issues for the purpose of finding out what is happening in their practices. The following is a summary of results, which are posted in full on the [Academy's Web site](#). Academy leaders have been assessing results.

There were 291 responses to the survey, which represents 19.5% of AAMA membership. Of those responding, 58% are sole practitioners and 16% are in small group practices of five or fewer physicians.

33% of respondents indicated acupuncture represents 10% or less of their practice. 23% reported acupuncture is 11-25% of their practice, while 15% said it's 26-50% of their practice, and 12% practice acupuncture full time.

Of the typical 8-14 patients seen in a day, 32% of respondents said they treat 5 or fewer per week with acupuncture, while 25% treat 21 or more patients with acupuncture per week.

42.6% always perform an Evaluation and Management service during the encounter with a patient receiving acupuncture treatment. Another 38% perform an E & M sometimes, but not always, while 19% indicated they never perform an E&M service during an acupuncture treatment encounter.

When billing cash-only patients, 18% said they always bill for E&M services, too. 38% indicated they only bill cash-only patients when a separate E&M is provided for a new condition or diagnosis. 45% never bill cash-only patients for E&M.

### Insurance Coverage of Acupuncture

44% of respondents said it's their policy to accept insurance payment for acupuncture services, while 34% indicated they only accept cash payment for acupuncture.

To verify coverage of insurance, 58% obtain a copy of the patient's card indicating eligibility, 55% contact the insurer to confirm eligibility and acupuncture coverage and 37% contact the insurer to determine what conditions are covered when treated with acupuncture.

39% of respondents bill the insurance carrier for E&M and acupuncture, while 44% only do so sometimes and 17% never do.

Regarding what insurers pay for when the primary treatment provided was for acupuncture, only 12% report that the insurance carriers routinely pay for E&M. However, 43% said that insurers will sometimes pay for the acupuncture and E&M if the reasons for the E&M are properly documented. 9.8% said insurance providers do not pay for E&M when the indicated treatment is acupuncture.

48% of respondents indicated that they are contractually bound to accept the amount paid for acupuncture services set by the insurer, and 29% said they are bound by contracts with some but not all insurance providers.

32% noted the amount paid by insurers is equal to 80% or more of what the normal fee is to the uninsured. 30% indicated the reimbursement is 40-69% of what is charged the uninsured, and 19% said the amount paid is 40% or less than what is charged the uninsured.

### **Covered Conditions**

Top indicated conditions insurers typically pay for include:

92% musculo skeletal pain  
84% low back pain  
59% headache  
47% orthopedic disorders  
47% tennis elbow  
27% neurological disorders

When asked from which major national insurance companies they typically receive reimbursement payment for acupuncture, respondents said:

Blue Cross 65%  
Blue Shield 44%  
United Health Care 37%  
CIGNA 23%  
Aetna 22%

### **Acupuncture Insurance Claims**

The following results are in response to questions about physicians submitting claims to insurers for acupuncture services:

- 29% of respondents say the insurer rarely pays the expected amount without question
- 36% say the insurer pays for acupuncture services but denies E&M sometimes. However, 18% indicated the insurance provider pays both fairly regularly or almost always, while 16% say the insurer rarely pays for both.
- 12% report claims are almost always denied because acupuncture is not covered for the specific condition or diagnosis. Another 23% report that basis for denial occurs fairly regularly.
- 26% of respondents report they are asked sometimes or fairly regularly to provide documentation of peer-reviewed literature to support efficacy of acupuncture in treating the cited condition.
- 27% report claims are denied fairly regularly or almost always because acupuncture treatment isn't medically indicated. 18% report sometimes getting denied for that reason, while another 32% indicated that rarely occurs.

Members are fairly split on the issue of Medicare coverage, with 38% saying it would be desirable, while 34% say it would not be. Of the 29% who gave a qualified answer to this question, the majority indicated that it would be desirable if Medicare reimbursement were adequate.

To read full survey results, visit [AAMA's Web site](#).



**ICMART ADDRESS** -- Marshall H. Sager, DO, FAAMA, speaks to attendees at the International Council of Medical Acupuncture and Related Techniques conference in Barcelona, Spain in June. The past AAMA president is chair of the ICMART Education Committee.

## **Pan Pacific Medical Acupuncture Forum announced for October 2008 in Canada**

Acupuncture Foundation of Canada Institute (AFCI) recently announced preliminary details of the Pan Pacific Medical Acupuncture Forum 2008, to be held Oct. 19-24, 2008 in Toronto, Canada.

This event is held every four years, with hosts rotating between AAMA, AFCI, the Australian Medical Acupuncture College and the Medical Acupuncture Society of New Zealand. Faculty will be members of those four organizations. The past Forum was held in New Zealand in 2004.

Festivities will start with an evening reception Sunday, Oct. 19, 2008 and sessions will run through Friday, Oct. 24, 2008, with Wednesday devoted to an organized sightseeing excursion to Caledon Hills, Niagara Falls and dinner in Wine Country. There are many wonderful local attractions, theatre, multi-cultural venues and restaurants in Toronto, and AFCI will make it easy for attendees to get to them.

A Qi Gong Retreat will be offered Oct. 18-19, 2008 with Steven KH Aung, MD, possibly in the Caledon area at Elora Gorge. Then a special workshop is possible on Oct. 25, 2008 at the same location as the Forum.

As always, each country will be responsible for organizing a six-hour day of plenary lectures by their speakers. This year, they are considering mixing up the presentations, rather than having each country on a separate day.

A moderately priced hotel is being finalized for the Forum. The medium-size venue is on the main subway line. The maximum number of attendees will be 200, so AAMA members should know reservations will be first come, first served. AFCI is hoping for at least 15-20 attendees from Australia and New Zealand, 100 Canadians and many Americans.

### **Lining up Entertainment**

AFCI needs people from each country to form their own "Thursday Night Gala Dinner Entertainment Committee" (aka "The Keeping up with the Kiwis Committee"). This is a serious task. Robin Kelly, Tim Ewer and the other Kiwis have been carrying this load since 1988. AFCI says it's time to get some talented Aussies, Canucks and Yanks up there singing. AFCI added that since Americans gave the Broadway musical to the world, they should be able to come up with some clever song and dance routines to celebrate

this four-year reunion. AFCI is asking each country to create a 10-20 minute original skit or musical presentation. If they are really bad, they can be five minutes long.

This fall, host AFCI ([www.afcinstitute.com](http://www.afcinstitute.com)) will launch an interactive website that will feature more information and registration for the Forum.

## **AAMA participated in sponsoring SAR Conference looking at acupuncture 10 years after NIH Consensus**

AAMA was a sponsor of the 2007 Annual Conference of the Society for Acupuncture Research (SAR), the Status and Future of Acupuncture Research: 10 Years Post-NIH Consensus Conference. Organized by SAR and hosted by the University of Maryland Center for Integrative Medicine, the event was held in early November. Several hundred practitioners and researchers participated.

In November, 1997, a landmark report by a consensus panel convened by the National Institutes of Health (NIH) concluded that there is clear evidence of acupuncture efficacy for postoperative and chemotherapy related nausea and vomiting, for nausea of pregnancy, and for postoperative dental pain. The NIH panel also cited other conditions for which acupuncture may be effective as a stand alone or an adjunct therapy, but for which there is less convincing scientific data.

These other conditions included drug addiction, stroke rehabilitation, headaches, menstrual cramps, tennis elbow, low back pain, carpal tunnel syndrome, and asthma. This consensus report has served as one of the most significant government statements that has contributed to increased acceptance of acupuncture and Oriental medicine by the biomedical profession in the United States.

The NIH Consensus Conference in 1997 significantly influenced acupuncture practice in the US and continues to be a driving force for the rapid development of research on acupuncture. SAR Co-Presidents Lixing Lao, PhD, LAc, and Rosa Schnyer, LAc, said this 10<sup>th</sup> anniversary conference will help move the field of acupuncture to a new level.

This 10th anniversary of the 1997 NIH Consensus Conference on Acupuncture featured a review of progress on acupuncture research, over the last decade and examined opportunities and challenges for future studies. Drs Hiroshi Nakazawa and Glenn Rothfeld participated in the conference representing the Academy.

## **Members earn DABMA certification**

The following AAMA members recently met the stringent requirements of the American Board of Medical Acupuncture (ABMA) and have achieved Board Certification in medical acupuncture. They have earned the designation DABMA (Diplomate, American Board of Medical Acupuncture):

William Boggs, MD, DABMA, Owing Mills, MD; Julie Brandies, MD, DABMA, Chicago, IL; Viet M Do, DO, DABMA, Walnut Creek, CA; Issac Faibisoff, MD, DABMA, Chicago, IL; Brinda Kalro, MD, DABMA, Pittsburgh, PA; Aram Mardian, MD, DABMA, Berkeley, CA; Jennifer Norden, MD, DABMA, Oshkosh, WI; Karen Schaaf, MD, DABMA, Malo, WA; Barbara Shute, MD, DABMA, Hanover, PA; David P Sniezek, MD, DABMA, Washington, DC; Thomas K Stempel, MD, DABMA, Phoenix, AZ; Cheryl Tanouye, MD, DABMA, Berkeley, CA; Ernesto Uy, MD, DABMA, Lakeland, FL.

The Academy has posted online a list of members who are Board Certified at [www.dabma.org/physicians.asp](http://www.dabma.org/physicians.asp). Diplomates (DABMA) are listed alphabetically by last name, along with their location, and dates of expiration.

## **Nominees sought for AAMA Board of Directors**

AAMA members interested in being considered for nomination to the Board of Directors are encouraged to submit a letter indicating their interest, along with a resume, by February 10, 2008. Full members and Fellows are eligible to serve on the Board, which is responsible for developing AAMA policies and overseeing operations. Address your letter to Chairman of the Nominations Committee, c/o AAMA, 4929 Wilshire Blvd., Ste. 428, Los Angeles, CA 90010.

Also, the Academy is looking for volunteers for committees. For a list and responsibilities, go to [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and click on AAMA Committees, or contact Executive Administrator James Dowden ([administrator@medicalacupuncture.org](mailto:administrator@medicalacupuncture.org), 323/937-5514) or a member of the committee that interests you.

## Medical Acupuncture Research News

*The following is a review of reported research results and related news recently announced or released through Internet outlets:*

- The abstract, "Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society," (Roger Chou, MD; Amir Qaseem, MD, PhD, MHA; Vincenza Snow, MD; Donald Casey, MD, MPH, MBA; J. Thomas Cross, Jr, MD, MPH; Paul Shekelle, MD, PhD; and Douglas K. Owens, MD, MS) was published in the *Annals of Internal Medicine* (Oct. 2, 2007, Vol. 147, Issue 7, Pages 478-491). Low back pain is the fifth most common reason for all physician visits in the US, with about ¼ of American adults having reported low back pain lasting at least one whole day in the past three months. Total incremental direct healthcare treatments attributable to low back pain are very costly. These clinical guidelines present seven recommendations to practitioners. One of those suggestions recommends that "patients who do not improve with self-care options consider the addition of nonpharmacologic therapy with proven benefits for acute low back pain, such as acupuncture." [Click here](#) to read this abstract, which mentions acupuncture, acupressure and Percutaneous Electrical Nerve Stimulation (PENS).

- The abstract, "Randomized Trial of Acupuncture to Lower Blood Pressure," (Frank A. Fleischkamp, J. Gallasch, Olaf Gefeller, et al, *Circulation*, 2007, Vol. 115, pp. 3121-3129) details acupuncture given by seven Chinese clinicians to 160 patients with hypertension. Treatments produced significant reductions in systolic and diastolic blood pressure. However, the beneficial effect did not persist after the six-week treatment period, conflicting with a recently reported study of a similar design. Sham acupuncture on 77 patients did not improve blood pressure. The study suggests that acupuncture can provide an alternative therapeutic option for hypertension, especially for patients who want to avoid prescription therapy. For details, type this abstract name into the American Heart Association Search box at <http://circ.ahajournals.org>.

- AAMA member Evelyn White, MD, board certified in obstetrics and gynecology, has been featured in the news recently using acupuncture and External Cephalic Version (pushing on the outside of the belly) to help expectant mothers avoid C-sections for breech babies to ensure the safest possible delivery. A needle in the pinky toe, stimulated by electric current for 20 minutes, taps into the nervous system. The procedure sends neuro-transmitters up the leg, back, to the forehead, and back down through the kidneys, bladder and toe. Dr. White performs acupuncture on her patients starting at 35 weeks, and it usually takes more than one treatment. Studies show 57-83% of patients experience success. Average acupuncture treatment cost is \$100, with some insurance companies offering reimbursement. Dr. White says acupuncture can also help with infertility and hot flashes in menopausal women. More details at [www.bonaventurafertility.com/Acupuncture.html](http://www.bonaventurafertility.com/Acupuncture.html).

- David Kailin, PhD, MPH, LAc, of Convergent Medical Systems, Inc. in Corvallis, OR contacted AAMA headquarters regarding his article, "OSHA Compliance: How Clean Needle Technique Falls Short" (*California Journal of Oriental Medicine* 18.1:23-4). He outlines a sampling of deficiencies and

inaccuracies in the acupuncture profession's official manual of standards for safe practice. Dr. Kailin compared the contents of *Clean Needle Technique Manual for Acupuncturists* (5<sup>th</sup> Ed., 2005, National Acupuncture Foundation) with then-current federal standards from the Occupational Safety and Health Administration. He suggests that they do not correctly or fully convey the requirements of the Needlestick Safety and Prevention Act of 2000, nor do they provide current guidance on the use of alcohol-based hand rubs, as approved by OSHA in 2003. He asserts that acupuncturists and their employees are at risk and suggests reviewing federal OSHA regulations at [www.osha.gov](http://www.osha.gov). The Oregon acupuncturist's article is posted at [www.convergentmedical.com/newsdesk.html](http://www.convergentmedical.com/newsdesk.html).

- The abstract, "Acupuncture as an Adjunct for Sedation during Lithotripsy" (Wang SM, Punjala M, Weiss D, Anderson K, Kain ZN, Department of Anesthesiology, Yale University School of Medicine) was published in the *Journal of Alternative and Complementary Medicine* (March 2007;13[2]:241-6). A randomized controlled study was carried out to determine whether a combination of auricular and body acupuncture is effective as an adjunctive treatment for pre-procedural anxiety and pain, in 56 patients undergoing lithotripsy (ultrasonic destruction of kidney stones). In the acupuncture group, pre-procedural auricular acupuncture was combined with intra-procedural electro-acupuncture stimulation, while in the control group both treatments were sham. Patients in the acupuncture group were less anxious pre-procedure than those in the sham group and also used a significantly smaller amount of analgesic during the procedure than those in the sham control group. The study concluded that a combination of auricular and body acupuncture can be used as an adjunct treatment to decrease preprocedural anxiety and intraprocedural analgesia in patients undergoing lithotripsy. For more, type this abstract's title into the Search box at [www.pubmed.gov](http://www.pubmed.gov).

- Studies are being done about how acupuncture is being explored as an alternative to surgical and chemical cosmetic procedures. Last year, 4 million Botox injections, 1 million chemical peels and 100,000 facelifts were performed in the US. The article, "Saving Face -- Natural Alternatives for Facial Rejuvenation" (Chronogram magazine, Aug. 1, 2007), outlines how facial acupuncture addresses not only the symptoms of aging, but the internal issues as well. This is accomplished by stimulating energy and eliminating blockages in chi pathways. After evaluation, patients have thin needles placed into acupoints and indicated areas of concern, like wrinkles, with needles placed into other parts of the body for balancing. At least 20 needles are inserted into the face, which are slightly curved, shorter and thinner than normal acupuncture needles. The entire treatment runs 1-1.5 hours, treating wrinkles, sunspots, acne, rosacea, dark circles and droopy eyelids. Ten to 12 treatments are recommended, with the seventh session being the "peak" and subsequent helping to cement them. For more, type this article name into the Search box at [www.chronogram.com](http://www.chronogram.com).

- Acupuncture is rapidly becoming more popular as suggestions for treatment of various ailments. *Alternative Medicine* (May 2007) did an article on using acupuncture combined with herbs and diet for weight loss. The article cited a 2006 study in the *Internal Journal of Neuroscience* demonstrating that acupuncture can help treat obesity by affecting appetite, digestion and metabolism, as well as raise levels of serotonin – the hormone that creates the feeling of being satisfied. Needle placement on limbs, trunk and back were outlined. That issue of the magazine ([www.alternativemedicine.com](http://www.alternativemedicine.com)) also ran a piece on how acupuncture, combined with dietary changes and Chinese herbs, can relieve symptoms of acid reflux.

Please send information you find on research involving the effectiveness of medical acupuncture to [bdortberg@aol.com](mailto:bdortberg@aol.com).

## AAMA Member News

In the recent survey of AAMA members, there was a great deal of concern regarding the state of third party reimbursement for acupuncture services. The Board created a task force that is looking at possible strategies the Academy might undertake in this area. The first step was to gather more specific information from the membership as to current experiences and how members are handling it. AAMA put together an online survey to gather information on how members are dealing with payments for acupuncture services and to get more specific information on problems with insurance carriers.

**Mitchell Prywes, MD, FAAPMR, FAAMA, DAAPM**, medical director of the Center for Pain Rehabilitation in Danbury, CT, was recently featured in a USA Today article regarding the use of Low-level laser therapy in the treatment of pain. To read the article, type "Multi-use lasers cast doctors in new light" in the Search box at [www.usatoday.com](http://www.usatoday.com).

In recognition of the growing numbers of physicians trained in acupuncture on temporary and permanent military status, the AAMA Board of Directors has created a special membership category. This action is meant to reflect the income levels of Active Duty Personnel while serving in the military, while continuing their access to Academy services and resources. This category of membership is offered to provide discounted Practice level membership for Active Duty Military personnel with at least 200 hours of formal training. Physicians who are currently serving on Active Duty with the US military and who meet the requirements set forth for Associate or Full Membership, or for Fellowship, as outlined above, are eligible for this category of membership. Those who serve as Active Duty Military personnel who do not yet meet the requirements for a Practice membership category may select Affiliate membership. Contact AAMA headquarters (323/937-5514) with any questions.

**Richard F. Hobbs, III, MD**, has been granted privileges to practice medical acupuncture at Main General Medical Center in Waterville and Augusta, ME. Guidelines from AAMA were used in establishing credentialing criteria.

Members can search the **Acubriefs** database at [www.acubriefs.com](http://www.acubriefs.com) for references, special research programs and bibliographic assistance as a valuable resource to the acupuncture community. A free comprehensive Citation List -- including 132 new references with 42 Randomized Controlled Trials (and Abstracts of RCTs) -- can be found at [www.acubriefs.com/newcitations.htm](http://www.acubriefs.com/newcitations.htm). The site also has 54 Citations from Chinese literature, with English Abstracts. Those are sent each month from their researcher in Beijing, who retrieves them from the National Library. They have also included citations from the Journal of Alternative and Complementary Medicine, the American Journal of Chinese Medicine and the International Journal of Clinical Acupuncture.

Editor in Chief Dr. Richard Niemtzw of the journal, Medical Acupuncture, is seeking volunteer reviewers to review manuscripts. Reviewers will access manuscripts via website ([www.liebertpub.com/acu](http://www.liebertpub.com/acu)). Reviews must be completed and returned within one business week. Reviewers successfully completing a series of timely, high-quality reviews may be invited to join the Editorial Board (at the discretion of the editor in chief). Please send brief qualifications and contact information to [n5ev@aol.com](mailto:n5ev@aol.com) and copy [rosalynr@aol.com](mailto:rosalynr@aol.com).

The 20<sup>th</sup> **Annual AAMA Symposium** will be held on April 11-13, 2008 at Marriott Wardman Park Hotel, 2660 Woodley Road, NW, in Washington, DC. The Review Course will be offered on April 8-9, 2008, followed by Pre-Symposium workshops on April 10, 2008 and the Board Certification Exam on April 13, 2008. The Academy has negotiated a discounted rate of \$215/night (single/double). To reserve a room, call the hotel at 800/228-9290 or 202/328-2000 by **March 10, 2008** and be sure to mention AAMA.

Preserve the 19<sup>th</sup> Annual AAMA Pre-Symposium and Symposium 2007 and all that vital information. Review once again a motivating, informative address or experience for the first time a compelling session that you may have missed. The 2007 Symposium Syllabus is available for purchase by visiting [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and clicking on AAMA Store. Content from the 19<sup>th</sup> Annual Symposium also is available for purchase in DVD, MP3 and PowerPoint formats. Visit [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and click on AAMA's Live Education Center.

Members participating in AAMA's referral program will be happy to hear that there were 511 unique visits to the website referral page ([www.medicalacupuncture.org](http://www.medicalacupuncture.org) and click on, Find an Acupuncturist Near You) in **August 2007**; 851 unique visits to the website referral page in **September 2007**, and 506 unique visits to the website referral page in **October 2007** from patients seeking medical acupuncturists in their area. The toll-free number that patients are calling is 800/521-2262. Members interested in participating in the Patient

Referral Program should visit the physician listings online to verify that they are listed. The Academy staff needs explicit notice to include members in the program.

**Drs. Mitch Prywes, Robert Schulman and Ann Cotter** presented a course entitled, "Creating an Integrative Medicine Practice in PM&R," at the 68th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation in Boston.

*Please send news items and photos to [bdortberg@aol.com](mailto:bdortberg@aol.com).*

## **AAMA Chapter News**

### **Arizona**

Arizona Chapter meetings are held at 9 am on the second Saturday of each month at Dr. Martha Grout's office at 9328 E. Raintree Drive, Scottsdale, AZ 85260. For more details, call 480/240-2600 or e-mail [drmartha@crossroadsclinic.net](mailto:drmartha@crossroadsclinic.net). There are monthly speakers on topics related to medical acupuncture, as well as Chinese and Functional/Integrative medicine. E-mail Rebecca Wilks, MD, at [info@drwilks.com](mailto:info@drwilks.com) to get on the e-mail list for meeting announcements.

### **California**

Chapter officers are working hard to come up with innovative ideas for CME credits. They are continuing their membership drive to make the Chapter stronger. Academy members interested in joining the California Chapter are encouraged to contact President Haleh Sheikholeslami, MD, at [calchapaama@hotmail.com](mailto:calchapaama@hotmail.com).

### **Georgia**

The Georgia Chapter of Medical Acupuncture holds quarterly journal clubs with lectures from local physician acupuncturists. They have scheduled Dr. Richard Tan to speak on the Classical Chinese Balance Method in March 2008. For more information, contact Chapter President Anna C. Kelly, MD, at [annakellymd@hotmail.com](mailto:annakellymd@hotmail.com) or 404/255-8388.

### **Maryland**

The Maryland Society of Medical Acupuncture offers educational programs and wants to increase participation. Treat yourself to a nice evening. It is free, and members whose dues are paid receive a nice free meal. The lecture is on the Chapter. Contact President Richard Niemtow, MD, PhD, MPH, at [n5ev@aol.com](mailto:n5ev@aol.com) to join MSMA.

### **New York**

The New York Chapter is seeking new members who are interested in leadership positions and willing to organize activities. This is a great opportunity to get involved locally with the Academy. They need members' active involvement to continue to expand activities. For more information, contact Chapter President Bruce R. Gilbert, MD, PhD ([bruce.gilbert@verizon.net](mailto:bruce.gilbert@verizon.net), 516/487-2700).

### **Ohio**

The Ohio Chapter is planning an educational opportunity in Cincinnati March 1-2, 2008. Dr. Joseph Helms will lead an informative program titled, "Helms Has Gone Curious," at The Alliance Institute for Integrative Medicine. It's for those graduates with at least two years of clinical experience using the fundamentals provided at the HMI medical acupuncture course. Participants will be awarded 15 hours of Category 1 CME credit and also receive a two-hour DVD to be reviewed prior to the course. A brochure will be mailed to Ohio and surrounding states by Jan. 1, 2008. Anyone interested can also contact Chapter President Liz Woolford, MD, at [Liz.Woolford@myhealingpartner.com](mailto:Liz.Woolford@myhealingpartner.com).

## Washington

Frederic Taylor, MD, died in May. He was an innovative pain management specialist and active in Washington State's Chapter of AAMA. Within his last week of life, he conveyed that acupuncture and comprehensive models of understanding remained one of his primary professional passions. He also generously donated an extensive number of books related to acupuncture and pain to the Best of Both Worlds Foundation. Chapter Secretary James K. Rotchford, MD, FAAMA, said like-minded colleagues can be difficult to find for physicians involved with medical acupuncture. The loss of Dr. Taylor as a friend and a colleague is deeply felt.

Visit [www.medicalacupuncture.org](http://www.medicalacupuncture.org) and click on *Regional Chapters* for an up-to-date listing of AAMA Chapter officers, their contact information and members. Think about joining a Chapter to learn more about medical acupuncture specific to your area. And if there's not a Chapter in your region, please consider forming one by contacting Chapter Liaison Dr. Bruce Gilbert ([bruce.gilbert@verizon.net](mailto:bruce.gilbert@verizon.net)). Chapters provide fellowship, professional camaraderie, education and curbside consults.

Chapter representatives, please send your news and photos for the AAMA Newsletter via e-mail to [bdortberg@aol.com](mailto:bdortberg@aol.com).

## Employment Opportunities

- Two psychiatrists who are also medical acupuncturists seeking another to join them who is skilled in working with adolescents. Mingus Mountain Academy is a long-stay treatment center for adjudicated girls near Prescott, AZ. Treatments blend Eastern and Western medical approaches and integrative psychiatric care, as well as acupuncture, Chinese and Western herbs, homeopathy, equine therapy, medications and more. Contact Medical Director Oliver Cooperman, MD, DABMA (602/335-2051, [ocooperman@mmaaz.com](mailto:ocooperman@mmaaz.com)).

- Solo family medicine practice clinic in St. Ignatius, MT looking to expand and include integrative medicine (acupuncture and herbal medicine). Candidate must be motivated self-starter. Possibility for right person to become part owner of the clinic. Call Randy Trudeau, MPAS/PAC (406/745-8765).

List employment opportunities here free by sending them to Barton Ortberg ([bdortberg@aol.com](mailto:bdortberg@aol.com)).