

## More Letters to the Editor

Editorial Staff | DIGITAL EXCLUSIVE

*Editor's note:* The following letters were originally scheduled to appear in April 2005 issue of *Acupuncture Today*, but were excluded due to a lack of space. As a result, they are being printed online for review by the acupuncture and Oriental medicine profession.

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How Much of Allopathic Medicine Is "Evidence-Based"?

Dear Editor:

I am writing in reference to Dr. Mark Dirck's letter in your February 2005 issue regarding the advisability of debating the research basis of acupuncture or natural medicine with allopathic physicians. From the perspective of an acupuncture practitioner with 30 years of experience, as well as publications, teaching and university-based research work on acupuncture, and currently director of an integrated medical center and staff acupuncturist at a hospital in Seattle, my response to attacks on our medicine for not being "evidence-based" is to quote the following statistic from the Office of Technology Assessment of the Department of Commerce: "15-20 percent of medical office procedures are supported by controlled clinical research."

While we have seen an increasing number of controlled experimental studies indicating the success of acupuncture, botanicals and nutritional agents, there is a legitimate argument to be made for thousands of years of empirical rather than experimental science as the basis for medical practice, considering that allopathic medical practice is in fact based primarily on hundreds of years of empirical discovery, according to this government agency.

*Richard Kitaeff, MA, ND, Dipl. Ac. (Japan), LAc  
Seattle, Washington*

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Are the New CPT Codes "A Large Step Backward" for the Profession?

Dear Editor:

I am very concerned about the new codes. I have been a preferred provider on many health plans for several years. Looking at the reimbursement schedule for Blue Cross, if you bill for two units, their reimbursement for acupuncture drops by close to 50 percent. Even if the bill is for three units (their maximum), the reimbursement is still significantly less than what they're paying now.

This does not bode well for the acupuncture community, and seems to me like a large step backward. At these rates, I'll have to reconsider if I can afford to stay a preferred provider. Either way, it will mean a large drop in my income, either from loss of clients or a drop in reimbursements.

*Name Withheld Upon Request*

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## More Concerns Over CPT Codes

Dear Editor:

I was very disturbed by some of the content of the David Wells article, "New CPT Codes for Acupuncture Are Here!" which appears in the February 2005 issue.

The description of the codes that appears on page 17 of the issue, under the heading, "What Does '15 Minutes' Mean?" states, "This means that you are not only in the room with the patient, you are actively performing a medically necessary activity that is a component of acupuncture ... 'Personal one-on-one contact with the patient' does not mean hanging out with the patient and talking about their Five-Element preferences, or their love life, for that matter. We don't get paid for counseling under these codes."

These statements not only demonstrate a total ignorance of classical acupuncture and its goals, but essentially dismiss and undermine the whole concept of holistic health care. I will not attempt here to educate one on the necessity of leading a balanced lifestyle in order to attain and maintain health, and the sometimes necessity to educate patients in this regard. However, it is well worth mentioning that the initial intake time allotted during the first portion of any patient's visit is not, in a Five-Element treatment, spent discussing philosophical issues or counseling. The initial intake is spent smelling the patient as she/he provides information, watching color changes, noting emotional responses and listening to indications in the person's voice that will give further information regarding the state of each organ system. This is crucial information which, when added, to pulse diagnosis, gives a more precise indication of the best treatment plan for that session.

Just because some practitioners lack the subtle training necessary to exercise these skills and consequently are able only focus on the end-result of a disease process, rather than treating it at its source, it seems unfortunate at best that they feel the necessity to ridicule procedures that they do not understand. This misinformed criticism and ridicule of other styles of Chinese medicine shows an arrogance and immaturity that can only serve to break down the cooperation and communication that many of us in the field have worked very hard to achieve over the past 25 years.

*Ian Barbara Florian, MAc, LAc, Dipl. Ac.  
Durham, North Carolina*

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## Insurance Coverage for Acupuncture: Many Challenges Still Ahead

Dear Editor:

I would like to comment on your insurance coverage article ("Report: Insurance Coverage for Acupuncture on the Rise," January 2005), which appears to paint an ideal situation that is simply not true as to coverage for both acupuncture and chiropractic. In the article, you stated that coverage for acupuncture was on the rise, but neglected to state that carriers are challenging us by putting limitations on such coverage, as well as limitations as to the provider of service. While it is not up to

the insurance companies to exclude or bias one profession over another for the same state-regulated service, nonetheless it is happening. As an aside, it is worthwhile to note that fewer employees are being covered by private insurance, and the Medicare acupuncture bill has not passed. It is very obvious that we need to have some governmental support so that we can help millions of people who cannot afford our services.

*Mike W. Bowser, LAc*  
*Burnsville, Minnesota*