Purpose

The purpose of this guide is to provide assistance to acupuncturists who are interested in practicing in a hospital-based inpatient or outpatient setting that requires credentialing. This document includes information on why the guide was developed, what many hospital administrators and credentialing committees may request for documentation to be a credentialed provider, and an overview on the extent of privileges once an acupuncturist is credentialed.

The NCCAOM Board of Commissioners convened a special Hospital-Based Practice Taskforce and charged them to:

- provide information for acupuncturists on the process of credentialing and privileging by conventional medical institutions, and
- identify specific information that will help licensed acupuncturists to function as independent providers in inpatient and outpatient hospital settings.

Background Information

Over the past three decades, the movement in Acupuncture and East Asian Medicine into institutional outpatient and inpatient settings has coincided with an increase in published evidence for the feasibility, safety, and therapeutic benefit of onsite access. This has resulted in an increasing trend in the hiring of acupuncturists in medical facilities.

The NCCAOM has been tracking this trend. The 2013 NCCAOM® Job Analysis (JA) Survey reports 59.0% of respondents worked as solo practitioners in 2013 compared to 90.7% in 2008. Nearly 10% of the respondents to the 2013 survey indicated that they worked in a hospital or an integrative care setting, while another 15.6% indicated that they worked in a group practice with other healthcare providers. In other words, 25% of the respondents indicated that they work with other healthcare providers in either an inpatient or outpatient setting.

Practitioners continue to express interest in expanding their employment options and seek guidance from the NCCAOM on how to prepare for the credentialing process to qualify for work in institutional settings.
The NCCAOM® Academy of Diplomates Board of Trustees is committed to supporting its members in applying to these settings as they seek to expand their provision of care to a wider patient population.

Definitions of Credentialing and Privileging

Credentialing:
The Joint Commission, the largest and oldest standard-setting accrediting body in United States healthcare, accredits hospitals, physician’s offices, nursing homes, office-based surgery centers, behavioral treatment facilities, and providers of home care services (www.thejointcommission.org). This Commission defines a licensed independent practitioner (LIP) as a practitioner who is able to provide direct patient care and services without direction or supervision, if their State healthcare provider license permits them to practice independently. All U.S. States that license Acupuncturists allow for the LIP status except for Louisiana and Michigan which require supervision under an LIP. Georgia and Ohio require one-year supervision under an LIP for all new practitioners. States with no acupuncture practice act include Alabama, Kansas, Oklahoma, South Dakota, and Wyoming.

The Joint Commission defines hospital credentialing as “a process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services for a health care organization”. This process includes documented evidence of current licensure, education, training, experiences or other qualifications (e.g., national board certification). Reference: Joint Commission Tips for Credentialing/Privileging in Ambulatory Care, http://www.jointcommission.org/ahc_credentialing_privileging_tips/.

Credentials are documented evidence of current licensure, education, training, experience, or other qualifications. Examples of credentials are certifications/certificate(s), titles, or letters that qualify an individual to perform certain tasks. The credentials can be presented as a letter, badge, or other official identification that confirms an individual’s position or status.

Credentialing is also based on maintaining current professional licensure and national board certification, and compliance with institutional evaluations of job performance.

Once the LIP is credentialed, the practitioner meets the qualifications and competencies identified in a job description. The LIP is approved to perform those duties and responsibilities identified in the job description or contract for contracted staff.
Authorization to perform the duties and responsibilities identified in the job description or contract is on-going as long as the LIP remains in the position which may or may not need to be renewed periodically (see more information on privileges below).

Privileging:

Privileging is the process whereby the specific scope and content of the patient care services (that is clinical privileges) are authorized for a healthcare practitioner by a health care organization, based on an evaluation of the individual’s credentials and performance. A ‘privilege’ is defined as an advantage, right, or benefit that is not available to everyone; the rights and advantages enjoyed by a relatively small group of people, usually as a result of education and experience. Practitioners are credentialed and privileged – that is, the organization verifies the qualifications, education and license of the practitioner upon hire; periodic re-evaluation may be performed. Reference: http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqid=703&amp;Programls=47

Privileges are granted by the governance of the organization after evaluation of the education and training that the provider has presented. Privileges allow the LIP’s to perform, or give the care, treatment and services requested by the organization to their patients. Reference: The Joint Commission Tips for Credentialing/Privileging in Ambulatory Care, http://www.jointcommission.org/ahc_credentialing_privileging_tips/

Information on Credentialing for Acupuncturists

The Credentialing Process:
The credentialing process could be lengthy and may take months. It typically takes place in the following steps:

1. The practitioner provides the institution with his/her academic curriculum vitae. In most cases, this document is longer and more detailed than a simple resume.

2. The practitioner fills out the credentialing packet that includes a number of items including an application form. Several of the items may not apply to acupuncturists and can be skipped. Copies of the following items may be required:

   A. Required Documents
      1. Current state license and registration
      2. Professional references
      3. National Provider Identifier (NPI) number
B. May Be Required Documents
   1. Degrees and/or diplomas
   2. National Board Certification (i.e., active NCCAOM® Diplomate status)
   3. Proof of infection control course
   4. Proof of malpractice insurance coverage

3. A criminal and professional background check is usually done by the institution directly, if deemed necessary.

4. The practitioner is interviewed by department heads or other administrators who then sign-off on the credentialing packet.

5. The signed packet is then submitted for approval by the credentialing committee.

6. As part of hiring and credentialing, the practitioner agrees to ongoing continuing education requirements by the institution (may be equal to or greater than the NCCAOM requirements).

What to recommend if the hospital does not yet have a policy for credentialing acupuncturists:

1. Recommend that the institution use the same format that they do for other recognized LIP professionals.

2. Assure that the acupuncturist has a current, unrestricted license to practice in the state in which the healthcare facility is located.

3. Verify licensure of an acupuncturist (i.e., licensed acupuncturist, acupuncture physician, East Asian medicine practitioner, Doctor of Oriental Medicine).

4. Active NCCAOM® Diplomate status in Acupuncture or Oriental Medicine
Information on Privileging for Acupuncturists

**Entering an Existing Program:**
In the credentialing packet there is usually a “Delineation of Privileges” (DOP) form for the practitioner to fill-out and sign.

The privileges are based on the practitioner’s State scope of practice.

Typically, the DOP lays out specific individual ‘privileges’ or procedures for the practitioner that the institution has decided to make available to patients. These are presented in list form and the practitioner is instructed to check off all those privileges he/she would like to ‘request’.

Privileges for LIPs may not include the same list as those for physicians, but instead are specified as the State’s scope of practice for the LIP’s discipline. They clarify that the LIP has no admitting or discharge privileges or the ability to order conventional medical tests.

There may be privileges that are allowed within the LIPs State scope of practice but not included on the list granted to the practitioner due to internal policies or limitations (e.g., moxa in hospital settings which ban smoking).

**Entering a New Program: Making Recommendations**

There will be habitual conventions as to how DOP forms are laid out at any given institution. A DOP form for acupuncture service providers should ideally include the following sections:

**State Scope of Practice:** This may not be known to most administrators and should be made available for reference at the head of the document. If it is long, DO NOT SUMMARIZE; provide excerpts of the most meaningful parts and an URL for the rest. It is the NCCAOM Hospital-Based Taskforce’s position that as LIPs, acupuncturists should be able to perform based on the full scope of their practice.

**Admitting Privileges and Responsibility for Patient Care:** These are specifications and clarifications regarding the practitioner’s responsibilities in patient care. They may include:

1. Privileges to admit or discharge patients (acupuncturists do not have these privileges).
2. Responsibility for patients treated (Note: This usually remains with the attending physician who orders the consultation or treatment).

3. Record of treatment in patient’s chart (this is the acupuncturist’s responsibility).


**Delineation of Privileges**: At most institutions and for most professions, this is typically a list of procedures expected to be conducted by the practitioner. The list would constitute a subset of the full scope. For acupuncturists it is preferable to refer back to the entire State scope of practice, rather than involve hospital administrators in specific decision-making as to the applicability of a given practice or technique.

In a state where herbal medicine is included in the State scope of practice and the hospital is interested in providing the service, the list may need to provide separate categories for this area of practice.

Note: If the institution prefers to list specific procedures, two choices are available.

1. First, and most preferable, is to draw the list directly from the State scope of practice if it provides one. In this case it is critical to include a sentence to the effect that the list is representative of clinical practice but not necessarily all-inclusive.

2. Second, if the State scope of practice does not provide a list of procedures, the institution may prefer to list those patient populations to whom it wishes to make acupuncture available at the present time, however, preferences are often delineated at the department level at the discretion of the department head or attending physician to allow for deployment of services by physicians in more direct contact with patient care and needs.

**Identification of Knowledge and Skills Needed to Function Effectively in the Hospital Setting**

1. Identify and participate in programs that familiarize acupuncturists with hospital and integrative systems.

2. Become familiar with research and the evidence for the therapeutic benefit of the care acupuncture therapy offers.
3. Based on the evidence, improve your ability to communicate with physicians and staff both in presentations and casual conversation.

4. Acquire and maintain up-to-date knowledge in all areas of safety including CPR, infectious disease and blood born pathogen procedures.

5. Become familiar with **coding and billing**.
   - Does the institution already bill for acupuncture services?
   - How and what does the acupuncturist need to do to be on the same page as the institution?
   - For hospital administration and practitioners, evaluation and management codes (99201-99235) are billable and covered for acupuncturists by most private insurance companies as of 1-20-2014 due to the **Patient Protection and Affordable Care Act**, section 2706.
   - Acupuncture codes (97810-97813) which are also billable and covered by most private insurances, depending upon the plan.

This is essential knowledge for those who want acupuncture services in their hospital systems for both inpatient and outpatient.

6. Recognize there is diversity and variability in medical institutions. Accurately identifying both the potential and the challenges to the inclusion of acupuncture therapy at a given institution can make the difference between a smooth or difficult progress, as well as ultimate success or failure.

7. Most importantly, ask for help. Integrative health care is a team activity. Continuing education courses are available; and senior colleagues, academic leadership, friendly hospital physicians and administrators, and the NCCAOM should be regarded as valuable resources to be used (once you have done all possible information gathering on your end).

8. A security badge is often required whenever you are at the institution. If you have the choice, it is recommended to write your credentials for board certification and/or state license.

9. Once you are on board, make an effort to attend Department Grand Rounds presentations. It is a great way to meet physicians and staff, learn about research in medicine, and have a visible presence.
Conclusion

The NCCAOM has reported on the trend over the last several decades of the movement of acupuncture and East Asian Medicine practice into institutional outpatient and inpatient settings. This trend has coincided with published evidence for the feasibility, safety, and therapeutic benefit of onsite access. The NCCAOM is committed to supporting its Diplomate members expand their options for employment and patient care by providing guidance in applying for credentialing to conventional inpatient and outpatient integrative medical settings.

This *Credentialing of Acupuncturists for Hospital-Based Practice: A Resource Guide for NCCAOM Diplomates* will continue to be updated with relevant advances and documents in support of our members work. Your questions, comments or recommendations for updating this Guide may be sent to executiveoffice@thenccaom.org.
References and Links

References

Ambulatory Care Program: The Who, What, When and Where’s of Credentialing and Privileging;  
http://www.jointcommission.org/assets/1/18/ahc_who_whatCredentialing.pdf


NCCAOM® 2013 Job Analysis Survey: Descriptive Demographic and Clinical Practice Profile of Acupuncturists: An Executive Summary: www.nccaom.org

The Joint Commission Clarification of the Pain Management Standard;  
http://www.jointcommission.org/clarification_of_the_pain_management_standard/

The Joint Commission Tips for Credentialing/Privileging in Ambulatory Care,  
http://www.jointcommission.org/ahc_credentialing_privileging_tips/

Reappointment of Assigned Clinical Responsibilities: The Joint Commission,  
dar dsF aqId=703&ProgramId=47, February 24, 2015

Primary source verification of education for licensed practitioners including LIP: The Joint Commission,  
dard F aqId=702*ProgramId=47

Links

NCCAOM  www.nccaom.org
The Joint Commission  www.jointcommission.org
World Health Organization  www.world.int
Glossary

Billing is the process and follow-up of medical claims sent to health insurance companies for reimbursement of services rendered by a healthcare provider.

Coding is the transformation of healthcare diagnosis, procedures, medical services, and equipment into universal medical alphanumeric codes.

Credentialing: The Joint Commission defines hospital credentialing as “a process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services for a health care organization”. This process includes documented evidence of current licensure, education, training, experiences or other qualifications, (e.g., national board certification).

Curriculum Vitae (CV) is a detailed account of an individual’s education and training, work experience, license and/certifications, presentations, publications, affiliations, etc. A curriculum vita is often used for academic purposes and is more detailed than a resume (see below).

DOP – Delineation of Privileges is typically a list of procedures expected to be conducted by a practitioner that is utilized at healthcare institutions for different professions.

HIPAA – The Health Insurance Portability and Accountability Act (HIPAA) was enacted in August 1996 by the United States Congress to improve the portability and continuity of health insurance coverage in the group and individual markets and to reduce waste and abuse in healthcare delivery. Sections of the HIPA Act include health insurance coverage for workers and their families, establishment of national standards for electronic health care transactions, national identifiers for providers, privacy requirements, research and clinical care, drug and alcohol rehabilitation, medical savings accounts, and tax deductions for employers.

LIP – Licensed Independent Practitioner (LIP) a practitioner who is able to provide direct patient care and services without direction or supervision, if their State healthcare provider license permits them to practice independently.

NPI – National Provider Identifier (NIP) is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI was mandated as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
Patient Protection and Affordable Care Act, commonly called Affordable Care Act or Obamacare is the United States federal statute that increases the quality and affordability of health insurance, lowers the uninsured rate by expanding public and private insurance coverage, and reduces the costs of healthcare for individuals and the government.

A 'privilege' is defined as an advantage, right, or benefit that is not available to everyone; the rights and advantages enjoyed by a relatively small group of people, usually as a result of education and experience.

Privileging is the process whereby the specific scope and content of the patient care services (that is clinical privileges) are authorized for a healthcare practitioner by a healthcare organization, based on an evaluation of the individual’s credentials and performance.

Resume is a document used to present a short summary of an individual's background and skills. Résumés can be used for a variety of reasons, but most often they are used to secure new employment.

The Joint Commission is the largest and oldest standard-setting accrediting body in United States healthcare. They accredit hospitals, doctor's offices, nursing homes, office-based surgery centers, behavioral treatment facilities, and providers of home care services.

WHO – World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health. It was established in 1948 and is headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group.
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*NCCAOM Hospital-Based Practice Taskforce

Members Eric Buckley
Claudia Citkovitz
Susan Darling-
Veleber Barbara
Gosse
Justin Heesakker
Megan Kingsley-
Gale Jennie Kjos
Lori Knutson
Andrea Lee
Arya Nielsen
Galina
Roofener
Jonathan
Siman
Timothy Suh