

ASA NCCAOM Town Hall

What Medicare and Medicaid Can Do for the Acupuncture Profession

October 30, 2024

Questions were submitted at the Town Hall

They were answered on November 15, 2024

[Town Hall recording](#)

[Power Point Slides](#)

Table of Contents

What ICD10 code should be used for low back pain?	5
In NY State Acupuncturists cannot be supervised unless the other medical professional (authorized to bill Medicare) has our training and certification.	5
Please reiterate what the reimbursement is through Medicare for 97810.	5
In 2021 I had 3 months of service denied by Medicare.	5
It sounds like the supervising provider doesn't need to be certified in acupuncture (300-hour medical acupuncture course)?	5
In the assessment, do we only put lower back pain such as M54.51 or M54.59. Can we also put other codes such as pain shoulder or pain hips or headache at the same time?5	
If a patient was referred by their doctor for chronic lower back pain, but I could not see in patient's encounters list that they have had seen their doctors for lower back pain? .5	
In my state of Colorado, Medicare will reimburse \$1.88 for cLBP and pass down the rest of the bill to the UHC Advantage Plan. As a result, my hospital shut down acupuncture service in 2023 after 22 years of providing acupuncture for our patients..6	
John, which hospital do you work for in Illinois?.....	6
What role did Cleveland Clinic (who has a lot of influence in the state) influence the State's change to cover Acupuncture for Medicaid in Ohio?	6
Are these presenters open to working with our State (Virginia) to help us navigate getting Acupuncture covered by Medicaid in our state?	6
Question: Other practitioners do not have to have appropriate supervision. So it appears as if we are not on the same level as other practitioners who do not have to have supervision?.....	6
Is the bill written in such a way to ensure we can opt out and charge cash to Medicare patients?	7
Does Medicare or Ohio Medicaid cover E/M codes for LAcS? Or just acupuncture CPT codes?	7
When is the bill going to be voted on?	7
Do you use the Oswestry scale for Medicare low back pain evaluation or Keele score? .7	

Question: Will you be willing to send out slides after the presentation?7

What is the second cLBP code for Medicare? Specificity is always helpful. Do you also need to bill a second code indicating that the (low back) pain is chronic?.....8

What is the process for getting the additional 8 visits authorized and how complicated/time-consuming is that?.....8

How much do you have to pay the Supervising Physician? Do you pay per patient?8

Please ask John if he would provide a phone /email? I'd like to follow through with a more detailed conversation.....8

What diagnoses will be covered by Medicaid for acupuncture?8

What are the salary ranges for hired acupuncturists in the integrative offices and hospital settings?8

Can you bill co-pay beyond what Medicare and Medicaid payments?8

What is the salary for an acupuncturist entering the hospital system? Is higher volume translating to increase pay?9

How many acupuncturists are in private practice versus in a healthcare system now? ..9

Over 40 years ago, the NIH published a review of all double-blind, peer-reviewed studies of acupuncture. They identified over 20 conditions for which acupuncture had been proven effective at that time, mostly gynecological conditions. The NIH then recommended that Medicare cover treatments for these conditions and submitted their report to Congress. We had one sympathetic senator who submitted a bill based on this recommendation. What happened to this list and the bill?9

I am in Milwaukee, Wisconsin and interested in reaching out to local physicians who would be interested in supervising an L.Ac. in a private setting. Would you be willing to share the information you used to inform the physicians about supervision?9

How much is the total charge of the claim?10

Does an acupuncturist have to be registered with Medicare in order to bill?10

We cannot bill directly?.....10

Can acupuncture be billed for post-surgical care?10

Can John share with us the letter he used successfully to enroll a supervising physician onboard?10

Is it possible to share with State Associations those educational materials for MD?.....	10
If acupuncturist also holds NP license, how to deal with the billing issue?	10
Can you expand on what you said about supervising physician liability?	10
Patient have 2 insurances. 1st is Medicare, 2nd is commercial insurance. How do I get the Medicare EOB or denied letter?	11
Do you have to send notes with every patient?	11
How can we as independent acupuncturists coordinate with MDs to have them 'supervise' us electronically, for example with telemedicine. Is it visual, or paperwork signoff?	11
How does the reimbursement work?	11
How much the fee for MD is reasonable?	11

Question: What ICD10 code should be used for low back pain?

Answer: M54.59 (other chronic low back pain) or M54.41 (vertebrogenic low back pain)

Question: In NY State Acupuncturists cannot be supervised unless the other medical professional (authorized to bill Medicare) has our training and certification.

Answer: This will be resolved with the passage of H.R. 3133. All the more reason to mobilize support amongst our colleagues!

Question: Please reiterate what the reimbursement is through Medicare for 97810.

Answer: This varies by region. In Cleveland, we see a combination of 97810 plus 97811 reimbursed at \$67. There is a link on our PPT to look up reimbursement by Medicare in your region.

<https://www.cms.gov/medicare/physician-fee-schedule/search>.

Question: In 2021 I had 3 months of service denied by Medicare.

Answer: When we first started billing Medicare, we learned that the code we were using was discontinued (M54.50). We now only use: M54.51 or M54.59 with G89.29. For an additional 8 visits we attach the KX modifier.

Question: It sounds like the supervising provider doesn't need to be certified in acupuncture (300-hour medical acupuncture course)?

Answer: Correct. The Medicare rule states that they just need to be a credentialed Medicare provider holding one of these licenses: MD/DO/NP/PA.

Question: In the assessment, do we only put lower back pain such as M54.51 or M54.59. Can we also put other codes such as pain shoulder or pain hips or headache at the same time?

Answer: You can add more diagnoses, but the primary thing being treated needs to be low back pain and the low back pain diagnosis needs to be listed FIRST.

Question: If a patient was referred by their doctor for chronic lower back pain, but I could not see in patient's encounters list that they have had seen their doctors for lower back pain?

Answer: The patient does not need to be seen by a physician first. They can come to you with the complaint of low back pain. BUT you need to be billing this under the physician/APP in order to be reimbursed so you need to have a billing relationship with the physician.

Question: In my state of Colorado, Medicare will reimburse \$1.88 for cLBP and pass down the rest of the bill to the UHC Advantage Plan. As a result, my hospital shut down acupuncture service in 2023 after 22 years of providing acupuncture for our patients.

Answer: This may be because this was being billed in a hospital space that has a facility fee rather than a doctor's office space that does not bill a facility fee. When there is a facility fee, the acupuncture charges can get bundled and the reimbursement goes down significantly.

Question: John, which hospital do you work for in Illinois?

Answer: In 2018 Aurora Health Care in WI merged with Advocate Health Care of Illinois to form Advocate Aurora Health. As the manager of acupuncture in WI I also work as a resource to leadership in IL as they are working to launch acupuncture at several sites. They currently offer acupuncture at Advocate Good Shepard and Advocate Christ Medical Center.

Question: What role did Cleveland Clinic (who has a lot of influence in the state) influence the State's change to cover Acupuncture for Medicaid in Ohio?

Answer: The Northeast Ohio Hospital Consortium includes the Cleveland Clinic as well as a number of other hospitals who helped us lobby for expanded diagnosis. My experience is that having acupuncture at institutions like the Cleveland Clinic also gives us credibility and helps us be accepted as part of mainstream medical care.

Question: Are these presenters open to working with our State (Virginia) to help us navigate getting Acupuncture covered by Medicaid in our state?

Answer: Please feel free to reach out to the ASA's Medicaid Committee. This committee was set up specifically to provide resources and best practices to states who are interested in setting up Medicaid. Please contact: medicaid@asacu.org or go to the ASA website to learn more about the committee: <https://asacu.org/wp-content/uploads/2024/04/Charter-Medicaid-Committee.pdf>.

Question: Other practitioners do not have to have appropriate supervision. So it appears as if we are not on the same level as other practitioners who do not have to have supervision?

Answer: At the moment that is correct. But it's important to understand that the organization that oversees what Medicare will cover (CMS) is only able to recognize providers who are included in the Social Security Act, which is entirely controlled by the US Congress. So CMS deciding to cover acupuncture is step

one, and step two is getting a bill like H.R. 3133 through congress which will allow us to register directly with Medicare and no longer require supervision.

Question: Is the bill written in such a way to ensure we can opt out and charge cash to Medicare patients?

Answer: Yes, you can opt out and charge cash.

Question: Does Medicare or Ohio Medicaid cover E/M codes for LAc's? Or just acupuncture CPT codes?

Answer: With Medicare, remember that all charges are being billed under the physician/APP name, so Medicare will cover an E&M code billed by the physician/APP, but NOT on the same day that acupuncture is billed. The E&M will be paid but the acupuncture will be denied. Medicaid in Ohio does not pay E&M.

Question: When is the bill going to be voted on?

Answer: The bill will not go to vote until it has a 1) balance of republican and democratic co-sponsors, 2) enough co-sponsors to warrant being added to an omnibus bill. As it stands, bills need to be reintroduced every new congressional session. With the recent elections, 2025 marks the beginning of the 119th congressional session, so H.R. 3133 will be re-introduced in 2025 with a new number. Passing any bill through congress is a marathon not a sprint, we were aware of this when we endeavored to start this journey.

Question: Do you use the Oswestry scale for Medicare low back pain evaluation or Keele score?

Answer: I recommended using a patient reported outcome such as the Oswestry to show justification that the patient is improving so that they may qualify for an additional eight sessions.

Question: Will you be willing to send out slides after the presentation?

Answer: The event recording, PPT slides and Q & A Factsheet for ASA – NCCAOM Town Halls are posted on both websites:

- <https://www.nccaom.org/nccaom-webinars-posted/townhalls-meetings/>
- <https://asacu.org/>

Question: What is the second cLBP code for Medicare? Specificity is always helpful. Do you also need to bill a second code indicating that the (low back) pain is chronic?

Answer: The two chronic low back pain codes that are covered are M54.59 (other chronic low back pain) or M54.41 (vertebrogenic low back pain).

Question: What is the process for getting the additional 8 visits authorized and how complicated/time-consuming is that?

Answer: I have not found it to be a complicated process. Once the patient completes their initial 12 visits, we have been advised by our coding department to add a KX modifier to our CPT codes. Medicare then determines if the additional visits are justified.

Question: How much do you have to pay the Supervising Physician? Do you pay per patient?

Answer: Being in a hospital system, we do not need to pay the supervising physicians, so we do not have experience with this relationship. Nurse practitioners in private practice are experienced with developing this supervisor relationship so there might be information online around this topic and NPs.

Question: Please ask John if he would provide a phone /email? I'd like to follow through with a more detailed conversation.

Answer: john.burns@aah.org

Question: What diagnoses will be covered by Medicaid for acupuncture?

Answer: Medicaid is managed by each state and the state sets the guidelines around covered diagnoses. Not every state covers acupuncture so you should check with your state association around your state's Medicaid coverage. Here is the coverage in the state of Ohio as an example: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-8-5>.

Question: What are the salary ranges for hired acupuncturists in the integrative offices and hospital settings?

Answer: Salary ranges vary by location. In the Cleveland metro area, I would estimate that it ranges from \$32-55 per hour based on experience plus full benefits.

Question: Can you bill co-pay beyond what Medicare and Medicaid payments?

Answer: Co-pays are set by the insurance. You will receive an explanation of benefits from the insurance after submitting a claim and based on your contract with the insurance it will state what you are allowed to collect from the patient.

If you are in-network with an insurance company, then you are bound by the contract that you signed and you cannot charge beyond the patient responsibility indicated by the insurance.

Question: What is the salary for an acupuncturist entering the hospital system? Is higher volume translating to increase pay?

Answer: Salary ranges vary by location. In the Cleveland metro area, I would estimate that it ranges from \$32-55 per hour based on experience plus full benefits. We do not pay per volume at our health system as we are salaried employees, but some physician contracts are built this way, so it is possible that some health systems are structuring pay around revenue.

Question: How many acupuncturists are in private practice versus in a healthcare system now?

Answer: By and large the majority of acupuncturists (just less than 90%) are sole proprietors or working in a private integrative office. You can check out the most recent US Bureau of Labor Statistic, May 2023 @ <https://www.bls.gov/oes/2023/may/oes291291.htm> to see how many jobs are currently held by acupuncturists in non-private practice settings.

Question: Over 40 years ago, the NIH published a review of all double-blind, peer-reviewed studies of acupuncture. They identified over 20 conditions for which acupuncture had been proven effective at that time, mostly gynecological conditions. The NIH then recommended that Medicare cover treatments for these conditions and submitted their report to Congress. We had one sympathetic senator who submitted a bill based on this recommendation. What happened to this list and the bill?

Answer: There have been a number of Congressional bills seeking to recognize acupuncturists and/or acupuncture services over the years that have not received serious consideration. It is likely that the efforts that took place over 40 years ago faced the same fate as many acupuncture-recognition efforts have faced since and fizzled out after introduction. Any Senator who championed this effort has long retired and likely did not pass the effort to a successor.

Question: I am in Milwaukee, Wisconsin and interested in reaching out to local physicians who would be interested in supervising an L.Ac. in a private setting. Would you be willing to share the information you used to inform the physicians about supervision?

Answer: Yes, please email me john.burns@aah.org.

Question: How much is the total charge of the claim?

Answer: It varies by region. You can look up the Medicare Fee Schedule at <https://www.cms.gov/medicare/physician-fee-schedule/searc>.

Question: Does an acupuncturist have to be registered with Medicare in order to bill?

Answer: Yes, acupuncturists would need to be a Medicare provider to bill or supervised by one.

Question: We cannot bill directly?

Answer: Correct, currently you cannot bill directly unless supervised AND you have to submit the bill under the supervisor's name, not yours.

Question: Can acupuncture be billed for post-surgical care?

Answer: The only thing Medicare will cover is Chronic Low Back Pain. Some instances of post-surgical care may fall into this category, but as a rule post-surgery care would not be covered.

Question: Can John share with us the letter he used successfully to enroll a supervising physician onboard?

Answer: Yes, please email me john.burns@aah.org.

Question: Is it possible to share with State Associations those educational materials for MD?

Answer: Please feel free to reach out to the ASA Medicaid Committee. This committee was set up specifically to provide resources and best practices to states who are interested in setting up Medicaid. Please contact: medicaid@asacu.org or go to the ASA website to learn more about the committee: <https://asacu.org/wp-content/uploads/2024/04/Charter-Medicaid-Committee.pdf>

Question: If acupuncturist also holds NP license, how to deal with the billing issue?

Answer: Medicare providers with appropriate training can provide acupuncture through Medicare and bill for the procedure.

Question: Can you expand on what you said about supervising physician liability?

Answer: According to my organizations legal department: In that the supervising/billing physician is not the servicing provider, it would be an extreme rarity for any attorney to make a claim for medical negligence against a physician referenced in the bill and not providing the service.

Question: Patient have 2 insurances. 1st is Medicare, 2nd is commercial insurance.
How do I get the Medicare EOB or denied letter?

Answer: his is complicated and this article explains the steps to take that might work. <https://acupuncturetoday.com/article/33514-the-secondary-insurance-plan>.

Question: Do you have to send notes with every patient?

Answer: No, only if notes are requested.

Question: How can we as independent acupuncturists coordinate with MDs to have them 'supervise' us electronically, for example with telemedicine. Is it visual, or paperwork signoff?

Answer: Per my coding department we were informed that post-covid CMS allowed appropriate supervision to include not only being on site but also electronically available. This may be discontinued at the end of this year. The supervising clinician and the method of communications need to be documented in your notes. To set this up you will need to identify an agreeable physician or APC in your community who is willing to partner with you. Our experience was different. For us it was determined that the supervising physician needed to be on site at the time of service. So while the 'supervising' provider doesn't have to be in the room or see the procedure (which would be referred to as Direct supervision) we have set up a system where the bills go out attached to the supervising MD's NPI number, not our own. We are fortunate to be in a position where we share space with MDs, so this was something that we arranged. As John said, the electronic 'supervision' may expire at the end of this year. It is one of the reasons why it is so important to get acupuncturists included in the Social Security Act, because it becomes extremely cumbersome for any of us not working inside of healthcare systems to make this work.

Question: How does the reimbursement work?

Answer: The reimbursement will be the same as any other insurance. Once we are Medicare credentialed providers, you can submit a claim directly to Medicare and they will process the claim and send you and the patient an explanation of benefits stating what was covered, what the insurance is responsible to pay and what the patient is responsible to pay and what the provider needs to write off. The explanation of benefits will be accompanied by payment from Medicare if there is one or you will need to bill the patient for their responsible portion.

Question: How much the fee for MD is reasonable?

Answer: In my organization all of the acupuncturists are salaried. All reimbursement received from CMS rolls-up into the Service Provider's

(acupuncturist's) cost center (department) The supervising/billing physician/APC, will not receive the WRVU credit. There is already a lot of precedent for MDs to perform indirect supervision for other types of providers when everyone is employed by the same organization without any monetary reimbursement. In private practice I might suggest offering a small % of your take rather than a specific amount.