

# ASA NCCAOM Webinar 2025 Medicare Strategy

January 22, 2025

Questions were submitted at the Webinar

They were answered on February 10, 2025

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**Question:** If we "Opt out", can we still bill Medicare Advantage as an Out-of-Network provider?

**Answer:** CMS states clearly on its website that those who opt out cannot bill Medicare Advantage for covered services here: <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>.

**Question:** Will Medicare coverage for acupuncture be limited to **low back pain only**, or will it include other conditions?

**Answer:** At this time, Medicare only covers services for chronic lower back pain. It is possible that the Medicare program will cover more acupuncture services in the future. Once acupuncturists are recognized, they would be able to bill Medicare for any acupuncture services that the program covers.

**Question:** If Robert Kennedy Jr will be leading the US Dept of Health & Human Services, what is his stance on acupuncture and acupuncturists?

**Answer:** When and if Mr. Robert Kennedy Jr. is confirmed as the head of HHS, then we will find out. In the past he has demonstrated support for acupuncture and complementary medicine.

**Question:** I am confused about your discussion regarding Chiropractors because Physicians have the option to opt-out.

**Answer:** At this time, Chiropractors have partial physician status with Medicare. They are currently not recognized as physicians under Medicare's opt-out clause, which is why they cannot opt out of Medicare.

**Question:** For the low volume threshold for EHR requirements, are those per provider or per clinic?

**Answer:** According to ASA Insurance Committee Chair Mori West, per Individual OR if the Individual is part of a group, then their data is included with the group's data. Link is here : <https://qpp.cms.gov/mips/how-eligibility-is-determined>. There is also an "Interoperability Hardship Exception" where they will exempt providers for the following reasons: 1. Their EHR, WAS certified for use, but no longer is, 2. Insufficient Internet connectivity, 3. Provider faces extreme uncontrollable circumstances, such as disaster, practice closure, severe financial distress or vendor issues, 4. You lack control over the availability of CEHRT. (It is thought that #3 or #4 would be a case for most acupuncturists as there are currently no EHR made for acupuncturists that is certified.) Please understand that services will be paid even if you qualify, but don't participate. Providers will just not get a small % extra for participation.

**Question:** If I decide to accept Medicare, do I have to be a provider for other insurance companies?

**Answer:** According to ASA Insurance Committee Chair Mori West, NO, there is NO requirement for Medicare enrolled providers to also be providers with other insurance plans.

**Question:** If I opt in, will I be billing Medicare only or will I continue to bill Aetna for my Aetna Medicare Advantage Plan members and for me to treat Medicare fee for service pts, will I still need to work under an MD? For Medicaid plans, do we need to work under an MD?

**Answer:** When it comes to determining whether to participate in Medicare, recognized practitioners have the option to opt out of the program entirely, or indicate how they'd like to participate in Medicare, as either a Participating or a Non-Participating provider. If a practitioner chooses to take Medicare, that practitioner would still be able to bill Aetna's and other private payers' Medicare Advantage plans.

**Question:** For those who want to go in-person to congressional meetings, will there be safety planning for restrooms on federal property for trans and gender nonconforming folks?

**Answer:** Please reach out to [advocacy@thenccaom.com](mailto:advocacy@thenccaom.com) to reach lobbyist Molly Ford to clarify your ask. To be clear, there is no Federal fly-in this year and Molly will work with you to set up meetings with Republican House Members as stated in the webinar. Molly will be happy to make sure queer and transgender practitioners have their needs met to the best of her ability to do so.

**Question:** Will education matter? I just graduated as an acupuncturist and I'm not sure what my degree is. I am licensed acupuncturist but almost everywhere now the question is if you have master's degree or DAOM of acupuncture? Will this matter and what is the degree for those of us only with acupuncture school and no herbs?

**Answer:** According to the language in the most recent bill which will be refiled, the answer is you do not need a doctorate degree. Please note the language directly from the bill here provided by ASA Federal Advocacy Chair Amy Mager: " 2) QUALIFIED ACUPUNCTURIST DEFINED.— For purposes of this subsection, the term 'qualified Acupuncturist' means an individual who is licensed as an acupuncturist by a State or, in the case of an individual in a State that does not provide for such licensure, meets such criteria (such as certification through an appropriate nationally recognized certification authority for acupuncturists) as the Secretary may specify. In specifying such requirements, the Secretary may use the same requirements as those established by such a certification authority.

<https://www.congress.gov/bill/118th-congress/house-bill/3133/text?s=3&r=1&q=%7B%22search%22%3A%22hr+3133%22%7D>

**Question:** Are chiropractors pursuing the physician type provider status because they want to stay on par with MDs in terms of professional credibility. Are we losing the opportunity for professional status by pursuing the practitioner type provider?

**Answer:** We can only speak to the acupuncturists' Medicare strategy. Acupuncturists would not lose the opportunity for professional status by seeking practitioner status. This status is the most appropriate categorization for acupuncturists and will ensure the ability to opt out of the program.

**Question:** Did you say whether a provider needs to sign up to (e.g. Medicaid?) in order to be reimbursed for acupuncture services and what diagnoses (if specified) are covered?

**Answer:** If you want to sign up for Medicaid plans, you need to look at the plans offered in your state and the requirements to become affiliated as a provider with them.

**Question:** I received a Medicare rejection letter for opting out. What should I do?

**Answer:** At this time, you do not need to opt out of Medicare because acupuncturists are not yet recognized providers under the Medicare program. Opting out is only for provider groups that currently have Medicare recognition as either physicians or practitioners.

**Question:** How about working with CMS and HHS directly rather than only focusing on congress? like okay we have this bill on the table but how about meeting with HHS and asking them to enforce section 2706 of the affordable care act. That would put CMS in direct conflict with this provider nondiscrimination clause (section 2706). because Medicare is discriminating against licensed acupuncturist by paying medical doctors but not people who are state licensed to do acupuncture.

**Answer:** To become providers under Medicare takes an Act of Congress which is why we are pursuing this route. What you are describing is a different avenue that unfortunately may become moot in the current administration. HHS has the potential to be changing dramatically under this administration. We are pursuing all avenues that are within our purview to do so as effectively as we can. Section 2706 would not be interpreted as Medicare discriminating against licensed acupuncturists. Federal policy requires a legislative act to grant provider

groups Medicare status. The ACA was written with full knowledge of that process and thus would not consider this to be discrimination.

**Question:** Are we utilizing the VA's endorsement of acupuncture for a talking point to persuade Republican support?

**Answer:** Yes; VA coverage is a talking point that we use during Hill meetings and one we will continue to build out.

**Question:** When you say Medicare does that include Medicaid recipients as well?

**Answer:** Medicare and Medicaid are two distinct programs. Medicare is a Federal program. While Medicaid does receive some Federal funding, it is a program that is administered by each state with different regulations to meet requirements and different covered benefits in each state.

<https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html>.

**Question:** Are we considered to be non-physician providers? And if this bill passes, would we be considered NPPs nationwide?

**Answer:** We are pursuing practitioner status under the Medicare program, which are non-physician providers. Since Medicare is national, that is a national designation for Medicare and CMS only. Since Medicare is a nationwide program, this designation would count for you to be a provider under Medicare wherever you are in the country. If you have further questions, please contact us at [advocacy@acu.org](mailto:advocacy@acu.org).

**Question:** Do you know what section 2706 of the affordable care act says? We can absolutely ask HHS to enforce the non- discrimination clause, in fact it's our responsibility. 1000 phone calls to HHS might get a meeting with RFK jr.

**Answer:** We are aware of Section 2706 of the ACA, and it is not a viable pathway to Medicare recognition. Federal policy requires a legislative act to grant provider groups Medicare status. The ACA was written with full knowledge of that process and thus would not consider this to be discrimination against licensed acupuncturists.

**Question:** If an acupuncturist ignores Medicare, has not registered/enrolled to be a Provider, i.e. has no relationship with Medicare, they are prohibited from treating Medicare beneficiaries. Can you address this, or at least acknowledge that it's an issue? Will ASA be able to provide strategies & resources for these acupuncturists?

**Answer:** Once the bill is signed into law and the rulemaking period is complete, all acupuncturists who meet the bill's definition of "qualified" (licensed or

certified by a national body) will need to make a decision on how they would like to be affiliated with Medicare for covered services: Participating/Non-Participating or Opting Out via an affidavit for two-year periods.

- Once the bill is signed into law, the ASA will work closely with CMS to develop educational resources and communications that provide step-by-step guidance on what eligible acupuncturists will need to do to be in compliance as a Medicare-recognized provider.

- The rulemaking period after a bill like this is signed into law can take anywhere between one to two years. In that time period, there will be a focused effort to provide this education, so everyone is aware of the compliance requirements and knows the steps to take to comply.

**Question:** If the acupuncture coverage act passes and gets signed into law, is a practicing Licensed Acupuncturist in the U.S. automatically opted-in?

**Answer:** Yes; all eligible acupuncturists will need to explicitly opt out of the Medicare program via affidavit every two years after the rulemaking is complete.

**Question:** Would there be changes to the acupuncturists' practice and scope as Medicare providers?

**Answer:** - No specific changes to practice or scope. Obviously, those who choose to bill Medicare will need to properly chart for their Medicare patients, but that should be happening now for all patients regardless of recognition status.

- Regarding scope, acupuncturists would still comply with their state practice acts and be aware of the services that Medicare covers and does not cover in accordance with their state scopes so they know when they should be billing Medicare. Right now, Medicare just covers cLBP.

**Question:** Once recognized, would an acupuncturists have to formally opt out of Medicare by submitting an opt-out affidavit to Medicare in order to see a 65 and over patient who wants to pay cash to see this particular acupuncturist?

**Answer:** - Yes if the patient is seeking a service that Medicare covers (e.g. cLBP). If that's the case, the acupuncturist would need to enter into an agreement with Medicare beneficiaries to acknowledge cash payment for the services that Medicare covers.

- If the patient is seeking services that Medicare does not cover, there is no specific contract that Medicare requires—you can treat that patient and bill a secondary insurance or be paid via cash as is current practice.



**Question:** Does provider status mean the same as practitioner status under Medicare?

**Answer:** Provider status is a more general term for Medicare recognizing a provider group. The acupuncturist profession, via the Acupuncture for our Seniors Act, is specifically pursuing "practitioner status" under the Medicare program, which ensures the ability of individuals within that provider group to opt out of the program.