



ASA / NCCAOM Town Hall Q&A
December 3, 2020, 5pm PDT/8pm EDT
[Video Recording](#)
[PowerPoint Slides](#)

Questions answered by

- Molly Giammarco, MPP**
Senior Manager, Policy & Government Relations (NCCAOM)[®]
- Jennifer Broadwell, AP, Dipl. O.M. (NCCAOM)[®]**
ASA Advocacy Committee Chair, FSOMA Vice President
- Mori West, Owner Acuclaims – Medical Billing Company**
ASA Insurance Committee Chair

Table of Contents

Advocacy2

Medicare2

Advocacy

Question: Curious what issues you have with the current language that is held in sub committees currently? (Stimulus)?

Answer: To date, the language has not been finalized, but will likely include extensions to several provision from the CARES Act that became law in March 2020 to provide COVID relief.

Question: Did NCCAOM make a statement and send an education piece to the Supreme Court judge who spoke of acupuncture in such a bad light in the recent case involving NY religious communities? If not, can you and if so, can you please send us the information sent?

Answer: This was a NY ISSUE SO THE ASA worked with ASNY to craft a response. You can [read the response here](#).

Question: What about the government data from the studies that the VA, the WHO, and NIH have completed?

Answered by Jennifer Broadwell: We will be using all quality research that shows acupuncture as safe and effective and demonstrates cost savings benefits.

Question: Did you just say it will be 3-5 years before Congress acts to legally recognize acupuncture/ acupuncturists?

Answered by Molly Giammarco: As with most legislation of this type, it is likely that this effort will take several years. A successful bill needs a significant number of co-sponsors and educating policy makers and making the case for acupuncture will take time.

Medicare

Question: Some insurances are already "jumping" on this via their Medicare Advantage Plans. Anthem of Maine (my state) sent a letter to in-network acupuncturists today, announcing they are partnering with American Specialty Health to include acupuncture benefits to their Medicare plans. They sent out credentialing papers to sign. But we know that ASH reimbursement is much lower than Medicare rates or Anthem rates. I think it's important to sit back and not sign on to this, because we would undersell ourselves as a profession. My questions are:
Is this a nationwide trend? Have Anthem and other insurers partnered with ASH across the country?

Are insurers actually allowed to reimburse L.Ac.s for benefits under their Medicare Advantage plans even BEFORE the bill to include us as Medicare providers has been passed in Congress? (Meret from Maine)

Answered by Mori West: Medicare Advantage plans are NOT going away, it's the opposite. CMS is actively encouraging these plans. ASH is rolling out a national Medicare Advantage plan. Medicare Advantage plans must mirror what is offered in Medicare, but they can also offer additional benefits like vision, dental or acupuncture. That has always been the case.

Question: Please include cost saving benefits of acupuncture for various conditions. Legislators are all about saving money.

Answer: Yes; we plan to provide as much comprehensive data for various acupuncture treatment areas for our cost-effectiveness argument.

Question: What's CMS and RVU?

Answer: CMS: Centers for Medicare and Medicaid Services--this program oversees Medicare; RVU: Relative Value Units-- RVU's are a measure of value used in Medicare to determine the reimbursement formula for physician's services.

Question: I have several patients that are getting verbiage from their Medicare plans that they are now going to have acupuncture coverage for Low Back pain. From your presentation it sounds like this is 3-5-year process. How would recommend we respond to these patients? I have patients getting these plans thinking they will have coverage, but I am still unable to treat them. And is there anywhere I can send them?

Answered by Molly Giammarco: Obtaining Medicare recognition for the acupuncture profession may take several years. Medicare, however, already covers treatment for chronic lower back pain. To date, cLBP is the only acupuncture service that Medicare covers. Medicare beneficiaries are now covered for cLBP, but no other acupuncture service. The multi-year provision is exclusive to obtaining Medicare recognition for the profession (which may take several years). Meanwhile, Medicare can individually recognize an acupuncture service without recognizing the profession, which is the case with cLBP.

Answered by Jennifer Broadwell: The ASA is creating a guidance document for patients that will explain the current guidelines and help to engage patients that wish to advocate for licensed acupuncturists to become recognized as providers.

Question: How does this work with CAQH PROVIDERS?

Answered by Mori West: CAQH is a third-party credentialing company. It has nothing to do with Medicare and if and when the time comes for providers to enroll in Medicare, CAQH will not be part of credentialing.

Question: Are you going to be giving any webinars on Medicare Billing?

Answer: Yes; we will provide guidance on Medicare in the future.

Question: I am a DC, LAc in Delaware. I think in other states I would be able to bill now for acupuncture, but Delaware doesn't allow. Are Medicare coverages based on each state and will that continue the next few years?

Answered by Molly Giammarco: Medicare is a federal program, so billing protocol and ability apply to all states. The only service for which licensed acupuncturists can bill Medicare is for chronic lower back pain.

Question: Given the drop in reimbursements from Medicare's RVU evaluation that we are already facing, and the complicated nature of Medicare billing, what strategies does ASA and NCCAOM suggest to help LAc's continue to make an affordable living and to afford our overhead??

Answered by Molly Giammarco: Continue to document patient encounters, collect practice data that demonstrates quality, and focus on ways to increase access to your practice. A major benefit of Medicare recognition is access to its beneficiaries. It's important to note that Medicare sees acupuncture's value and effectiveness and will seek to expand coverage of additional services with the appropriate evidence. If acupuncturists are not willing or accessible to help provide these services, other practitioner groups will provide these services to Medicare beneficiaries.

Answered by Mory West: We are NOT aware of any drop in reimbursements due to Medicare publishing their rates. Medicare has always priced EVERY CPT code in the book, and carriers have always used a derivative of Medicare to create their rates. The rates weren't public in the past, but always available.

Question: Has the ASA or NCCAOM done any surveying of the LAc's in the US to find out what percentage of LAc's in comfortable with and in favor of becoming Medicare providers?

Answered by Molly Giammarco: The ASA held a series of listening sessions over the summer of 2020 and held a vote among its state chapters to determine whether to pursue Medicare recognition. The state-chapter leaders voted to pursue Medicare recognition.

Question: Who ACTUALLY bills---the LAc or the "supervising" physician?

Answered by Molly Giammarco: The supervising practitioner bills Medicare through the incident-to protocol. Because acupuncturists are not recognized Medicare providers, they cannot bill Medicare.

Answered by Jennifer Broadwell: All billing is currently done by the supervising physician or nurse practitioner. Until licensed acupuncturists are recognized as providers by Medicare, we are unable to bill Medicare directly.

Question: Does Supervision mean the physician has to be your employer?

Answered by Molly Giammarco: Acupuncturists seeking to provide services for Medicare beneficiaries with chronic lower back pain will need to have, or establish, a business contract with the supervising practitioner.

Question: Where are we at with being able to accept Medicare patients if we are independent providers not in an MD or other recognized providers?

Answered by Molly Giammarco: At this time, any eligible acupuncturist wishing to provide chronic lower back pain services to Medicare beneficiaries must establish a business relationship with a supervising practitioner. Because Medicare only recognizes acupuncture treatments for cLBP, the requirement to establish a business relationship with a supervising practitioner only applies to cLBP for Medicare beneficiaries at this time. Licensed acupuncturists cannot bill Medicare directly until they are recognized as providers.

Question: Do acupuncturists with doctorates count?

Answered by Jennifer Broadwell: No, recognition is based on professional licensure type, not on level of education.

Answered by Molly Giammarco: Acupuncturists who fit CMS' eligibility criteria may provide cLBP services to Medicare beneficiaries. [See CMS' criteria here.](#)

Question: What are the codes that are being revised vis-a-vis RVU's by CMS?

Answered by Molly Giammarco: The acupuncture CPT codes CMS reviewed were 97810, 97811, 97813, and 97814.

Question: Is it still that stand alone acupuncturists cannot bill Medicare? Do we still need to be under a doctor?

Answered by Molly Giammarco: That's correct, because Medicare doesn't recognize acupuncturists as providers, acupuncturists can only provide services for chronic lower back pain to Medicare beneficiaries under the supervision of a CMS-approved practitioner. This will continue to be the case until a law is created instructing Medicare to recognize acupuncturists as providers.

Question: Is it required that we accept Medicare?

Answered by Molly Giammarco: No, you are not required to accept Medicare. You will be able to make that choice if Medicare recognizes acupuncturists as providers. You can also make that choice when deciding to treat beneficiaries for chronic lower back pain.

Question: Does the ASA or NCCAOM have a standard low back pain questionnaire that all of us could use with our elderly patients with low back pain? If not, could we devise such a document that would highlight our treatments, evaluate LBP, rate activities of daily living, etc - that all of us could use and get a cross section of data for use in this process? Thank you - and if you would like us to use a certain test that is already used, let us know and we can start collecting data! thank you for all of your hard work.

Answered by Jennifer Broadwell: Great suggestion. We can look into creating and sharing in the future.

Answered by Mory West: There are already outcome assessment tests to document LBP. The revised Oswestry LBP questionnaire is widely accepted as is considered reliable in the industry.

Question: I am super confused by this Medicare process. Medicare is already telling patients that acupuncture is covered. My biller called Medicare and they told her the same thing we just need to have a Medicare number. Is this true? Can we currently bill for low back pain with a Medicare number? Is the bill meant to allow us to bill Medicare?

Answered by Molly Giammarco: Acupuncturists can only treat Medicare beneficiaries for chronic lower back pain. They cannot treat Medicare beneficiaries for any other acupuncture service. Because the acupuncturist profession is not recognized by Medicare, acupuncturists cannot directly bill Medicare for cLBP services. They must bill for cLBP services incident to their supervising physicians. Acupuncturists cannot bill for Medicare for any acupuncture service.

Question: Just to clarify, at this point L.Ac's are still unable to bill Medicare without being under the supervision of an MD? Why is Medicare telling patients that they can see any L.Ac. for the treatment of low back pain?

Answered by Molly Giammarco: Acupuncturists cannot directly bill Medicare; they must bill Medicare incident to their supervising practitioners. Currently, Medicare only recognizes acupuncture services for chronic lower back pain. Acupuncturists cannot bill Medicare incident to for any other acupuncture service provided to Medicare beneficiaries.

Question: My Naturopathic License in AZ allows me to do acupuncture and herbal treatments. I do not have an LAC license. will I be allowed to bill Medicare?

Answered by Molly Giammarco: No. To provide services to Medicare beneficiaries for chronic lower back pain, Medicare requires an acupuncturist to be licensed. At this time, cLBP acupuncture treatments are the only acupuncture service that Medicare will cover.

Question: Are acupuncturists working under a PCP able to bill Medicare now for low back pain Medicare patients? Or is that still being rolled out?

Answered by Molly Giammarco: You are able to do so now. Acupuncturists with business relationships with a Medicare-recognized physician may provide acupuncture treatments to Medicare beneficiaries at any time.

Question: Can you point me to the fee schedule for Medicare acupuncture reimbursement? are we indeed able to treat starting in January? I was listening but couldn't be sure what the final answer was regarding whether we had to be supervised or not.

Answered by Molly Giammarco: Because Medicare doesn't recognize acupuncturists as providers, acupuncturists can only provide services for chronic lower back pain to Medicare beneficiaries under the supervision of a CMS-approved practitioner. This will continue to be the case until a law is created instructing Medicare to recognize acupuncturists as Medicare providers. You can find the [2021 Physician Fee Schedule here](#) and [CMS coverage decision for acupuncture and cLBP here](#).

Question: At this point, can Medicare cLBP patients file superbills from LAcS and get reimbursed, since we cannot bill directly yet?

Answered by Jennifer Broadwell: Patients can pay the time-of-service rate and file a 1490S form along with a superbill directly to Medicare for reimbursement. Payment is not guaranteed and is subject to CMS approval for reimbursement.

Answered by Mori West: Along with the form and a complete superbill or CMS 1500 form the patient must also supply PROOF of payment.

Question: Does the Medicare fee schedule that we use change January 1, 2021?

Answered by Molly Giammarco: Yes; any the 2021 Physician Fee Schedule takes effect of January 1, 2021

Question: ASH seems to have their own interpretation of what is required for "supervision". Do you have any comments about this?

Answered by Molly Giammarco: Many groups support CMS' 2020 OPSS decision to shift supervision requirements from direct to general, which aligns with our interpretation. CMS, however, has not confirmed this interpretation for supervision for auxiliary personnel (practitioners not recognized by Medicare -- acupuncturists fall within this category).

Question: Some patient's Medicare advantage plans cover acupuncture. Does the same requirement of being supervised applied to these advantage plans?

Answered by Molly Giammarco: No; Medicare Advantage is not the same as Medicare and does not require the same criteria for providing services to Medicare Advantage beneficiaries. Check with each Medicare Advantage plan that you accept to confirm their requirements.

Question: What did "RVU" Stand for, when "RVU Decision" was talked about, when Molly was speaking earlier?

Answered by Molly Giammarco: Relative Value Units -- this factor determines how much a practitioner is reimbursed for a specific procedure.

Question: Will we be required to take Medicare patients?

Answered by Molly Giammarco: No; you can administer Advance Beneficiary Notices, which inform patients (e.g., Medicare beneficiaries) about your billing protocol and their responsibility to pay for services out of pocket.

Question: Is there a website we can see the CMS ruling? Can you share the link?

Answered by Molly Giammarco: [Here's the link to the 2021 Physician Fee Schedule.](#)

Question: Could you please discuss how to do incident to billing for acupuncture. I am a licensed acupuncturist working in a pain management center with physicians, PAs, and NPs in the same building. I believe I should be able to provide acupuncture to Medicare patients and bill for it using incident to billing.

Answered by Molly Giammarco: Incident-to enables acupuncturists to bill Medicare for chronic lower back pain services rendered by using the supervising practitioner's NPI. Medicare will reimburse the supervising practitioner for your services rendered. You need to establish, if you do not have one already, a business contract detailing this billing protocol and how the supervising practitioner pays/reimburses you for the services you provide incident to him/her.

Question: My biller contacted Medicare and one of the reps told her that in order to do incident to billing the physician would also need a degree in acupuncture. I find this difficult to believe, since it is rare to have a MD with an acupuncture degree.

Answered by Molly Giammarco: [CMS's national coverage decision](#) for acupuncture for chronic lower back pain, the only acupuncture service Medicare recognizes, does not require



the supervising entity to have a degree in acupuncture. CMS states that either a physician, physician assistant, or nurse practitioner/clinical nurse specialist provide supervision to acupuncturists providing services to Medicare beneficiaries for cLBPT.