

NCCAOM ASA Town Hall

Medicare Update

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Questions were submitted during the Town Hall

They were answered on November 21, 2023² by:

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[Town Hall recording](#)

[Power Point Slides](#)

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Will Medicare reimburse the patient if given a Superbill by the acupuncturist who does not bill Medicare directly?

Answer: No. Medicare will not reimburse for services that an acupuncturist independently provides at this time, regardless of whether the patient submits a superbill to Medicare.

Is there an \$800 one-time fee for L.Ac's to join Medicare in order to treat.

Answer: Medicare practitioners do not pay a Medicare enrollment fee: for details, [click here](#).

What is the Medicare fee schedule for L.Ac's and how many sets and which codes?

Answer: You can search the current physician fee schedule to learn the rates of specific codes: 97810, 97813, 97811, and 97814 -- <https://www.cms.gov/medicare/physician-fee-schedule/search>.

What is the Opt-Out clause in the bill?

Answer: H.R. 3133 would add qualified acupuncturists to the Social Security Act's Practitioner definition. Any providers defined as a "Practitioner" or as a "Physician" under the Social Security Act have the ability to opt-out of the Medicare program.

Can you go a little deeper about the opt-out? Chiropractors do not have the ability to opt-out.

Answer: Chiropractors are neither defined as "Physicians" nor "Practitioners" under the Social Security Act, which authorizes the Medicare program. Providers who have Medicare recognition but are not included in the Social Security Act's "Practitioner" or "Physician" definitions, do not have the ability to opt-out of the Medicare Program. H.R. 3133 would explicitly amend the Social Security Act to include acupuncturists under the Social Security Act's "Practitioner" definition. As a Medicare "Practitioner," acupuncturists would have the ability to opt-out of the Medicare program. Chiropractors have charted a very specific path in their efforts to obtain Medicare physician status and service coverage that has met many roadblocks dating back to the 1970s. Acupuncturists are on a very different path than chiropractors in seeking Medicare recognition--the obstacles that chiropractors have met over the 40+ years will not be obstacles for acupuncturists because of the way H.R. 3133 authorizes the Medicare program to define acupuncturists in the Social Security Act.

Where can we read the verbiage of the H.R. 3133 bill?

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

What is Medicare hourly reimbursement is, so I know if it meets my office hourly overhead costs per sq ft.?

Answer: Medicare reimbursement rates change yearly and are determined by the American Medical Association's CPT Editorial Panel and Advisory Committee.

Medicare reimburses per CPT code, as do all insurance carriers. Acupuncture is a timed based code, based on 15 min increments. So, there is no way to give you just one answer. Medicare also prices the codes based on region; this allows for reimbursement to include the cost of doing business in a particular area. Example - in Manhattan, they will allow \$44.13 for the first 15 minutes of acupuncture, 97810. This same code in Ohio would be allowed at \$37.23. To answer you, we will use the average, or what is called the National Payment Amount. In 1 hour, you could see just one acupuncture patient, treating him for 45 minutes of acupuncture (the maximum allowed is 3 units of acupuncture): 97810 \$38.63 OR if you did electro acupuncture:

| | | |
|-----------------|-----------------------------------|-----------------|
| 97810 - \$38.63 | OR if you did electro acupuncture | 97813 - \$45.75 |
| 97811 - \$29.14 | | 97814 - \$37.28 |
| 97811 - \$29.14 | | 97814 - \$37.28 |
| <hr/> | | <hr/> |
| \$96.91 | | \$120.31 |

| | | |
|-----------------|-----------------------------------|-----------------|
| 97810 - \$38.63 | OR if you did electro acupuncture | 97813 - \$45.75 |
| 97811 - \$29.14 | | 97814 - \$37.28 |
| <hr/> | | <hr/> |
| \$67.77 | | \$83.03 |

So, in theory you can make anywhere from \$96.91 - \$166.06, of course this also depends on how you practice.

[Medicare Physician Fee Search](#) – This website will allow you to see the prices for your region.

Why is the bill pending?

Answer: The bill is pending consideration in the U.S. House of Representatives, which is the process all bills must undergo as they generate Congressional support.

Why the resistance to let us be Medicare providers?

Answer: Some members of the profession are concerned about the perceived administrative hassle of documentation and compliance requirements that come with being a contracted provider. Once recognized as Medicare providers, the ASA/NCCAOM will provide acupuncturists with ample education and specific instruction on protocol for appropriate documentation and compliance best practices.

Can you address the issue of acupuncturists who do not sign up for Medicare being prohibited from treating beneficiaries for covered services?

Answer: Once recognized as Practitioners under the Medicare Program, acupuncturists who opt out of the program will have the ability to file the appropriate paperwork to privately contract with Medicare beneficiaries. The ASA/NCCAOM will provide education and step-by-step instructions on the different options that acupuncturists will have regarding Medicare participation and private contracting protocol once the rules and regulations pertaining to acupuncture Medicare-recognition status are complete.

What is the biggest opposition on the hill regarding this bill? and what can we do to help it pass?

Answer: The lack of awareness of acupuncture's evidence-base for treating chronic lower back pain, as well as the perceived cost of the bill/the cost of expanding the Medicare program by adding another provider group (concerns of increased utilization and fraud).

Medicare pays very little for acupuncture. Will this lead to other insurance companies base their reimbursements on a similar fee schedule?

Answer: Please see above fees. Medicare has historically priced acupuncture and has for years, despite the fact that they never had a policy for reimbursement of acupuncturists until Jan 21, 2020. That is because going as far back as June 6, 2000, Medicare has been studying acupuncture efficacy in efforts to decide to offer it for certain conditions.

<https://www.cms.gov/medicare-coverage-database/view/ncacal-tracking-sheet.aspx?ncid=2>

So, for more than two decades Medicare has priced the acupuncture codes. Many carriers use Medicare pricing to determine their own reimbursement rates. Some will even publicly state that their reimbursement rates are based on a percentage of Medicare rates (United Healthcare).

Medicare prices every code in the CPT code book, and the HCPC code book, (Medical procedures, supplies and services) through a process called “Relative Value Units”. The committee that makes the determination of these values is called the RVS Update Committee, or (RUC) which is a part of the AMA. In the past acupuncturists were not recognized by the AMA, and therefore had no input, however since the ASA has now been recognized as a Member of the Health Care Professional Advisory Committee (HCPAC), and that committee is represented in the RUC, we now have a chance to weigh in on acupuncture services and how they should be valued. <https://www.ama-assn.org/about/rvs-update-committee-ruc/composition-rvs-update-committee-ruc>

In the past carriers realized the vast amount of work that is done by the RUC committee to price CPT codes per region and per specialty and so they felt comfortable using the RUC evaluations to determine their own pricing. However, recently we have started to see 3rd parties, who are also evaluating CPT codes on behalf of major carriers, (Cigna) and are coming up with much lower evaluations for acupuncture services. The Insurance Committee is actively researching companies that are doing this. One such company is Data iSight.

The Insurance Committee feels that Medicare pricing is much more advantageous for the profession than the methods used by third parties.

Since acupuncture is covered already under Medicare, why doesn't the Provider non-discrimination section under the affordable care act open this to our profession?

Answer: This is not a viable path for acupuncturists at this time. The profession still needs to obtain Medicare-provider status to treat Medicare beneficiaries without supervision, which requires an act of Congress. The Provider Non-Discrimination Section (Section 2706(a)) of the Affordable Care Act seeks to prevent payers from discriminating against providers who are otherwise authorized to provide services under a with a specific health insurance issuer. Section 2706(a) is enforced by states who have authority over health plans within its jurisdiction. It does not does not require “that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer...” You can learn more about Section 2706(a) here: https://www.cms.gov/cciiio/resources/fact-sheets-and-faqs/aca_implementation_faqs15

Once we are approved as acupuncture providers for Medicare, will our full scope of practice (including manual therapy/Tuina, as well as cupping, moxa, etc.) be covered, or only acupuncture itself?

Answer: Once recognized as Medicare providers, acupuncturists will be able to provide/be reimbursed for the acupuncture services that the Medicare program explicitly covers at that time. Currently, Medicare just covers acupuncture treatments for chronic lower back pain.

When will we know our CBO score?

Answer: There is no set timeline for obtaining a CBO score; this will depend on Committee activity and Committee decisions to order a score for the Acupuncture for our Seniors Act.

Once we're providers assuming low back pain is the only covered service, do we charge the patient directly for things like neck pain, carpal tunnel, etc.?

Answer: You would charge patients for these services as you normally would -- if you specifically treat a Medicare beneficiary for chronic lower back pain, you will bill Medicare for direct reimbursement. At this time, treatments for chronic lower back pain is the only acupuncture service that Medicare covers.

What is CBO score? What is CBO stands for?

Answer: Congressional Budget Office. This office provides cost estimates on pending legislation.