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Here is a list of contact points for different insurance networks and worker's compensation networks that we recommend joining:
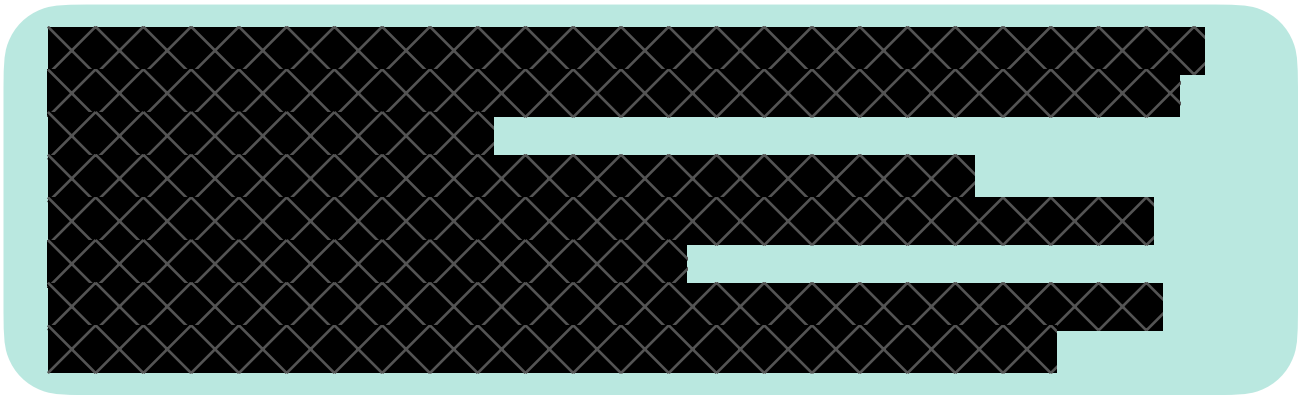
Networks may vary by area. Amounts paid for different codes can vary by plan and practice location. You can request fee schedules from each network but they are not always accurate. You may also just leave the networks if you are unhappy with them at a later date.
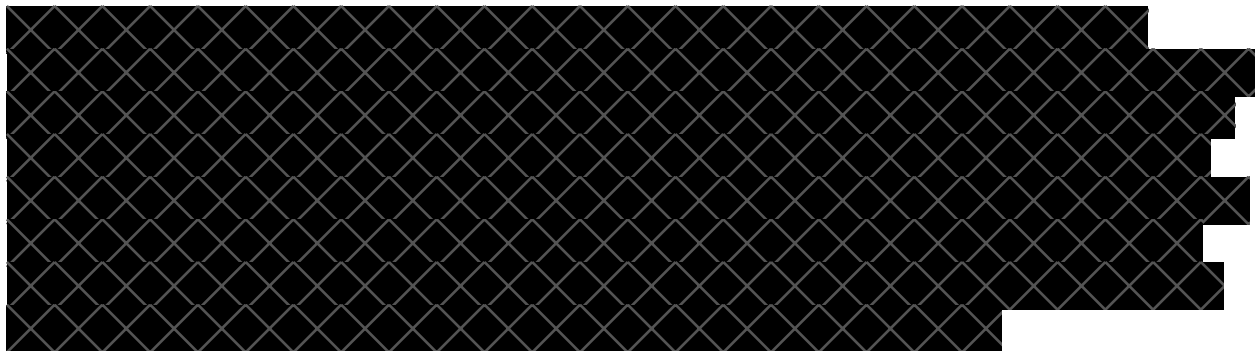
After submitting your documentation for credentialing, they may ask for clarification. Each enrollment can take 2-6 months. If you don't hear from them, follow-up after a few months, then every month after that.
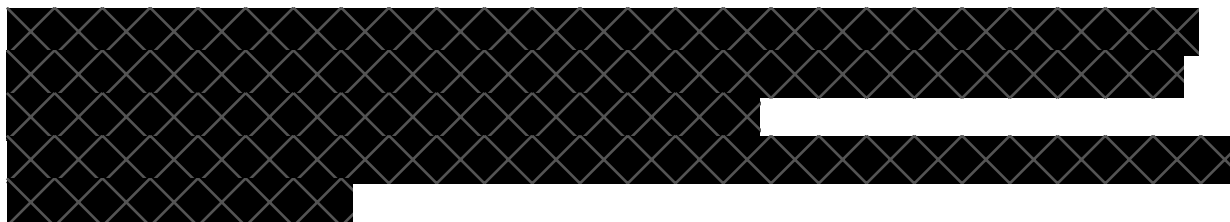
Some insurance plans will pay lower amounts and some will pay higher amounts. What matters is the average amount paid for your practice. In the earlier years of your practice you can take more lower paying

**Billed amount** How much you are charging the insurance company. You rarely expect to receive the full amount, so you always charge more than you expect to receive.

**Allowed amount** How much the insurance company is going to pay for this code. This amount can vary by plan for the same insurance company.

**Adjustment** The difference between the billed amount and the allowed amount. This is how much they are not going to pay you.

**Amount paid** The amount the insurance company is paying you.

**Patient Responsibility (Co-Pay or Co-Insurance)** How much the patient owes you for that service. This can vary by plan for the same insurance company. **Co-Pay** is a set dollar amount the patient owes us. **Co-Insurance (also listed as "co-ins")** is a percentage of the allowed amount that the patient owes for each visit. *Many people, including those that work for the insurance companies, use the terms **co-pay** and **co-insurance** interchangeably*.

There are several aspects to a patient's insurance coverage. Depending on the plan, not all of these will be a concern to you.

**Deductible** The (allowed...as in "allowed amount") amount of money the patient must spend on services before certain benefits become active. Benefits subject to the deductible vary by plan and insurance company. The **amount** of allowed money spent to date is referred to as being "**met**." For example, "$400 of the patient's $500 deductible has been met" means the patient has spent $400 of their $500 deductible for the year. They still need to spend $100 before being able to use those benefits. Deductible amounts vary by plan. The deductible resets each calendar year.

**Deductible applies** This means the patient must meet their deductible before acupuncture benefits (or whatever benefits are being discussed) are available. The deductible may apply to all or only some of their different benefits. For example, the deductible may not apply to their office visits to see their primary doctor, but the deductible does apply for their

## Common Acupuncture Codes

| CPT Code | Description |
|---|---|
| ███████ | ████████████ |
| ███████ | ███████████████████████████████████████████████████████████████████ |
| █████ | ███████████████████████████████ |
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| ███████ | █████████████████████████ |

**Timing for Needle Insertions** (AKA Sets or Units)

**Chart a time for each code, not a total number of minutes. (See example chart provided)**

This is time caring for the patient when you (or the support staff) are actively doing something for them. This includes the pre- and post-service care mentioned above in the office visit section. Our charting system allows a drop down list of times for each code. If yours does not have it, we recommend having some type of copy&paste system or a place where you can just enter the time value.
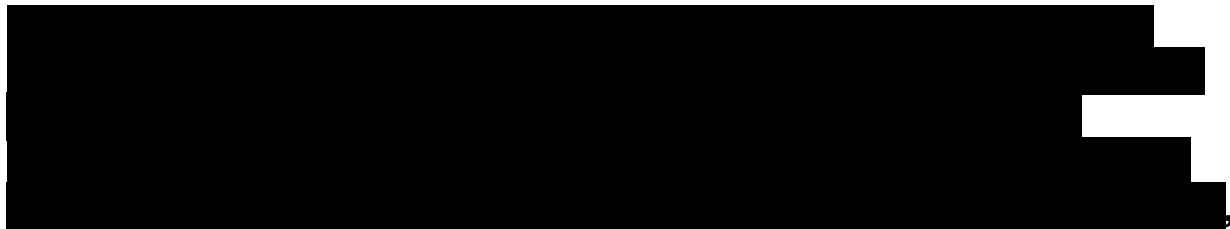
Fraud is defined as improper coding and payment discovered by insurance company/audit. All companies (in or out-of-network) have 4 years to ask for the money to be repaid.
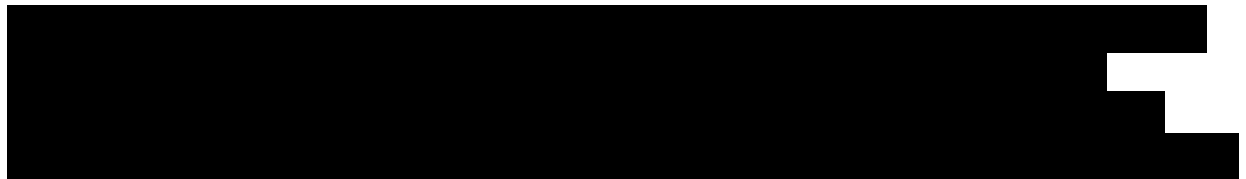
## Specific Insurance Company Requirements

### ██████ Protocols

This guide is to help you avoid delay and rejected payment through Landmark.
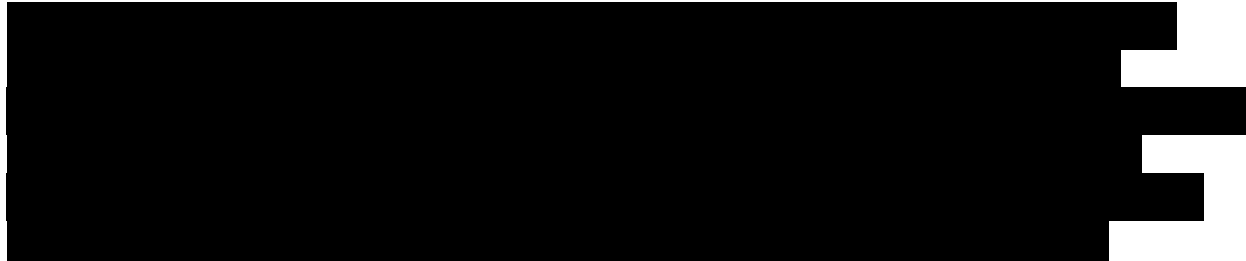
**██████ requires very strict ICD coding**. **There is a list of approved ICD codes. It can also be found in the file "██████ Acupuncture Guidelines" on the last few pages.** This file is available in the practitioner portal. We have not been notified when they release new versions. We recommend checking it once every year or so.

**Only bill one ICD code at a time**. Myalgia codes can be used if the pain falls outside of any of the other codes for different areas of the body.

You are now equipped with all the tools necessary to expertly bill insurance. Feel proud of this investment you've made in your practice! You will now be able to help more people and be rewarded for it!