

Questions from Primary Care Physicians

1. How do I find a list of contracted acupuncturists/chiropractors?

Our website has an up to date list of contracted specialists: [Click Here](#)

2. I know an acupuncturist or chiropractor who would like to be contracted? Who should they contact?

Refer them to the contracting department at Partnership HealthPlan: Darryl Crowder (707) 863-4535

3. We are a federally qualified health center that already has a chiropractor or acupuncturist working for us. How would they be credentialed?

Reach out to the credentialing department at PHC: Daniel Santos: dsantos@partnershiphp.org

4. What steps does a new acupuncturist or chiropractor need to do to be contracted?

Acupuncturists and Chiropractors must submit a credentialing packet and be approved through the PHC credentials process to bill PHC as a contracted provider. The Acupuncturist or Chiropractor may work for another contracted provider (like a Health Center) or may contract independently with PHC.

5. What happens if an acupuncturist or chiropractor is not credentialed or contracted? Can they still see PHC patients for these services?

No, chiropractor and acupuncture services must be credentialed with PHC to be eligible for payment.

6. How do I refer a patient?

The assigned PCP completes an electronic referral authorization (eRAF), as with any other specialty referral. If the patient is a Special Member, a physician's order is sufficient.

7. How do I communicate the opioid treatment plan to the acupuncturist/chiropractor?

Background information on the patient, and what you would like the specialist to do should be sent directly to the specialists in the form of a letter or other clinical summary. It can be faxed to their office. Items to include: diagnosis, current medication regimen, other adjunctive treatments, plans for changing medication. The specialist will need this information for their TAR submission.

8. Does a patient have to be taking opioids to qualify for the new enhanced benefit?

No, if a patient has pain lasting for at least 6 weeks, acupuncture or chiropractic treatment may be used in an effort to prevent starting of opioid medication or other controlled substances.

9. If acupuncture treatment is helping to partially reduce the pain, can additional visits beyond the initial 12 visits be authorized?

Potentially, yes, although supporting documentation would need to be submitted with the TAR. However, an opioid dose increase while on acupuncture/chiropractic treatment is generally considered evidence of treatment failure; a TAR request in this scenario will generally be denied. For medical necessity criteria to be met for continued therapy, the initial treatment should have resulted in some improvement, and further

improvement is judged to still be possible. Extenuating circumstances may be submitted with the TAR by the treating acupuncturist/chiropractor.

10. Can acupuncture be used for chronic neck pain or dysmenorrhea?

Only for patients under age 21, pregnant patients or those in skilled nursing facilities. The new enhanced benefit only covers three conditions in adults over age 21: low back pain, osteoarthritis pain of the hip or knee, migraine headaches.

11. Is acupuncture covered as a treatment for addiction?

No, the patient must have chronic pain with one of the three conditions above to be covered.

12. Is chiropractic treatment of neck covered?

No. Only pain in the thoracic and lumbar pain is covered under the enhanced benefit.

13. Are acupuncturists and chiropractors able to be billed by Health Centers with a code 18 wrap around payment to the State?

Chiropractors are considered PPS eligible providers, so a code 18 may be billed for the Prospective Payment System balance for Federally Qualified Health Centers, Tribal Health Centers and Rural Health Centers.

In contrast Acupuncturists are *not* recognized by the state of California as PPS-billable providers. Health Centers may bill for these services and will be paid by PHC, but they may not bill the state for the Code 18 wrap, and any Health Plan payments for the visits will be counted against the Health Center at the time of reconciliation.

14. Do I need to have an approved TAR for the first visit?

No, the patient does not need a TAR for the first visit, but the patient does require a referral by the primary care provider, through the PHC referral authorization system. Special members may be referred via a physician order, which would need to be submitted with the TAR.

Questions from Acupuncturists

15. Are herbal remedies and cupping covered?

No, only the use of needles, with or without electrical stimulation is covered.

16. The pain lasts less than 6 weeks; can I still treat them?

Only if in SNF, if under age 21 or if pregnant.

17. What codes should I use for billing?

The following codes may be used for billing PHC for acupuncture services: 97810, 97811, 97813, 97814

18. Do I need to have an approved TAR for the first visit? (Also applies to chiropractor care)

No, the patient does not need a TAR for the first visit, but the patient does require a referral by the primary care provider, through the PHC referral authorization system. Special members may be referred via a physician order, which would need to be included in the TAR.

Questions from Chiropractors

19. I'm not happy that neck pain isn't covered. How can that be changed?

PHC guidelines are based on a thorough review of the medical literature and State and Federal requirements, which have been reviewed and approved by our physician committees. You may write a letter to Robert Moore, MD, MPH, PHC's Chief Medical Officer with any requested changes, citing scientific literature to support your position, and he will bring it to the committees to consider. If you prefer to present your information in person to the committee, this can be coordinated by Dr. Moore. His email is rmoore@partnershiphp.org

20. Besides manipulation, what other services are covered when performed by a chiropractor?

Massage therapy, hot/cold pack therapy and manual traction may be performed if indicated. All necessary therapies are included in the all-inclusive codes for chiropractor services: any one of the following: 98940, 98941, 98942.

21. The back pain has only been there for 1 week. Can I still treat them?

Only if the patient is seen by a chiropractor employed by an FQHC, RHC, or if the patient is under age 21, or pregnant or a resident of a SNF.

22. For the first visit, I performed an evaluation and developed a treatment plan. How should I bill that?

The initial evaluation and treatment plan may be billed with the code 99202, once only. Subsequent visits should use the 98940, 98941, 98942.

23. Does the first evaluation visit count towards the initial 12 visits maximum in the initial TAR?

Yes, a total of 12 visits are covered, including the initial visit. To put this another way, a TAR submitted after the initial visit can request up to a maximum of 11 additional visits. The frequency of these visits depends on the recommendation of the chiropractor, in consultation with the patient.