

John Frostad has begun the dialogue with the Insurance Commissioner about the practice of insurers denying any EAMP-care outside of acupuncture needling. He needs all Washington practitioners to provide documentation of these practices.

What we need:

1. **Practitioner testimonials:** Please write a testimonial describing how payment of CPT codes by insurers has affected your ability to deliver care to your patients. Are you having to make patients pay for services that should be paid by the insurer? Are you not offering patients services that they need as part of their care because the insurer will not pay for it? Mention specific insurers if you can. Please keep your complaints specific to non-payment of codes and not issues with pre-authorizations and such.
2. **Copies of claims:** Send claims that show denials for non-acupuncture needling codes. This includes things like cupping, tuina, and other services, but also necessary re-evaluations and herbal consultations, etc.
  - a. Please make sure to remove/black out all patient information on the claims before sending them.
  - b. If possible, please also send an explanation of specifically what it was you billed that was denied. Why was a re-evaluation needed? If a code needs explanation, what was the service it was specifically billed for?
  - c. Make sure all reason codes are sent also. These usually occur on the last page of the EOBs. The reason it was denied by the insurance is very important.
  - d. Please send denied claims for as many different insurers as possible. We will be addressing claims handling insurer by insurer.
3. **Patient testimonials:** Testimonials from your patients are also very important. If patients can complain to the Insurance Commissioner about having to pay for services out of pocket that should have been covered, that would be very helpful. Please make sure their specific insurer and service is included. Make sure they clearly address the letters to the Insurance Commissioner and sign them, so they can be forwarded on.

Send documents and questions to john\_frostad@hotmail.com. If you cannot scan and send the documents, you can mail them to 3217 Meridian Ave E, Edgewood WA 98371.

Here is the text of John Frostad's presentation to the OIC outlining our concerns as to how our practice scope is being handled. "Ongoing Issues with Patient Access to EAMP Services

"Most insurers in Washington state are systematically violating the provisions of the Every Category of Provider (ECP) law enacted over two decades ago. They have been

refusing to provide medical benefit to patients seeking any service other than acupuncture needling from East Asian Medicine Practitioners (EAMPs). Not only do they refuse coverage, but they are forcing EAMPs to contractually write-off these services. EAMPs must therefore decline to bill for these services and require patients to pay for them, even though the insurer is legally required to provide coverage. This also denies patients the ability to utilize a secondary payer which does cover the service, even though it is not provided for by the primary carrier.

The ECP law clearly states that insured consumers must have the ability to receive a covered health service from any category of licensed medical provider available. Even when a service type is a covered benefit, insurers will refuse to pay for that service if it is provided by an EAMP. For example, while massage services are payable to all manners of providers, patients seeking massage from EAMPs will find that service denied by their insurers. This is happening with every variety of service EAMPs provide outside of acupuncture needling, even when other provider types are paid for them.

The ECP law also states that insured consumers must be afforded coverage for the scope of medical services provided by a type of licensed medical provider in Washington. EAMPs have a very wide variety of billable services in their scope of practice, with acupuncture needling only being one. It is routine for EAMPs to perform essential services in addition to, or in lieu of, acupuncture needling. All of these services are routinely denied. Patients are made to pay for services which the insurer is obligated to provide coverage for.

Insurers give varied rationales for denying payment for services. Many insurers are refusing payment stating that a given service is not part of our scope of practice, while clearly it is. Others will state that EAMPs are not credentialed to provide said service. Others state that every variety of service we perform is acupuncture and that no other performed services are payable. Our scope of practice is very broad and covers a wide variety of billable medical services, yet we are only afforded the ability to bill for acupuncture needling.

EAMPs are also forced to authorize our services as acupuncture needling. Soon Evicore will blanket deny acupuncture benefits for a variety of medical conditions. Regence will continue to pay for other medical services for these conditions. Regence will only pay EAMPs for acupuncture needling however, so these services will only be payable to other provider types and not EAMPs. Patients therefore will be denied their choice of provider type to perform these services. Patients should not be denied access to EAMPs solely because acupuncture needling is not authorized for their medical condition.

The ECP law should be applied as it was intended. Patients should have the right to choose EAMPs to provide services covered on their plans. Patients should be able to receive the full range of services that EAMPs offer, and not simply acupuncture needling. When acupuncture needling is not a covered service for a given condition, patients should not be completely shut out of access to EAMPs as a treating provider.

We are happy to provide more detailed information to the Insurance Commissioner on the coverage issues that our patients are experiencing."



Category	Procedure	Code
Acupuncture	Acupuncture, per intial 15 minutes	97810
Acupuncture	Acupuncture, additional 15 minutes	97811
Acupuncture	Electro-Acupuncture, per intial 15 min	97813
Acupuncture	Electro-Acupuncture, additional 15 min	97814
E&M	E&M New Patient - Focused	99201
E&M	E&M New Patient -Expanded	99202
E&M	E&M New Patient - Detailed	99203
E&M	E&M New Patient - Comprehensive	99204
E&M	E&M New Patient - Comprehensive	99205
E&M	E&M Established Pt	99211
E&M	E&M Established Pt - Focused	99212
E&M	E&M Established Pt - Expanded	99213
E&M	E&M Established Pt - Detailed	99214
E&M	E&M Established Pt - Detailed	99215
Med-Phys Med	Hot or cold packs	97010
Med-Phys Med	Traction	97012
Med-Phys Med	Elect Stim (unattended)	97014
Med-Phys Med	Whirlpool	97022
Med-Phys Med	Infrared	97026
Med-Phys Med	Electrical Stim.	97032
Med-Phys Med	Contrast baths, each 15	97034
Med-Phys Med	Exercises each 15 min	97110
Med-Phys Med	Neuromuscular Re-education	97112
Med-Phys Med	Massage (stroking, compression)--15 min	97124
Med-Phys Med	Manual Therapies	97140
Med-Phys Med	Therapeutic activities, 15 mins	97530

**Acupuncture Fee Schedule - WA State**  
**Frequently Billed Codes - Allowable Examples**  
**Effective June 1, 2009**

CPT Code	CPT Description
<b>Acupuncture Treatments</b>	
97810	Acupuncture, first 15 minutes
97811	Acupuncture, additional 15 minutes
97813	Acupuncture w/ elec, first 15 minutes
97814	Acupuncture w/ elec, additional 15 minutes
<b>E &amp; M Office Services (New Patients)</b>	
99201	Problem focus
99202	Expanded problem focus
99203	Detailed problem
99204	Comprehensive, mod complex
99205	Comprehensive, high complex
<b>E &amp; M Office Services (Established Patients)</b>	
99211	Problem focus
99212	Expanded problem focus
99213	Detailed problem
99214	Comprehensive, mod complex
99215	Comprehensive, high complex
<b>Physical Therapy Procedures</b>	
97016	Vasopneumatic Device Therapy
97026	Infrared
97032	Manual Electrical stimulation, each 15 minutes
97124	Massage, each 15 minutes
97139	Physical medicine procedure
97140	Manual therapy, each 15 minutes