

Information for Medical Providers and Referral Coordinators regarding Acupuncture referrals for clients who have Pacific Source Community Solutions insurance.

Updated by Carola Stepper, LAc, owner of Cascade Acupuncture Center, 1-1-20

For Cascade Acupuncture Center referrals:

If possible the Medical Provider discusses the health concern (see all covered = above the line codes below) with the client during an in-office visit and that Acupuncture is a treatment option both, the client and the provider want to explore.

The provider's referral staff initiates a Referral (one office visit code, no Acupuncture) within the Pacific Source website referral system (<https://intouch.pacificsource.com/ITP/Default.aspx>) This prior authorization will need to include chart notes of the in office visit.

Note: It is very important which code/s is/are used in this referral, see list of exact codes on pages 2 and 3. For questions, the PSCS help line # is: 541-330-7301

Please check the [Pacific Source Community Solutions Line Finder Tool](https://intouch.pacificsource.com/LineFinder) when choosing ICD 10 codes for a Referral for Acupuncture:

<https://intouch.pacificsource.com/LineFinder>

Please use one Acupuncture CPT code, for example: 97810 to check if the ICD 10 code is above the line for Acupuncture. (The Line Finder Tool will display a green check mark)

PSCS has been authorizing ICD 10 codes which are below the line for Acupuncture referrals at times. This leaves our Acupuncturists in a place of having to "diagnose" clients during their first office visit if they present with a possible above the line condition, additionally to the referred diagnosis, in the hopes of an approved Prior Authorization. Acupuncturists are not primary care providers and per our license are not supposed to "diagnose" clients. At times we were simply not able to see clients who were referred for below the line conditions, which is sad for them and us. **It is our strong preference to receive referrals with above the line conditions. This has the highest chance to get approved Prior Authorizations your referred clients.**

In summary:

We have had the best results getting Acupuncture Referral pre-authorized for these conditions, please see specific ICD10 codes on the following pages 2 and 3.

- 1. CONDITIONS OF THE BACK AND SPINE**
- 2. MIGRAINE HEADACHES**
- 3. PREGNANCY (Hyperemesis gravidarum, Breech presentation, Back and pelvic pain of pregnancy)**
- 4. TOBACCO DEPENDENCE**
- 5. SCOLIOSIS**
- 6. Osteoarthritis of the knee only**

Once the referral has been approved, we have seen the client and submitted for a Prior Authorization for Acupuncture and it has been approved, the client most of the time receives between 8-26 Acupuncture treatments per year and they do not pay copay or coinsurance!

Current Providers: Carola Stepper, LAc and Janet Wrege, LAc

Locations:

2690 May Street, Suite 101, Hood River, OR 97031

1712 E 12th Street, The Dalles, OR 97058

To contact our offices and fax any approved referrals:

Hood River (Mon, Tue, Wed, Fri, Sat): **Ph: 541-387-4325, E-Fax 844-965-9823**

The Dalles (Tue, Wed, Thur, Fri): **Ph: 541-298-2378, E-Fax 844-965-9823**

(Our phones are forwarded, so you will be able to talk to our office staff Mon-Sat)

On behalf of our PSCS clients, thank you for reading this and for your referrals!

Please feel free to contact Carola Stepper, LAc directly with questions:

CS@CascadeAcupuncture.org cell: 541-490-7372

www.CascadeAcupuncture.org

Updated as of 1-1-20: Prioritized List for Health Services from www.oregon.gov

GUIDELINE NOTE 92, ACUPUNCTURE Lines 1,5,201,361,402,410,463,540

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY

Acupuncture pairs on Line 1 for the following conditions and codes.

Hyperemesis gravidarum: ICD-10-CM: O21.0, O21.1

Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupuncture/acupressure per pregnancy.

Breech presentation: ICD-10-CM: O32.1

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 6 session per pregnancy.

Back and pelvic pain of pregnancy: ICD-10-CM: O99.89

Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions per pregnancy.

Line 5 TOBACCO DEPENDENCE: ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6,Z72.0

Acupuncture is included on this line for a maximum of 12 sessions per quit attempt up to two quit attempts per year; additional sessions may be authorized if medically appropriate.

Line 361 SCOLIOSIS: ICD-10: M41.00-M41.08,M41.112-M41.9,M96.5,Q67.5,Q76.3,Z47.82

Acupuncture is included on this line with visit limitations as in Guideline Note 56

NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE (see below).

Line 402 CONDITIONS OF THE BACK AND SPINE: ICD-10: (codes grouped by first letter)

F45.42,

G83.4,G95.0,

M24.08,M25.78,M40.00-M40.15,M40.202-M40.57,M42.00-M42.09,M42.11-M42.9,

M43.00-M43.4,M43.5X2-M43.5X9,M43.8X1-M43.9,M45.0-M45.9,M46.1,M46.40-M46.99M47.10

-M47.28,M47.811-M47.9,M48.00-M48.05,M48.061-M48.38,M48.8X1-M48.9,M49.80-M49.89,M5

0.00-M50.01,M50.020-M50.93,M51.04-M51.9,M53.2X1-M53.9,M54.10-M54.9,M62.830,M96.1-

M96.4,M99.00-M99.09,M99.20-M99.79,M99.81-M99.84,

Q06.0-Q06.3,Q06.8-Q06.9,Q68.0,Q76.0-Q76.2,Q76.411-Q76.49,

S13.0XXA-S13.0XXD,S13.4XXA-S13.4XXD,S13.8XXA-S13.8XXD,S13.9XXA-S13.9XXD,S16.1

XXA-S16.1XXD,S23.0XXA-S23.0XXD,S23.100A-S23.100D,

S23.101A-S23.101D,S23.110A-S23.110D,S23.111A-S23.111D,S23.120A-S23.120D,S23.121A

-S23.121D,S23.122A-S23.122D,S23.123A-S23.123D,S23.130A-S23.130D,S23.131A-S23.131

D,S23.132A-S23.132D,S23.133A-S23.133D,S23.140A-S23.140D,S23.141A-S23.141D,S23.14

2A-S23.142D,S23.143A-S23.143D,S23.150A-S23.150D,S23.151A-S23.151D,S23.152A-S23.1

52D,S23.153A-S23.153D,S23.160A-S23.160D,S23.161A-S23.161D,S23.162A-S23.162D,S23.

163A-S23.163D,S23.170A-S23.170D,S23.171A-S23.171D,S23.3XXA-S23.3XXD,S23.8XXA-S

23.8XXD,S23.9XXA-S23.9XXD,S33.0XXA-S33.0XXD,S33.100A-S33.100D,S33.101A-S33.101

D,S33.110A-S33.110D,S33.111A-S33.111D,S33.120A-S33.120D,S33.121A-S33.121D,S33.13

0A-S33.130D,S33.131A-S33.131D,S33.140A-S33.140D,S33.141A-S33.141D,S33.5XXA-S33.5

XXD,S33.8XXA-S33.8XXD,S33.9XXA-S33.9XXD,S34.3XXA-S34.3XXD,S39.092A-S39.092D,S

39.82XA-S39.82XD, S39.92XA-S39.92XD

Acupuncture is included on this line with visit limitations as in Guideline Note 56

NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE (see below).

Line 410 MIGRAINE HEADACHES: ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9

Acupuncture pairs on Line 410 for migraine , for up to 12 sessions per year.

Line 463 OSTEOARTHRITIS AND ALLIED DISORDERS ICD-10-CM M17.0-M17.5, M19.9

Acupuncture pairs on Line 463 for **osteoarthritis of the knee only**, for up to 12 sessions per year.

GUIDELINE NOTE 56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE Lines 361,402

Patients seeking care for back pain should be assessed for potentially serious conditions (“red flag” symptoms requiring immediate diagnostic testing), as defined in Diagnostic Guideline D4. Patients lacking red flag symptoms should be assessed using a validated assessment tool (**e.g. STarT Back Assessment Tool**) in order to determine their risk level for poor functional prognosis based on psychosocial indicators.

For patients who are determined to be low risk on the assessment tool, the following services are included on these lines:

- Office evaluation and education,
- **Up to four total visits, consisting of the following treatments: OMT/CMT, acupuncture, and PT/OT. Massage, if available, may be provided as part of these four total visits.**
- First line medications: NSAIDs, acetaminophen, and/or muscle relaxers. Opioids may be considered as a second line treatment, subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE. See evidence table.

For patients who are determined to be medium- or high risk on the validated assessment tool, as well as patients undergoing opioid tapers as in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE, the following treatments are included on these lines:

- Office evaluation, consultation and education
- Cognitive behavioral therapy. The necessity for cognitive behavioral therapy should be re-evaluated every 90 days and coverage will only be continued if there is documented evidence of decreasing depression or anxiety symptomatology, improved ability to work/function, increased self-efficacy, or other clinically significant, objective improvement.
- Prescription and over-the-counter medications; opioid medications subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE. See evidence table. • The following evidence-based therapies, when available, may be provided: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation.

A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).

- 1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6. CPT 97124 is included in this category.
- 2) Chiropractic or osteopathic manipulation

3) Acupuncture

The development of this guideline note was informed by HERC coverage guidances on Low Back Pain Non-Pharmacologic, NonInvasive Intervention, Low Back Pain, Pharmacological and Herbal Therapies. See <https://www.oregon.gov/oha/HPA/DSIHERC/Pages/Evidence-based-Reports.aspx>.

Evidence Table of Effective Treatments for the Management of Low Back Pain:

Per the Evidence Table of Effective Treatments for the Management of Low Back Pain, Acupuncture is listed under Nonpharmacologic therapy subacute and chronic > 4 weeks.