

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

Updated by Carola Stepper, LAc, Clinical Director of Cascade Acupuncture Center, 1-1-21

**For Cascade Acupuncture Center referrals:**

If possible the Medical Provider discusses the health concern/s (see all covered = above the line codes below, page 2 and 3) with the client during an in-office visit and that Acupuncture is a treatment option both, the client and the provider want to explore.

→ **We get the highest authorization approval rate if the MD chart notes we receive as part of the referral process include the ICD 10 codes listed in this handout.**

→ **If we receive chart notes/referrals for codes which are below the line for Acupuncture it is much harder to get a Prior Authorization or it will be denied. Adding even one above the line code to chart notes has the highest chance of approved Prior Authorizations!**

New, and easier as of 1-1-21: PSCS changed their rule and the provider's referral staff NO LONGER needs to initiate a referral within the Pacific Source/OneHealthPort portal!  
**All that is required is to fax the MD/PA/NP/DO chart notes of the office visit, noting any ICD 10 codes listed in this handout to us directly at 844-965-9823**

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)

For questions, the PSCS help line # is: 541-330-7301

**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**
- 7. NEOPLASM RELATED PAIN, acute and chronic (new as of 1-1-21!)**

After we receive the faxed chart notes, we will schedule the client for their initial Office Visit, then we will submit the Prior Authorization request with your provider's chart notes as well as our chart notes from the first Office Visit via the OneHealthPort PSCS portal.

Once this 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 are grateful!

**Current Providers:** Carola Stepper, LAc, Janet Wrege, LAc, Scott Klein, LAc

**Locations:**

- 2690 May Street, Suite 101, Hood River, OR 97031
- 1712 E 12th Street, The Dalles, OR 97058

**Please fax any chartnotes to initiate the Acupuncture referral process to:**

**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:

[ClinicalDirector@CascadeAcupuncture.org](mailto:ClinicalDirector@CascadeAcupuncture.org) cell: 541-490-7372

Feel free to view our COVID Safety Video and Policies on: [www.CascadeAcupuncture.org](http://www.CascadeAcupuncture.org)

**Updated as of 1-1-21: Prioritized List for Health Services from [www.oregon.gov](http://www.oregon.gov)**

**GUIDELINE NOTE 92, ACUPUNCTURE**

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 acupressure/acupuncture 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** 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 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.

**Line 402 CONDITIONS OF THE BACK AND SPINE** Acupuncture is included on this line with visit limitations as in Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

**(codes grouped by first letter)**

**F45.42,**

**G83.4,G95.0,**

**M24.08,M25.78,M40.10-M40.15,M40.202-M40.37,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-M46.99,  
M47.10-M47.28,M47.811-M47.9,M48.00-M48.05,M48.061-M48.38,M48.8X1-M48.9,M49.80-M4  
9.89,M50.00-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,  
S16.1XXA-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-S23.131D,  
S23.132A-S23.132D,S23.133A-S23.133D,S23.140A-S23.140D,S23.141A-S23.141D,  
S23.142A-S23.142D,S23.143A-S23.143D,S23.150A-S23.150D,S23.151A-S23.151D,  
S23.152A-S23.152D,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-S23.8XXD,S23.9XXA-S23.9XXD,S33.0XXA-S33.0XXD,  
S33.100A-S33.100D,S33.101A-S33.101D,S33.110A-S33.110D,S33.111A-S33.111D,  
S33.120A-S33.120D,S33.121A-S33.121D,S33.130A-S33.130D,S33.131A-S33.131D,  
S33.140A-S33.140D,S33.141A-S33.141D,S33.5XXA-S33.5XXD,S33.8XXA-S33.8XXD,  
S33.9XXA-S33.9XXD,S34.3XXA-S34.3XXD,S39.092A-S39.092D,S39.82XA-S39.82XD,  
S39.92XA-S39.92XD**

**ICD-10 code G89.3 (Neoplasm related pain (acute) (chronic))** when there is active cancer and limited to 12 total sessions per year; patients may have additional visits authorized beyond these limits if medically appropriate.

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

**NOTE: Headaches are NOT covered, only MIGRAINE Headaches.** Acupuncture pairs on Line 410 for migraine), for up to 12 sessions per year.

**Line 463 OSTEOARTHRITIS AND ALLIED DISORDERS (ICD-10-CM M17) NOTE: Arthritis of the ankle is NOT covered only of the KNEE.**

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**

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.**