

# 保险公司针灸给付的新动态

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# Disclaimer:



# 提纲

## 一、针灸相关的保险及其计划

- 保险类别：健康保险、劳工保险、车祸保险
- 常见的健康保险公司
- 健康保险计划类别

## 二、要不要收健康保险

## 三、成为健康保险网内医生

## 四、保险申报

## 五、处理保险账单

# 一、针灸相关的保险及其计划

- 保险类别
- 常见的健康保险公司
- 健康保险计划类别

# (一) 保险类别

## 1. 健康保险(Health Insurance)

- 私人公司:
- 政府保险: Medicare, Medicaid (MediCal), TriWest (VA), Tricare.

## 2. 劳工保险 (Workers' Compensation Insurance)

- MPN: AcuCare (Corvel, Coventry, Claripointe), Medrisk, Align networks, OneCallCare, Anthem
- Authorization, adjuster, Utility review, PR-report.

## 3. 车祸保险(Auto Insurance):

Medi-pay

Doctors' lien

谁的责任? 车的损害和人的受伤程度。

Farmers不付针灸及97026, 付99203(99213), 97140等codes.

# California Worker's Comp Fee Schedule

## MedRisk Fee schedule

<b>99203</b>	<b>99213</b>	<b>97810</b>	<b>97811</b>	<b>97813</b>	<b>97814</b>	<b>97026</b>
\$119.23	\$81.22	\$	\$	\$34.9	\$22.6	\$4.9

## DOCTOR'S LIEN

TO: ATTORNEY/ INSURANCE CARRIER

ACUPUNCTURIST

Re: Patient Records and Doctor's Lien

I do hereby authorize the above to furnish you, my attorney/insurance carrier, with a full report of his history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident / illness which occurred / began on

\_\_\_\_\_.

I hereby give a lien to said acupuncturist on any settlement, claim, judgment, or verdict as a result of said accident/illness, and authorize and direct you, my attorney / insurance carrier, to pay directly to said doctor such sums as may be due and owing his/her for services rendered to me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect the said acupuncturist adequately.

I fully understand that I am directly and fully responsible to said acupuncturist for all Acupuncture bills submitted by him/her for services rendered to me, and that this agreement is made solely for said acupuncturist's additional protection and in consideration for his/her awaiting payment. And I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fee.

Patient's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

I undersigned, being attorney of record or authorized representative of insurance carrier for the above patient do hereby acknowledge receipt of the above lien, and do agree to honor the same to protect adequately the said above named acupuncturist.

Authorized Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

NOTICE: Please sign, date, and return one (1) copy to acupuncturist's office at once.

# (二)常见的健康保险公司

## 商业保险公司

### 1.加州:

- Cigna
- Aetna
- Anthem BlueCross
- Healthnet
- BlueShield of CA
- United Healthcare
- Others:

### 2.外州:

- BlueCross BlueShield
  - BlueCross BlueShield Federal employee program
  - BlueCross BlueShield Nebraska

## ● 政府保险:

- Medicare
- MediCal
- TriWest (VA), Tricare



# 哪些健康保险公司付针灸？

大多数商业保险： Yes/No?

Medicare: Yes/No?

MediCal: Yes/No?

TriWest (VA): Yes/No?

Tricare: Yes/No?

## (三) 健康保险计划类别:

- PPO (Preferred Provider Organization)  
 可看网内、网外医生, 但付费不一样, 有可能不付网外。
- HMO (Health Maintenance Organization):  
 只能看网内医生, 看针灸多需referral  
 ASH, Scan, Optum (UHC-AARP)
- EPO (Exclusive provider organizations):  
 很像HMO, 只能看网内医生, 不需referral
- POS (Point of Service):  
 Hybrid HMO/PPO, 可看网内、网外医生, 需referral。

## (四). 有哪些健康保险网?

### 1) HMO Network

- ASH (American Specialty Health)

- § Kaiser

- § Anthem HMO

- § Cigna HMO

- § BlueShield of CA HMO

- § Healthnet HMO

- § Aetna HMO

- United Healthcare HMO

## 2) PPO Network:

- BlueShield of CA PPO
- Anthem BlueCross PPO
- Cigna PPO
- Aetna PPO
- UnitedHealthcare PPO
- Healthnet PPO
- Landmark PPO
- Triwest Healthcare Alliance (退伍军人)
- BlueCross BlueShield (外州)

## (五). 关于ASH

- Cigna (HMO, PPO)
- Aetna (PPO, POS, EPO)
- Anthem (HMO, EPO, some PPO)
- Healthnet (EPO, PPO)
- **BlueShield of CA** (HMO, **PPO**)
- Kaiser (EPO, HMO)
- Others

加州的保险哪个不在里面？

# Anthem PPO与ASH

**American Specialty Health Insurance Company**

DISBURSEMENT ACCT.  
PH.858-754-2000  
10221 Wateridge Circle  
San Diego, CA 92121

Bank of the West  
In Cooperation with The Bank of New York Mellon  
PITTSBURGH, PENNSYLVANIA

3147724

60-160  
433

PAY One Hundred Eighty Two Dollars and Seventy Nine Cents

DOLLARS

TO THE ORDER OF DRAGON ACUPUNCTURE & HERB CENTER INC  
STE 301  
18 ENDEAVOR  
IRVINE, CA 92618

I.D. NO.

DATE

XXXXXX638

01/14/2019

\$182.79

VOID IF NOT CASHED IN 90 DAYS

*George T. DeVries*

⑈3147724⑈ ⑆043301601⑆ 019⑈0300⑈

# 那家健保公司针灸病人最多？

- BSCA

# 那家健保公司付针灸次数最多？

- BSCA



# BSCA PPO与ASH

# BlueShield of CA加入ASH前后付费比较

		99203	99213	97810	97811	97813	97814	97026	97110	97140	97124	97035
加入ASH前	正常	\$65	\$20	\$30	\$15	\$33	\$15	\$4.81	\$32.19	\$32.17	\$26.17	
	打折				\$10.5	\$23	\$10.5	\$3.96		\$18.91		
加入ASH后		\$36	\$26	\$41	\$7	\$41	\$7	\$10	\$10	\$0		\$10

97813+97814X2+97026

加入前：正常：\$68

打折：\$48

加入后：\$65

# 加入ASH后BlueShield of CA付费

## NEW/ESTABLISHED PATIENT EVALUATION & MANAGEMENT

CODE	DESCRIPTION	N3
99201	New patient evaluation & management service	\$30.00
99202	New patient evaluation & management service	\$33.00
99203	New patient evaluation & management service	\$36.00
99204	New patient evaluation & management service	\$40.00
99211	Established patient evaluation & management service	\$20.00
99212	Established patient evaluation & management service	\$23.00
99213	Established patient evaluation & management service	\$26.00
99214	Established patient evaluation & management service	\$30.00
99341	New patient home visit, low severity, 30 minutes	\$33.00
99342	New patient home visit, moderate severity, 30 minutes	\$36.00
99343	New patient home visit, moderate to high severity, 45 minutes	\$40.00
99344	New patient home visit, high severity, 60 minutes	\$44.00
99347	Established patient home visit, self limited or minor, 15 minutes	\$26.00
99348	Established patient home visit, low to moderate severity, 25 minutes	\$30.00
99349	Established patient home visit, moderate to high severity, 40 minutes	\$34.00

# 加入ASH后BlueShield of CA付费

## ACUPUNCTURE/OFFICE VISIT

CODE	DESCRIPTION	N3
97810	Acupuncture, 1 or more needles without electrical stimulation; initial 15 minutes of personal one-on-one contact with patient. (Do not report 97810 in conjunction with 97813)	\$41.00
97811	Acupuncture, 1 or more needles without electrical stimulation; each additional 15 minutes of personal one-on-one contact with patient, with re-insertion of needle(s). (Use 97811 in conjunction with 97810, 97813)	\$7.00
97813	Acupuncture, 1 or more needles with electrical stimulation; initial 15 minutes of personal one-on-one contact with patient. (Do not report 97813 in conjunction with 97810)	\$41.00
97814	Acupuncture, 1 or more needles with electrical stimulation; each additional 15 minutes of personal one-on-one contact with patient, with re-insertion of needle(s). (Use 97814 in conjunction with 97810, 97813)	\$7.00



# 加入ASH后BlueShield of CA付费

## ADJUNCTIVE THERAPY

CODE	DESCRIPTION	N3
97010	Hot/cold packs	\$10.00
97014	Electrical stimulation (unattended)	\$10.00
97026	Infrared	\$10.00
97035	Ultrasound	\$10.00
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength & endurance, range of motion & flexibility	\$10.00

## 二、要不要收健康保险？

### 1. 为什么要收健康保险？

- 增加病人门诊人数(约一倍)。
- 增加诊所收入(约一倍)：部分保险付费较Cash高。
- 用于Marketing的时间和费用少。

原因：

- 美国人把健康保险当福利，大多数病人都依赖健康保险
- 单靠Cash，病人非常有限，尤其是初开诊医生，收入也就有限，除非你非常牛（情商高、技术高、会营销）。
- 长远来看，健康保险支付针灸会扩大。
  - 鸦片危机
  - 全民健保。
  - Medicare。

## 2. 为什么不收健康保险？

- 保险太复杂，不想学或不想跟报险公司打交道
- 不想写病历。
- 有足够的Cash病人。
- 不想看太多的病人。
- 怕出问题。
- 有些保险或计划只付病人，collection 头痛。
- 需花更多人力、物力：
  - AMA: \$35.50/claim。
  - 15-25分钟verify insurance coverage.
- 一般原则：新开诊或病人不多，想多看病人，多收入，收保险。
- 有相当的病人，怕费事、拍惹事，不收保险。
- 在美国行医，保险是一个很难绕开的坎。

# 三、成为健康保险网内医生

## 1. 网内医生与网外医生

- 网内医生: In-Network Provider,  
contracted provider,  
preferred provider,  
participating provider
- 网外医生: Out Of-Network Provider,  
Non-participating provider



### 3. 要不要加入健康保险网？

- 英文水平
- 病人多少
- 收入目标
- 专业资历
- 个人意愿

## 4. 怎样加入健康保险网？

- ASH: Kaiser, Anthem (HMO, PPO), Cigna (HMO, PPO), BlueShield of CA (HMO), Healthnet (HMO), Aetna (PPO, HMO)  
可以考虑选择性加入
- AcuCare (Cigna PPO), 可以考虑选择性加入
- Optum: UnitedHealthcare (PPO, HMO, AARP)
- BlueShield of CA (PPO)
  
- 怎样申请？
- NPI 号码
- General liability insurance (premise insurance)
- Malpractice insurance
- 申请表, CAQH

# 四、保險申報

## 1. 常用保險術語

- Subscriber/Member
- Deductible/individual, family
- Out of Pocket, 重要性?
- Co-pay
- Co-insurance
- Allowance/Allowable/allowed amount

- Provider
- Subscriber
- Maximum Annual \$ amount
- Max \$ \_\_\_/visit
- Maximum Annual visits
- HSA
- Flexible account
- Medical necessity
- Calendar year plan.
- Covered CA

# 2. 怎样查询病人保险coverage

## Insurance Verification

Today's date:

front of Insurance card	Back

### Patient's Insurance Verification

Notified patient the benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Representative:	Ref#
Who called:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member Name: [REDACTED]	Date of Birth: [REDACTED]	Patient Phone #1: [REDACTED]
Insurance Name: [REDACTED]	Health Plan: [REDACTED]	Patient Phone #2: [REDACTED]
Member ID #: [REDACTED]	Phone# for Provider: [REDACTED]	<input type="checkbox"/> HSA
Group#:	<input type="checkbox"/> Covered California	Email:

	<input type="checkbox"/> Only Out of Network	<input type="checkbox"/> Only In-Network (Cigna, BSCA)		
Covers Acupuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Deductible Applies to Acupuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$/Person	\$/Family	\$/Person	\$/Family
Deductible Amount	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Deductible Met	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>


Out of Pocket Amount	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Out of Pocket Met	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Patient Co-pay for Acupuncture	\$ <input type="text"/> /visit		\$ <input type="text"/> /visit	
Insurance Payment	<input type="text"/> % of allowance	Max \$ <input type="text"/> /visit	<input type="text"/> % of allowance	Max \$ <input type="text"/> /visit
Payment send to (Anthem, UHC only)	<input type="checkbox"/> Provider	<input type="checkbox"/> Subscriber		
Maximum Annual \$ amount	\$	\$	\$	\$
How much has been used	\$		\$	

Maximum Annual visits				
How many visits have been used				<input type="checkbox"/> Yes, combined
Combined w/ Chiropractic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pay Licensed Acupuncturist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, MD only
Disorders covered?	<input type="checkbox"/> Pain only	<input type="checkbox"/> Nausea, chronic pain	<input type="checkbox"/> Medical necessity:
Calendar year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Effective date?
Doctor's referral required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre-authorization required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If the insurance Billing Address is not listed on the Card, or if the Insurance Company is not in California, please ask the billing Add:

Address:	Street	City	 Tel:
			 Fax:

# 3. E/M Code 使用

- Evaluation and management services may be reported separately, using modifier 25, if the patient's condition requires a significantly separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with acupuncture services. The time of the E/M service is not included in the time of the acupuncture service.

- Code            面对面时间
- 99202            20分钟
- 99203            30分钟
  
- 99212            10分钟
- 99213            15分钟

Modifier 25



# E/M Code 使用

New Patient:

- 3 年
- 单一Tax ID
- 工伤保险 : New Injury

9921\_

- 新的complaints
- 复诊 : 6-12 visits, Chang in condition and require assessment, final exam
- 9920\_ -25

## 4. 针灸代码正确使用

- 97810: Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811: Each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles
- 97813: Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814: Each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles.

## 4. 针灸代码正确使用

- 97810和97814
- 97813和97811

可以配对使用吗？

# 针灸Codes正确使用

97810,	97810
97811	97811X 2
91813,	
97814	97810
	97814X 2
99203-25	
97810	
97811X 2	97813
	97811X2
99213-25	
97810	
97814X 2	

# 举例

Units of Service	Proc Code	Mod	Billed Amount	Allowed	Ded	Co-ins	Paid Amt
1	99213		\$20.00	\$20.00	\$0.00	\$20.00	\$0.00
1	97813		\$33.00	\$33.00	\$0.00	\$5.00	\$28.00
2	97811		\$30.00	\$30.00	\$0.00	\$0.00	\$30.00
1	97026		\$6.00	\$5.66	\$0.00	\$0.00	\$5.66

## 5. 确定诊断代码及排序

- Pain MUST be part of the diagnosis
- Use the Dx code that report signs/symptoms (pain)
- The First Dx Code is very important!

# 6. 保險申報軟件

## Officeally

- Claim
- Scheduling
- EMR (fee)

## Medisoft

- Claim
- Scheduling
- Accounting (payment, receipt, aging report)
- EMR (fee)

# 1). Officially:

特点:

- Submit to over 5,000 payers
- No contracts to sign
- Free set up and training
- Use your existing Practice Management Software
- Free Customer Support
- Free Online Claim Entry – No Software to Purchase
- Detailed Summary Reports
- Practice Management Software Package
- Online Patient Eligibility Checking



## Officeally:

### 2). 免费项目:

- appointment scheduling
- 申报、提交、管理Claims
- No monthly fees or per-claim fees for electronic claims submission to Participating Payers!
- Non-Par Claim Fee applies when 50% or more of monthly claim volume is to Non-Par Payers.

## Officceally:



### 3). 收费项目:

- If more than 50% of your monthly claim volume is made up of claims to Non-Participating Payers (indicated by a "G/NP" in the Type column of our Payer List 如Anthem), then your account is assessed a fee of \$35.00 for that month.
- There is an OPTIONAL printing service available; for \$0.45 per claim we will print and mail any CMS1500's that cannot be sent electronically (i.e. the insurance company is not on our payer list or your pre-enrollment is not completed for that insurance company).
- 电子病例



MediSoft

7. 在  
CMS-  
1500表  
Box 27:  
accept  
assignm  
ent?  
Yes

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a.				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
				17b. NPI											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. ICD Ind. B. C. D. E. F. G. H. I. J. K. L.								22. RESUBMISSION CODE ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY To MM DD YY		SERVICE				CPT/HCPCS MODIFIER									
1														NPI	
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$	30. Rsvd for NUCC Use
				<input type="checkbox"/> <input type="checkbox"/>											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ( )			
SIGNED 						a. NPI						a. NPI		b.	
DATE 						b.						b.			

PHYSICIAN OR SUPPLIER INFORMATION

## 8. 怎样resubmit Claims

- Box 19 additional claim information: Resubmission w/correction
- Box 22. resubmission code: 7 Original ref. No:

## 8、病历相关问题-----病历注意点:

- Daily chart notes should include clear and specific information about:
  - 1) complaints
  - 2) clinical findings
  - 3) diagnosis
  - 4) treatment
  - 5) patient's response to care
  - 6) other important clinical information.
- Daily chart notes must clearly describe in detail everything that happened during each visit.
- **Pain level, pain frequency, the status of nerves:** to assess:
  - 1) the nature and severity of the condition; 2) need of treatment, 3) response to care.
- Assessment of the nerves:
  - Ability to feel or sense touch, pressure, vibration, and motion,
  - Muscle strength, nerve patterns (dermatomes), reflexes,
  - Cranial nerves.

# PR-2 Report

State of California  
Division of Workers' Compensation  
**SECONDARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)**

Additional pages attached

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC 81556.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Discharged
<input type="checkbox"/> Change-in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Info. Requested by:
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input type="checkbox"/> Other: _____

**Patient:**  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ M \_\_\_\_\_ Sex \_\_\_\_\_ Female \_\_\_\_\_  
Address 6 Hartford Ave City Huntington Beach State CA Zip \_\_\_\_\_  
Date of Injury 05/25/2018 Date of Birth 12/05/1962  
Occupation \_\_\_\_\_ SS # \_\_\_\_\_ Phone \_\_\_\_\_

**Claims Administrator:**  
Name MedRisk, Inc. Claim Number \_\_\_\_\_  
Address PO Box 61570 City King of Prussia State PA Zip 19406  
Phone (800) 225-9675 FAX (877) 724-7181  
Employer name: \_\_\_\_\_ Employer Phone: ( )

The information below must be provided. You may use this form or you may substitute or append a narrative report.

**Subjective Complaints:**

Severe pain on the right shoulder and moderate pain on the right knee due injury from a fall at work. She also feels very fatigue.

**Objective findings:** (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Limited ROM of the right shoulder in flexion and lateral extension. Moderate tender on palpation on the right shoulder and around the right patellar.

**Diagnosis:**

1. Right shoulder pain ICD-9 M25.511
2. Right knee pain ICD-9 M25.561
3. \_\_\_\_\_ ICD-9 \_\_\_\_\_

**Treatment Plan:** (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture. Use CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?)

Electric acupuncture (97813, 97814) and infrared (97026). Twice a week.

**Work Status:** This patient has been instructed to:

- Remain off-work until \_\_\_\_\_ . (TTD from \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_)
- Return to modified work on \_\_\_\_\_ with following limitations or restrictions  
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
- Return to full duty on \_\_\_/\_\_\_/\_\_\_ with no limitations or restrictions.

**Secondary Treating Physician:** (original signature, do not stamp) Date of exam: 08/06/2018

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.  
Signature: \_\_\_\_\_ Cal. Lic. # \_\_\_\_\_

Executed at: \_\_\_\_\_ Date: 08/06/2018

Name: \_\_\_\_\_ Specialty: Acupuncture

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Next report due no later than 45 days

04/20/2012

Patient: XXXX

Date of Birth: 05/10/1984

Date of Injury 09/29//11

## **PERSONAL INJURY REPORT**

Mrs. XXXX started to see me in our office on 10/10/2011. She stated that she had a car accident on 09/29/2011. She was evaluated and treated at our clinic.

### **SUBJECTIVE COMPLAINTS:**

Mrs. XXXX stated that since the accident, she has had constant moderate headache, pain on her neck, shoulders and back, numbness on her fingers and toes. The symptoms were worse when she turns her neck right and left. She also had chest pain and dizziness.

### **OBJECTIVE FINDINGS**

There was moderate tenderness palpated on his neck, back and shoulders. The range of motion of extension and flexion and lateral flexion of the neck and shoulders were limited.



## DIAGNOSES:

- 847.0 Cervical Spine Sprain/Strain
- 840.9 Shoulder Sprain/Strain
- 847.1 Thoracic Spine Sprain/Strain

## TREATMENT RENDERED:

Treatment to the patient consisted of Electro-Acupuncture (97813 & 97814), infrared (97026) and vasopneumatic (97016), 1-2 times a week. Treatment was rendered to her head, neck, back, and shoulders. The following acupuncture points were used: GB 20, 21, SJ3, DU14, Bailao, Jiaji C4-7, Linggu, Da Bai, Luozhen and etc.

She was treated for a total of 4 visits. Her response to the treatment was positive. She had significant improvement from the treatments.

If you have any question, please feel free to call me at XXXXX.

Yours sincerely,

**This form should not be used for drug pre-authorizations (PA).**

<b>Patient Information</b>	<input type="checkbox"/> <b>Request for Urgent Review:</b> By checking this box, I certify that applying the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function per Federal definition of "Urgent". Member ID: <u>FGJ [REDACTED]</u> Group number: <u>10329547</u> Member name: <u>[REDACTED]</u> Date of birth: <u>[REDACTED]</u> Member address: <u>[REDACTED]</u> Member city/state/zip: <u>LAGUNA NIGUEL, CA 92677</u> Member phone: <u>[REDACTED]</u>					
<b>Servicing/DME Provider Information</b>	Contact person: <u>[REDACTED]</u> Phone: <u>(949) 727-0898</u> Servicing provider name: <u>DRAGON ACUPUNCTURE &amp; HERB CENTER INC</u> Servicing provider ID/NPI number: <u>[REDACTED]</u> Servicing provider address: <u>18 ENDEAVOR, STE 301</u> City/state/zip: <u>IRVINE, CA 92618</u> Servicing provider phone: <u>[REDACTED]</u> Servicing provider fax: <u>[REDACTED]</u> Inpatient/Outpatient Facility name: _____ Facility ID _____					
<b>Ordering Provider Information</b>	Ordering provider name: <u>[REDACTED]</u> Ordering provider ID/NPI number: <u>[REDACTED]</u> Ordering provider address: <u>18 ENDEAVOR, STE 301</u> City/state/zip: <u>IRVINE, CA 92618</u> Ordering provider phone: <u>[REDACTED]</u> Ordering provider fax: <u>[REDACTED]</u>					
<b>Services/Procedures/Items Requested</b>	HCPC/CPT Code(s)	HCPC/CPT Code(s) Description	ICD-10 Diagnosis Code(s)	Start Date mm/dd/yy	End Date mm/dd/yy	DME Charge Information/MSRP (if applicable)
	97813	Acupuncture, w/electrical	R07.9	11/05/18	12/31/18	
	97811	Acupuncture, w/o electrical	R07.9	11/05/18	12/31/18	
	97026	Infrared therapy	R07.9	11/05/18	12/31/18	

**Description/Additional Information:**

Patient has breast and lung cancer. She has pain in the chest, shortness of breath, poor appetite, nausea and abdominal pain. She has been treated at our office with acupuncture during her post-surgery recovery and chemotherapy. She responded very well to acupuncture treatments for the side effects of chemotherapy. Recently, her chest pain and shortness of breath have been getting worse. Requesting for more acupuncture treatments.

## 五、处理保险账单

(一) 保险账单：**EOB** (Explanation of Benefit)

1. 学会看处理保险账单

2. 各家保险拒付原因的EXPL CODES的背后真正含义，及如何在申报前预先得知？

# BlueShield of CA EOB

## Service/Procedures

Line	First Date of Service	Last Date of Service	Place of Service	Units of Service	Procedure Code	Mod	Billed Amount	Allowed	Ded	Co-ins	Paid Amt	Message
199	12/19/2018		Office	1	97813		\$100.00	\$33.00	\$0.00	\$25.00	\$8.00	Yes
299	12/19/2018		Office	2	97811		\$140.00	\$30.00	\$0.00	\$0.00	\$30.00	Yes
399	12/19/2018		Office	1	97026		\$35.00	\$4.81	\$0.00	\$0.00	\$4.81	Yes
499	12/19/2018		Office	1	97140		\$35.00	\$32.17	\$0.00	\$0.00	\$32.17	Yes

### Claim Detail Message

YOUR CONTRACTUAL ADJUSTMENT IS \$210.02.

BLUE SHIELD OF CALIFORNIA AN INDEPENDENT MEMBER OF THE BLUE SHIELD ASSOCIATION PROVIDES ADMINISTRATIVE SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NOTE TO CONTRACTED PROVIDERS: THE COVERED SERVICES WERE PAID PURSUANT TO THE PROVIDER'S CONTRACT AS A BLUE SHIELD OF CALIFORNIA PREFERRED PROVIDER. NOW VIEW OR DOWNLOAD YOUR EOB'S ONLINE! SEARCH FOR ELIGIBILITY BENEFITS CLAIMS OR AUTHORIZATIONS ONLINE FOR BLUE SHIELD OTHER BLUE PLAN AND FEDERAL EMPLOYEE PROGRAM MEMBERS. USE OUR BLUECARD CLAIMS ROUTING TOOL TO QUICKLY FIND OUT WHERE TO SEND BLUECARD CLAIMS. FIND ALL THIS AND MORE AT [BLUESHIELDCA.COM/PROVIDER](http://BLUESHIELDCA.COM/PROVIDER).

#### Line 199

CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWED AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLES COPAYMENT AMOUNTS AND NONCOVERED ITEMS.

#### Line 299

CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWED AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLES COPAYMENT AMOUNTS AND NONCOVERED ITEMS.

#### Line 399

CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWED AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLES COPAYMENT AMOUNTS AND NONCOVERED ITEMS. THE ALLOWABLE AMOUNT HAS BEEN REDUCED BECAUSE MULTIPLE RELATED SERVICES WERE PROVIDED ON THE SAME DAY.

#### Line 499

CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWED AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLES COPAYMENT AMOUNTS AND NONCOVERED ITEMS.

# UHC EOB

Account Number	Patient Name/ Patient ID			Subscriber ID/ Corrected ID	Rendering Provider		Claim #/Claim Type			Group Policy Number/Product Name
Date(s) of Service	Description of Service	Amount Charged	Claim / Service Adj	Prov Adj Discount	Amount Allowed	Deduct/ Coins/ Copay	Paid to Provider	Adj Reason Code	RMK Code	Patient Reep
11/28/2018								242		
11/28/2018 - 11/28/2018	HC:97026	\$35.00	--	--	\$8.96	-\$3.58	--	100, 2, 242		\$35.00
11/30/2018 - 11/30/2018	HC:97813	\$100.00	--	--	\$53.56	-\$21.42	--	100, 2, 242		\$100.00
11/30/2018 - 11/30/2018	HC:97814	\$180.00	--	--	\$85.42	-\$34.17	--	100, 2, 242		\$180.00
11/30/2018 - 11/30/2018	HC:97026	\$35.00	--	--	\$8.96	-\$3.58	--	100, 2, 242		\$35.00
<b>Subtotal</b>		<b>\$630.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$295.88</b>	<b>-\$118.34</b>	<b>\$0.00</b>			<b>\$630.00</b>

1 - Deductible Amount

2 - Coinsurance Amount

100 - Payment made to patient/insured/responsible party.

242 - Services not provided by network/primary care providers.

# Aetna EOB

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/18/18	11	97810	1.0	100.00			57.88	1		21.06	78.94	21.06
<b>TOTALS</b>				<b>570.00</b>			<b>348.63</b>			<b>110.70</b>	<b>459.33</b>	<b>110.67</b>

**ISSUED AMT:**

**\$110.67**

**Remarks:**

1 - Member's plan allows up to 105% of the Medicare Allowable Rate for charges covered by their plan. G02

# ASH EOB

Date of Service	Procedure Code	Provider Billed Amt	Provider Allowed Amt	COB	Member Responsibility				Not Allowed Amt	Explanation Codes	
					Co-insurance*	Copay	Deductible	Other Responsibility			
8/24/2018	97810	\$85.00	40.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00		
8/24/2018	97811	\$35.00	29.70	\$0.00	\$11.88	\$0.00	\$0.00	\$0.00	\$0.00		
8/29/2018	97810	\$85.00	40.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00		
9/6/2018	97810	\$85.00	40.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Totals:</b>		\$290.00	\$149.70	\$0.00	\$59.88	\$0.00	\$0.00	\$0.00	\$0.00		
Provider Allowed Amount:				\$149.70	+ EFT Bonus:				\$0.00		
COB Amount:				\$0.00	+ ETP Incentive:				\$0.00		
*Member Responsibility:				\$59.88	- ETP Admin Fee:				\$0.00		
***Additional Member Responsibility:				\$0.00	+ Interest/Penalty:				\$2.21		
Not Allowed Amount:				\$0.00	- Previously Paid:				\$0.00		
<b>**Claim Payment:</b>				<b>\$89.82</b>	<b>Total Amount Paid:</b>				<b>\$92.03</b>		
<p>*†Secondary Payer should Coordinate Benefits with the Claim Payment amount.</p> <p><b>Comments:</b></p> <p>Claim reconciled according to health plan determination.</p>											

# 处理保险账单

2. 怎样Post Claims
3. 怎样follow-up Claims?
4. 怎样保存EOB?



# 六、 保险其他问题

## (一) 保险公司支付范围

### 1. Cigna Medical Coverage Policy- Therapy Services Acupuncture

Effective Date: 4/15/2019 Next Review Date: 4/15/2020

- Tension-type Headache; Migraine Headache with or without Aura
- Musculoskeletal joint and soft tissue pain (e.g., hip, knee, spine) resulting in a functional deficit (e.g., inability to perform household chores, interference with job functions, loss of range of motion)
- Nausea Associated with Pregnancy (only when co-managed)
- Post-Surgical Nausea (only when co-managed)
- Nausea Associated with Chemotherapy; (only when co-managed)

## 2. Aetna Next Review: 01/23/2020

- Chronic (minimum 12 weeks duration) neck pain (M54.2);
- Chronic (minimum 12 weeks duration) headache (G43.001 – G43.919 Migraine);
- Low back pain (M54.5);
- Pain from osteoarthritis of the knee (M17.0 – M17.12) or hip (M16.0 – M16.12);
- Post-operative dental pain;
- Temporomandibular disorders (TMD).
- Nausea of pregnancy;
- Post-operative and chemotherapy-induced nausea and vomiting (R11.2).

# 3. Anthem

- Chronic pain associated with the following conditions:
- Menstrual pain and irregularity, dysmenorrhea
- Arthritis, rheumatism
- Migraine, headache
- Back pain, lumbago, pinched nerve, sciatica, post laminectomy (椎板切除术后), slipped disc,
- Bursitis, tennis elbow, tendonitis, herpes zoster, and trigeminal neuralgia
- Bell's palsy, spastic colon, stroke
- For nausea related chemotherapy or pregnancy or In leu of traditional anesthesia.

## 4. BlueShield of CA

- Chronic pain
- Nausea

## (二) 保险公司经常犯的错位？

- 该付的不付，不该付的付。
- In-network, out of network 付费搞错。
- 不同日期付费不一样，怎么办？

## (三) 保险公司为什么将支票寄给Subscriber?

- 没有在CMS-1500表Box 27: accept assignment?  
Yes
- 如果你是网外医生，有些保险公司只将支票寄给病人：BSCA
- 如果你是网外医生，有些保险公司的部分Plans只将支票寄给病人：UHC, Anthem, Aetna, BSBC.

## (四). 常见保险公司网内外付费

# 1. Cigna contract Rate (Allowance)

<b>99203</b>	<b>99213</b>	<b>97810</b>	<b>97811</b>	<b>97813</b>	<b>97814</b>	<b>97026</b>	<b>97140</b>	<b>97110</b>
\$100.95	\$55.99	\$57	\$38	\$66	\$44	\$5.20	\$28.72	\$30.27

Send Claims within 90 days from DOS



## 2. UHC Contract Rate

<b>99203</b>	<b>99213</b>	<b>97810</b>	<b>97811</b>	<b>97813</b>	<b>97814</b>	<b>97026</b>	<b>97140</b>	<b>97110</b>	<b>97124</b>
		\$48	\$24	\$57	\$24		\$14		

### 3. UHC Out of Network Rate

Plan Name	99203	99213	97810	97811	97813	97814	97026
Group Medicare Advantage (PPO)	\$119	\$81	---	---	\$43	\$34	Not allowed
Choice Plus - Oracle, GSK			----	---	\$130	\$100	\$40
Choice Plus - Apple, Raytheon	\$243				\$120	\$83	\$40
Choice Plus - Synchrony Financial	\$149.91				\$53.56	\$42.71	\$8.96
Choice Plus - Squirrel Systems GP	\$133.03				\$47.36	\$37.26	\$5.32
Choice Plus - Qualcomm	\$180	\$120			\$66.26	\$53.22	\$10.77
Select Plus - Crean/Lutheran High School	\$131.92				\$47.14	\$37.58	\$7.89

# 4. Anthem

Plan Name	99203	99213	97810	97811	97813	97814	97026
EB&M	\$280	\$180			\$130	\$100	\$40
Capital Group	\$280	\$180	---	----	\$123	\$94	\$17-
Universal Music Group	\$280	\$180	\$100	\$90			\$11.02
Google, Broadcom	\$280	\$180	\$100	\$84.24	\$118.80	\$95.04	\$19.44
BCBS Blue View Vision	\$180	\$154.85			\$119.25	\$100	\$40
CalPERS PERSCare Supplemental	\$222.88	\$140.07			\$102.81	\$89.40	Not allowed
Delta Health Systems (Coast Community College)	\$210				\$91	\$70	\$30
City of Long Beach	\$187.60				\$88.55	\$77	\$29.40
UCSHIP	\$187.60	\$117.30			\$88.55	\$77	Not allowed
UC Care (prefix - <b>VUC</b> )	\$104.11	\$74.09	\$14.20	10.70	\$15.23	\$12.27	\$40
CalPERS PERSCare Basic (prefix - <b>CPR</b> )	\$104.11				\$15.23	\$12.27	Not allowed
Tech Benefits Program	\$51.31				\$32.06	\$25.92	\$40
BCBS Verizon	\$217.59				\$31.83	\$25.64	\$40
BCBS Boeing			\$49.79	\$37.64			

## 5. Aetna Contract Rate

<b>99203</b>	<b>99213</b>	<b>97810</b>	<b>97811</b>	<b>97813</b>	<b>97814</b>	<b>97026</b>	<b>97140</b>
\$94.88		\$34.31	\$25.86	\$36.94	\$29.45	\$3.94	\$20.06

# 6. Aetna Out of Network Rate

Plan Name	99203	99213	97810	97811	97813	97814	97026
United Airlines					\$130	\$100	\$40
Macquaire Holdings	\$242				\$130	\$100	\$40
Pacific Life					\$130	\$100	\$40
Edwards	\$250				\$130	\$85	\$40
Henkel		\$160			\$130	\$85	\$40
Hyundai Capital America					\$128.34	\$100	\$20.22
Schools first Federal Credit Union					\$128.13	\$100	\$20.19
City of Hope National Medical Center	\$180				\$100	\$90	\$35
Autodesk, Inc.		\$180			\$117.64	\$92.67	\$18.53
Amazon and Subsidiaries	\$110.58				\$87.86	\$54.08	\$5.46
KPMG					\$77.13	\$61.50	\$12.90
Paychex		\$122.23			\$64.27	\$51.25	\$10.75
NXP			\$42.12	\$31.67	\$45	\$35.87	\$7.52
MBK Real Estate LLC	\$125.92				\$44.99	\$35.87	\$7.52
Johnson & Johnson	\$180		\$100	\$80	\$100		Not covered
City of Hope National Medical Center	\$180				\$100	\$90	\$35
GEHA	\$224	\$180			\$100	\$70	Not covered
Meritain					\$64.15	\$51.16	Not covered
MHBP					\$40.96	\$33.67	Not covered

(五). 怎样对付multiplan bill payment  
negotiation letter

UnitedHealthcare

Aetna

(六). 病人有2千annual deductible, 有些病人保险公司每次还可以支付, 只是减一点, 而有些病人要全部减完deductible才能支付, 究竟是因为什么? 如何分辨这两种情况的病人?

多半是有些病人的公司有flexible account或类似的employer funded account, 在deductible 未满足以前, 有些保险公司用这些帐户替病人支付部分或全部部分。这些钱其实不是保险公司的钱。可能只有病人本人知道。

# (七). 怎样Secondary Insurance?

若Primary is Medicare, Secondary is Aetna or other insurance.

1. Bill secondary directly, 收到EOB后, 打电话说明Medicare 不付针灸, 让他们reprocess the claims.
2. Prepare and give patient CMS-1490S form and Claim, ask the patient to mail them to Medicare.

Ask patient to give you the denial letter when she/he receive it.

Mail the Medicare denial letter to the secondary ins.





**PATIENT'S REQUEST FOR MEDICAL PAYMENT**

**IMPORTANT – SEE OTHER SIDE FOR INSTRUCTIONS**

PLEASE TYPE OR PRINT INFORMATION

MEDICAL INSURANCE BENEFITS SOCIAL SECURITY ACT

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

1	Name of Beneficiary from Health Insurance Card (Last) (First) (Middle)		<b>SEND COMPLETED FORM TO:</b> Your Medicare Carrier If you need help, call 1-800-MEDICARE (1-800-633-4227)
	2	Claim Number from Health Insurance Card	
3	Patient's Mailing Address (City, State, Zip Code) Check here if this is a new address <input type="checkbox"/>		3b Telephone Number (Include Area Code) ( ) - - - -
	(Street or P.O. Box – Include Apartment Number)		
4	Describe the illness or injury for which patient received treatment		4b Condition was related to: A. Patient's employment <input type="checkbox"/> Yes <input type="checkbox"/> No B. Accident <input type="checkbox"/> Auto <input type="checkbox"/> Other
			4c Was patient being treated with chronic dialysis or kidney transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	5 a. Are you employed and covered under an employee health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is your spouse employed and are you covered under your spouse's employee health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If you have any medical coverage other than Medicare, such as private insurance, employment related insurance, State Agency (Medicaid), or the VA, complete: Name and Address of other insurance, State Agency (Medicaid), or VA office		
5		Policyholder's Name:	Policy or Medical Assistance No.
Note: If you DO NOT want payment information on this claim released, put an (X) here <input type="checkbox"/>			
I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION AND CENTERS FOR MEDICARE & MEDICAID SERVICES OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL, AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS TO ME.			
6	Signature of Patient (If patient is unable to sign, see Block 6 on reverse)		6b Date signed

**IMPORTANT**  
**ATTACH ITEMIZED BILLS FROM YOUR DOCTOR(S) OR SUPPLIER(S) TO THE BACK OF THIS FORM**