

ACU-CARE

Acupuncture in Managed Care

Cigna HealthCare of California, HMO Payor Summary

This Payor Summary is furnished to the Provider pursuant to the Acu-Care Health Care Provider Agreement (the "Agreement"). This Payor Summary, when signed by the Provider, is incorporated into the Agreement in full.

payor name:

Cigna HealthCare of California ("Cigna")

coverage:

Group Health, HMO

effective date:

January 1, 2006

Cigna will pay Provider according to the following schedule for Ancillary Services Provided to Members. Subject to the terms of the Agreement, payment under this Fee Schedule will constitute payment in full for Ancillary Services provided by Provider to Members.

ancillary services:

1. Rates:

The following rates cover all Provider charges for Ancillary Services provided to Members. These rates are inclusive of all medically necessary (**See below for Cigna's position statement**) services that Provider customarily provides to patients requiring the particular service. Any procedures or services not intended by Provider to be included in the rates must be fully defined and a description attached hereto.

IMPORTANT: Official Position of Cigna—Cigna covers acupuncture as Medically Necessary for Nausea and Vomiting related to Chemotherapy, Pregnancy or Postoperative, and for Postoperative Dental Pain. In addition, Cigna covers acupuncture as an adjunct to standard therapy when other conservative methods have failed for EITHER of the following: Chronic Headaches, Chronic Pain (limited to Osteoarthritis of the Knee, Chronic Back and Neck Pain).

Acupuncture Services

97810	First 15 minutes without electrical stimulation	\$57.00
97811	Reinsertion/Additional 15 minutes w/o electrical stim.	\$38.00
97813	First 15 minutes with electrical stimulation	\$66.00
97814	Reinsertion/Additional 15 minutes with electrical stim.	\$44.00

All other Covered Services shall be reimbursed at 100% of Resource Based Relative Value Scale (RBRVS) in effect by Cigna for that calendar year based upon the Los Angeles Geographical Practice Cost Index. Unlisted or uncoded procedures will be paid at fifty percent (50%) of billed charges or up to the seventieth percentile (70%) of reasonable and customary rates whichever is less.

2. Copayments/Coinsurance/Deductibles:

Provider will collect any applicable Copayment or Deductible from the Members at the time service is rendered. Provider will collect any Coinsurance from the Members after provider has billed and received payment from CIGNA.

reciprocity:

The rates set forth above shall apply to all Managed Care Plans of CIGNA or CIGNA Affiliates.

prior authorization:

Services other than Emergency Services, Provider shall verify eligibility prior to providing the service and shall secure prior authorization for each Member from CIGNA. When a determination is made that Emergency Services are required, Provider shall not be required to obtain prior authorization from CIGNA, provided that Provider shall notify CIGNA as soon as possible, but in no event more than twenty-four (24) hours after the Emergency Services are provided. Failure by Provider to obtain prior authorization from CIGNA for Ancillary Services other than Emergency Services shall result in denial of payment for the unauthorized Services rendered to Members.

claims submissions:

Provider shall submit claims for Ancillary Services to the address provided to Provider by CIGNA within one hundred twenty (120) days of the date those services are rendered. CIGNA will not pay claims received after this one hundred twenty (120) day period. Complete claims shall include:

1. A completed "UB-92" or "HCFA 1500" Form or all information requested therein, without exception, including but not limited to:
 - Member information (name, sex, date of birth, member number)
 - Dates of Service
 - Referring Physician Information
 - Provider Number
2. An authorization number obtained from CIGNA or PG. This may be on a separate form or included on the UB-92/HCFA 1500.
3. A complete itemization of all charges including ICD9 - CM diagnostic codes.

maximum rates:

The reimbursement rates established by this Exhibit A represent maximum reimbursement amounts from CIGNA to Provider. Actual reimbursement to Provider shall be the lesser of usual and customary charges or the contracted reimbursement rates.

I hereby agree to provide health care services and benefits to Beneficiaries of the above named Payor in accordance with the terms and conditions of the Agreement and this Payor Summary.

Signed _____ Date _____

Print Name _____