

# ACU-CARE

Acupuncture in Managed Care

## InterPlan 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.

### PPO name:

Interplan Health Group ("IHG")

### coverage:

Group Health, Workers' Comp and other Payment Programs (excluding Personal Injury and Auto Liability.)

### effective date:

December 1, 2004, Updated October 6, 2006

### reimbursement rates:

I. Applicable for Group Health and other Payment Programs other than Workers' Compensation

Services shall be reimbursed at a rate of the lesser of **10%** off billed charges or the rates as stated below.

Reimbursement Amounts are established by IHG and accepted by the IHG Payors. The IHG Reimbursement Amounts are based on Resource Based Relative Value Scale (RBRVS)\*, locality **99**. Reimbursement shall be 130% of the RBRVS allowable. For all unlisted procedures, Reimbursement shall be 80% of Provider's usual and customary billed charges. The CMS Ground Rules apply.

SERVICE	PROCEDURE CODE	AMOUNT
<b>Acupuncture, First 15 min. without electric</b>	<b>97810</b>	<b>\$ 49.01</b>
<b>Acupuncture, Reinsertion, Additional 15 min. without electric</b>	<b>97811</b>	<b>37.81</b>
<b>Acupuncture Electro Stim, First 15 min</b>	<b>97813</b>	<b>52.52</b>
<b>Acupuncture Electro Stim, Reinsertion, Additional 15 min.</b>	<b>97814</b>	<b>42.37</b>
Office Visit Eval	99201	47.40
Office Visit Focused Expand	99202	82.51
Office Visit Detailed Expand	99203	121.90
Office Visit Complex Expand	99204	184.85
Office Visit or Other Outpatient Visit	99211	27.01
Office Visit Established Patient	99212	48.95
Office Visit Established Expand	99213	79.12
Office Visit Established Complex	99214	119.81
Hot and Cold Treat (one area)	97010	6.45
Neuromuscular Re-education	97112	36.82
Unlisted Therapeutic Procedure	97139	21.06

\* Where no unit value can be established, reimbursement shall be at 75% of usual and customary charges for the area.

II. Applicable for Workers' Compensation Cases

A. For States with a fee schedule (California) established by a state or governmental entity, 15% discount off of the rate or fee established, or the negotiated rates whichever is less.

B. Provider agrees to comply with utilization review and quality assurance programs, reporting, claims and required under California Workers' Compensation Regulations.

**termination:**

**Post Termination Rights and Responsibilities.** Participating Provider agrees that for six (6) months following termination of this Agreement, Participating Provider shall thereafter notify all Covered Persons seeking services at Participating Provider that it is no longer an IHG Network Provider. Such notice must be in writing. If Participating Provider fails to provide such notice in accordance with this special procedure, post termination rights and responsibilities, Participating Provider may be required to accept the Reimbursement Amounts set forth in Appendix A, less copayments, coinsurance and deductibles, as payment in full for Covered Services provided to such Covered Person. If a Covered Person is under the care and treatment of Participating Provider at the effective date of termination of this Agreement, Participating Provider shall continue to provide such care and treatment until such course of treatment is complete or for six (6) months following the effective date of termination, whichever is sooner. During such treatment Participating Provider shall continue to accept the Reimbursement Amounts set forth in Appendix A, less copayments, coinsurance and deductibles, as payment in full for Covered Services provided to such Covered Person.

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 \_\_\_\_\_