

# ACU-CARE

Acupuncture in Managed Care

## MultiPlan, Inc. 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:

MultiPlan

### coverage:

Primary PPO

### amendment effective date:

January 1, 2008

1. As of the effective date of this Amendment, all Client access shall be governed by the terms of the contract previously entered into between Provider and BCE Emergis (Admar), which shall be deemed to supersede all other agreements previously entered into between Provider and BCE Emergis governing Client network access.
2. All references to BCE Emergis or any of its subsidiaries in such Agreement shall be deemed to read "MultiPlan, Inc.", such that MultiPlan, Inc. is the party in privity of contract with Provider.

### claims procedures:

1. Provider agrees to recognize and accept the names and logos of MultiPlan, Inc. and its subsidiaries (see logo sheet), when displayed on I.D. cards and/or Explanation of Benefits forms (EOBs) issued by Payors/Clients.
2. Provider shall follow the instructions listed on the Insureds "MultiPlan" identification card as to the appropriate direction of claim submission for that insured.
3. All benefits and eligibility is to be verified through the insureds insurance carrier or employer. MultiPlan does not verify eligibility, or benefits, make claim payments or benefit determinations.
4. Claims must be submitted on a HCFA 1500 and must have all required information.
5. MultiPlan, Inc. will require Payors/Clients to pay a clean claim submitted by Provider within thirty (30) business days of receipt, or the Payor shall forfeit the right to pay such claim at the negotiated reimbursement rate(s).

### reimbursement rates:

Practitioner shall accept as payment in full the lesser of Practitioner billed charge or the amount set forth below:

% Medicare current year RBRVS:	Evaluation & Management 110%
For non-medicare & non-listed codes:	50% off billed charges

The following CPT codes are reimbursed as follows:

97810	Acupuncture, first 15 minutes, one or more needles w/o electric	\$50.57
97811	Acupuncture, Reinsertion, add'l 15 minutes w/o electric	\$38.86
97813	Acupuncture, Electro Stim, first 15 minutes	\$54.08
97814	Acupuncture, Electro Stim, Reinsertion, add'l 15 minutes	\$43.93

### special procedures:

Provider's name will be listed in the MultiPlan Directory. MultiPlan, Inc. will require Payors/Clients to pay a clean claim submitted by Provider within thirty (30) business days of receipt, or the Payor shall forfeit the right to pay such claim at the negotiated reimbursement rate(s).

### termination:

Upon termination of this Agreement for any reason, Network Provider will inform Participants seeking health care services that Network Provider is no longer a Network Provider.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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