

ACU-CARE Payor Summary & Election to Participate with CIGNA HEALTHCARE OF CALIFORNIA, PPO

Payor Name: Connecticut General Life Insurance Company (CGLIC)
Product: Group Health, PPO
Effective Date: January 1, 2005

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

CONTRACT RATE SUMMARY

Reimbursement rates: The following rates cover all Provider charges for Ancillary Services provided to Members. These rates are inclusive of all medically necessary 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.

Procedure Codes	Code	Contract Rate
Acupuncture, First 15 minutes	97810	\$57.00
Acupuncture, Additional 15 minutes	97811	\$38.00
Electro Stimulation, First 15 minutes	97813	\$66.00
Electro Stimulation, Additional 15 minutes	97814	\$44.00

All other Covered Services shall be reimbursed at 100% of Resource Based Relative Value Scale (RBRVS) in effect by CGLIC 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. Provider shall submit claims for Ancillary Services to the address provided to Provider by CIGNA within ninety (90) days from the date those services are rendered.

Copayments/Coinsurance/Deductibles

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

CIGNA Medical Coverage Policy:

Acupuncture is specifically excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Some plans that provide coverage for acupuncture include a maximum allowable benefit for duration of treatment or number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met.

If coverage is available for acupuncture, the following conditions of coverage apply.

CIGNA covers acupuncture as medically necessary for any of the following indications:

- nausea and vomiting associated with pregnancy
- nausea and vomiting associated with chemotherapy
- postoperative nausea and vomiting
- postoperative dental pain
- the treatment of pain associated with ANY of the following chronic conditions:
 - migraine or tension headache
 - osteoarthritic knee pain
 - neck pain
 - low back pain

CIGNA does not cover acupuncture for any other indication, because it is considered experimental, investigational or unproven.
CIGNA does not cover acupuncture point injection for ANY indication because it is considered experimental, investigational or unproven.

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.

Name

Signature

Date