



## Insurance FAQ

*Kristen Burris, L.Ac.* does not bill insurance under any circumstances.

*Tony Burris, L.Ac.* will bill selected insurance carriers if you have acupuncture eligibility with your plan and several other conditions are met. Below are the steps you will need to take prior to your appointment. Please read them carefully. There is a lot of confusion on this subject.

Please call the phone number on the back of your insurance card to find out the following:

- Does your individual health plan have acupuncture eligibility?
- Is it tied to your deductible? How much is your deductible and how much have you paid in to your deductible this year? Usually you will have to pay out-of-pocket until you have met your deductible. This is the most common thing patients misunderstand. Having acupuncture benefits and me being in your network is not good enough.
- Am I, Tony Burris, an in-network or out-of-network provider?
- How many visits are you allowed each calendar year?
- Is pre-authorization required?
- What is the co-pay or co-insurance for each visit? This is what you, the patient, owe each visit. Most co-pays range from \$10-45 and most co-insurance ranges from 10-30% of the allowed amount, and almost all plans have one. Be prepared to pay one.
- Will your acupuncture benefits cover treatment for your condition? (i.e. low back pain, headaches, anxiety, etc.) Anthem and Cigna in particular have very narrow lists of what they will cover.

Remember: When our office bills insurance, it is not a guarantee of benefits. If your claim is denied, you may be obligated to pay for it out-of-pocket.

I **WILL** bill the following insurance companies **provided you have acupuncture eligibility on your particular plan, you have met your deductible and you will be treated for a condition approved by your insurance carrier. It is your responsibility to find those 3 things out:**

**Regence Blue Shield**- Regence is usually pretty good for acupuncture coverage, however, most of their plans require pre-authorization. This means our office must get pre-approval to begin acupuncture treatments. They almost always give approval, HOWEVER, they approve 3-4 treatment over a 4-6 week period at a time. Then we must re-apply for further 3-4 treatments. What this means is, even though you may have eligibility for 20 acupuncture visits per calendar year, if you need pre-authorization, those visits will be approved 3-4 at a time. It is very difficult to get more than 2 consecutive pre-authorizations (or 6-8 visits) approved for acupuncture. If your plan does not require pre-authorization, it is a much, much easier situation.

### **Blue Cross Of Idaho-**

### **Federal Blue Cross (FEP)**

**Most Blue Cards outside of Idaho (Anthem, Premera, etc.)**- You may have acupuncture eligibility with Anthem, HOWEVER, they have a very narrow set of indications that they consider medically necessary with acupuncture. Those are “the treatment of nausea and vomiting associated with surgery, chemotherapy, or pregnancy and the treatment of painful chronic osteoarthritis of the knee or of the hip that is significantly affecting daily activity.” That’s it.

### **Pacific Source**

**Cigna**- Covers acupuncture for “nausea and vomiting associated with pregnancy, nausea and vomiting associated with chemotherapy, postoperative nausea and vomiting, postoperative dental pain or:

The treatment of pain associated with ANY of the following chronic conditions:

- migraine or tension headache
- osteoarthritic knee pain
- neck pain
- low back pain

## United Healthcare

I will **NOT** bill, nor do I contract with the following companies:

Aetna

Select Health

Mountain Health

Medicare (unless specific United Healthcare plans)

Tricare

Medicaid

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