

How Medicare's 2020 Acupuncture Policy Affects Medicare Advantage Plans

Medicare eligible individuals have the ability to choose and pay for Medicare, typically when a person turns 65. Anyone choosing this route is also responsible for a deductible and 20% coinsurance for all eligible expenses. Many people then also purchase a Medicare supplement plan, which can pay for the deductible and copay expenses.

Medicare Advantage plans, also known as Medicare Replacement plans are PRIVATE Medicare plans. They are purchased from insurance companies that are authorized by CMS (Center for Medicare and Medicaid Services, the party that administers Medicare) to provide this coverage and ALL Medicare Advantage Plans must offer all the same services as Original Medicare. These same plans typically offer additional benefits such as vision, dental care and in some cases acupuncture. They also typically have lower deductibles and copays than Original Medicare.

Prior to the Jan 21, 2020 decision by CMS to include chronic low back pain as a covered diagnosis, it was fairly easy to find out if a Medicare Advantage plan covered acupuncture because they either had acupuncture as an additional service, or they had NO acupuncture benefits.

The new policy must NOW be included in ALL Medicare Advantage plans sold in the United States, as the benefits must be equal to original Medicare. The policy also states that the service must be supervised and billed by a Medicare enrolled MD, DO, or NP, and which clearly very few acupuncturists have that as an option.

Some plans, like those sold by American Specialty Health, have the provider sign additional attestation, and then have an MD on staff to act as the supervision MD. Plans that NEVER had acupuncture as a benefit are the ones that are struggling to accommodate this new requirement and many providers are being told that the MA plan will cover for chronic low back pain, only to have the claims denied because they were not submitted by an MD.

Plans that currently have acupuncture benefits are also looking for "work arounds" to the supervision requirement. One such work around as told to me by someone at UHC, was since their Medicare Advantage Plan already includes acupuncture, chronic low back pain is just another diagnosis code that would be considered part of the additional benefits that have never had to have supervision.

So, the problem seems to be the Medicare Advantage plans that never offered acupuncture in the past and are now scrambling to attempt to offer it for chronic low back pain. I advise anyone treating a Medicare Advantage member to:

1. Confirm they have acupuncture benefits outside of the CMS requirements. If they only have acupuncture for chronic low back pain, confirm if supervision is required or what is their protocol for supervision?
2. If they have acupuncture benefits, try to steer clear of chronic low back pain as a diagnosis, for example if the patient has cLBP and another pain related condition of the same intensity, use that diagnosis as the primary diagnosis to avoid any problems.

If chronic low back pain is the appropriate diagnosis code, it is vitally important that your patient take responsibility for confirming coverage with the carrier and if possible, a call to the carrier should be made at your office so you both can confirm the information that was given.