

# Navigating the Governmental Payer Landscape for Acupuncture: Medicare & Medicaid



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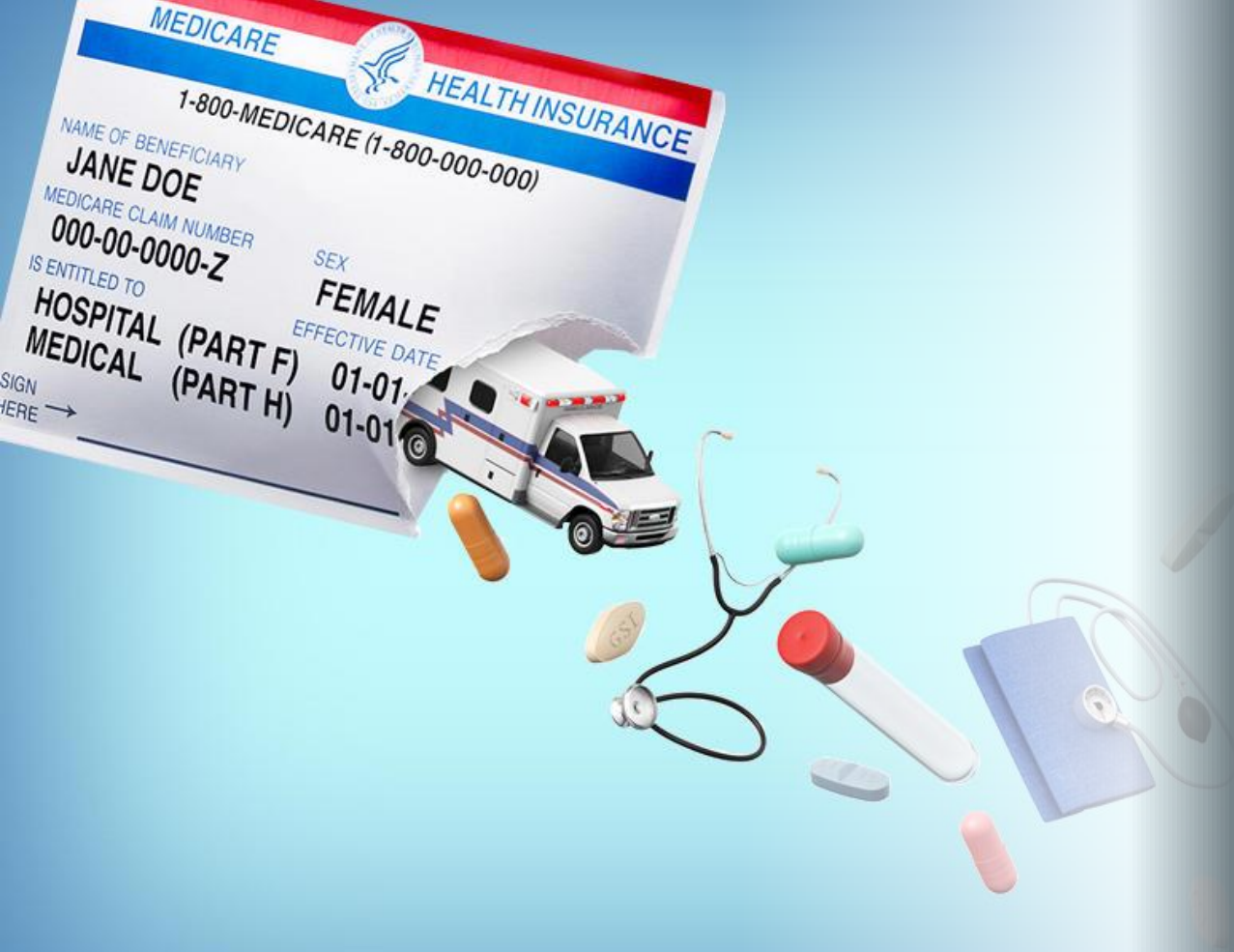
# Learning Objectives

1. Understand the history and steps that led to Medicare/Medicaid coverage of acupuncture.
2. Discuss the challenges faced by Medicare/Medicaid billing for acupuncture and learn about successful implementation of Medicare/Medicaid billing.
3. Learn about current and future policy goals for the acupuncture profession and how you can help support the efforts for change.

# Medicaid in a nutshell....

- Joint federal and state program
- Single largest source of health coverage in the United States
- Low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI) are examples of mandatory eligibility groups
- States have flexibility of covered services





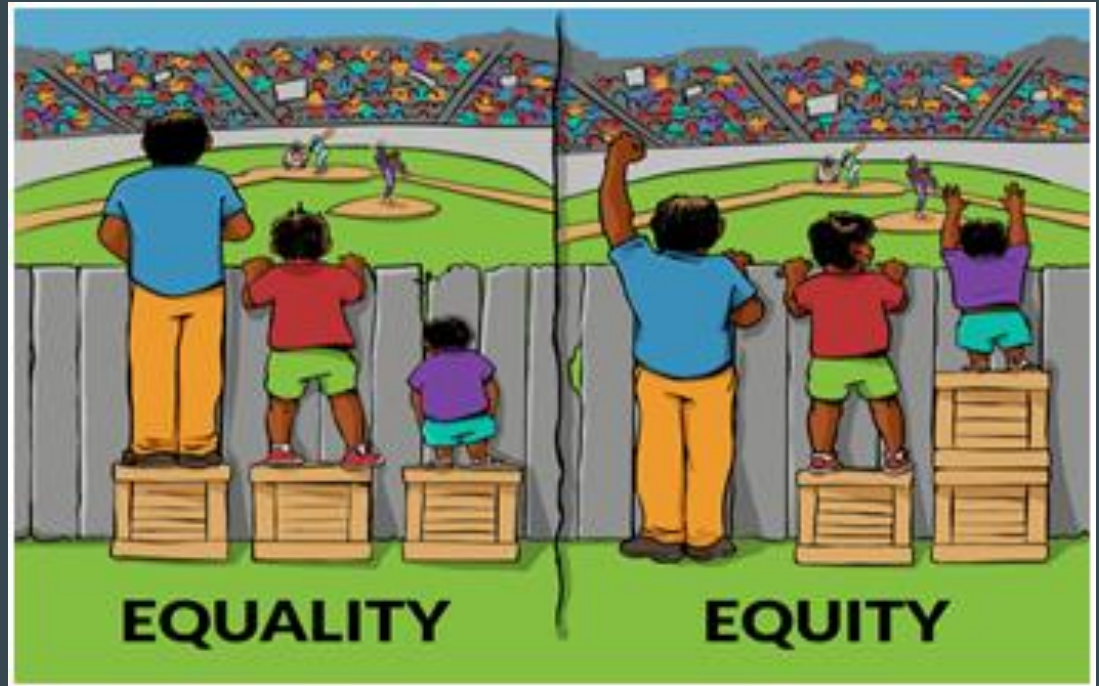
# Medicare in a nutshell....

- Federal program
- Health insurance for anyone age 65 and older and some younger people with certain disabilities or conditions
- Plays a critical role in the financial security of older Americans, as well as their health security

**Medicaid**

# Equality vs. Equity

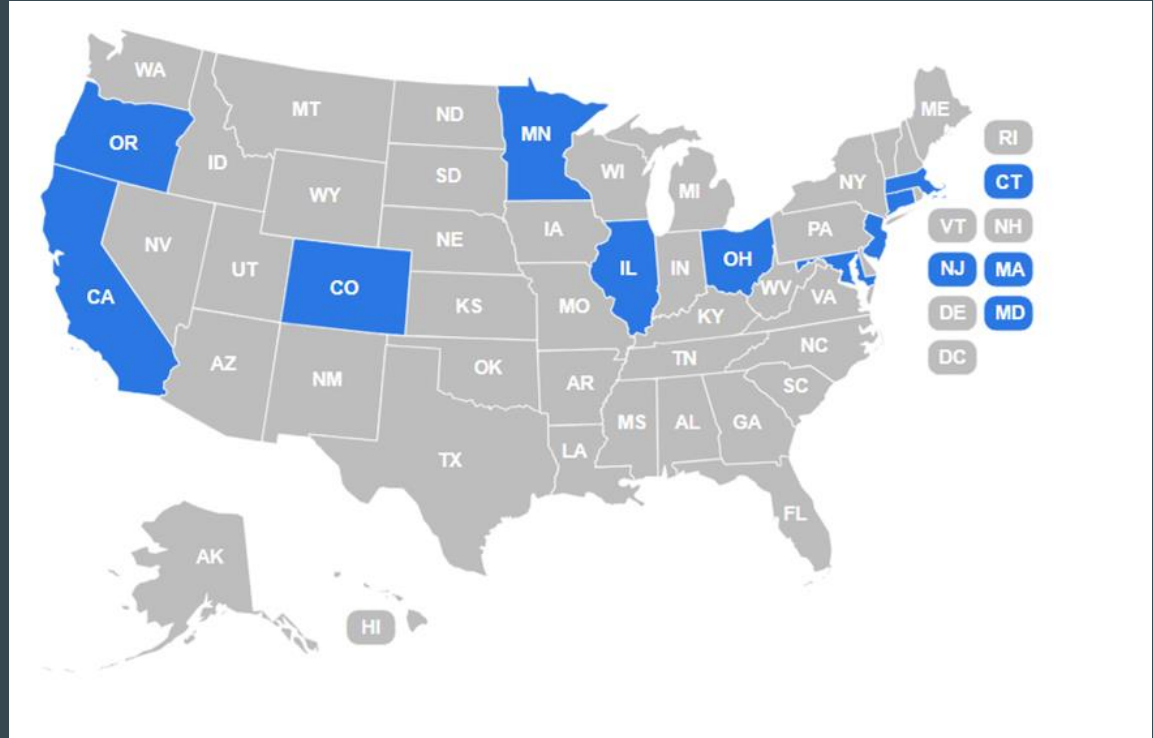
- **Equality:** individual groups/individuals are given the same set of resources or opportunities
- **(Health) Equity:** \*giving everyone the opportunity to reach their best health



Source: ANGUS MAGUIRE // INTERACTION INSTITUTE FOR SOCIAL CHANGE

# States With Medicaid Coverage

- 10 states mandate acupuncture coverage through Medicaid
- A number of Medicaid plans in states who have not mandated coverage have also chosen to cover acupuncture
- A 2022 survey of 45 commercial Medicaid and Medicare advantage plans found that one-third covered acupuncture.\*



\*Candon M, Nielsen A, Dusek JA. Trends in Insurance Coverage for Acupuncture, 2010-2019. JAMA Netw Open. 2022 Jan 4;5(1):e2142509. doi: 10.1001/jamanetworkopen.2021.42509. PMID: 35019986; PMCID: PMC8756308.



# Ohio's Acupuncture Insurance Start

Slow to start...

6 years ago there was very little insurance coverage for acupuncture in Ohio.

Ohio Medicaid coverage in 2018 helped pave the way for more commercial payers to add acupuncture benefits.





# Ohio Medicaid Beginnings

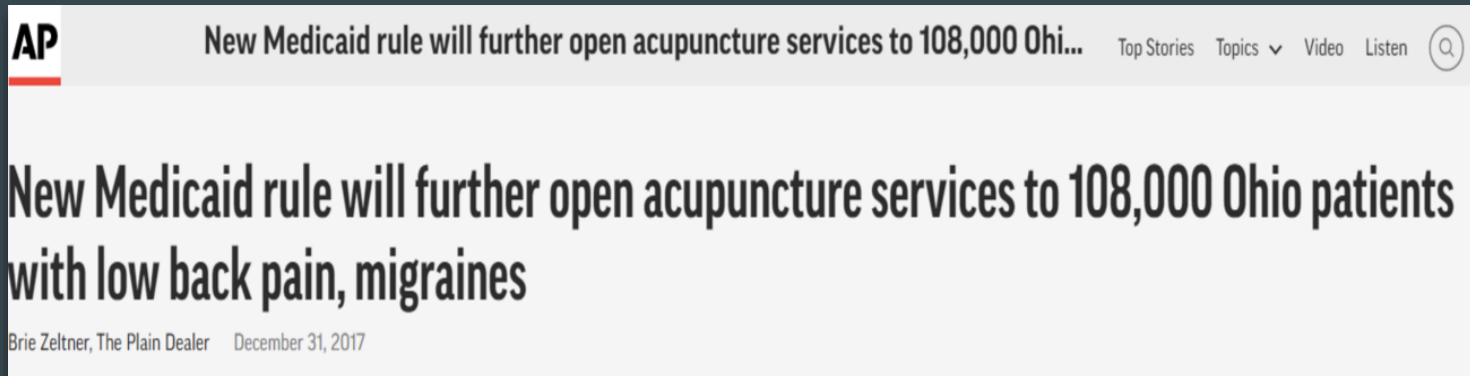
- Around 2016, Ohio Governor started a Task Force focused on Opioid Epidemic solutions.
- Representatives from this Task Force came to Cleveland Clinic's Integrative Medicine department to learn more about IM ideas to address pain and the Opioid Epidemic.
- Then President of Ohio Association of Acupuncture and Oriental Medicine (OAAOM), Jared West, responded with evidence about how acupuncture can help.
- Task Force reviewed information and was excited to collaborate.

**END THE  
OPIOID CRISIS**

# Media: An Unusual Key to Medicaid Success

- A Cleveland news reporter wrote about acupuncture for pain and the opioid epidemic, and this media coverage made a difference with influencing Medicaid.
- No lobbyist support.
- OAAOM chose to spend funds on a statewide Media Campaign.
- News went national through the Associated Press.

<https://apnews.com/article/df091ad366054f959846d9d07b829a13>



The image is a screenshot of a news article from the Associated Press. At the top left is the AP logo. To its right is the article title: "New Medicaid rule will further open acupuncture services to 108,000 Ohi...". Further right are navigation links: "Top Stories", "Topics" with a dropdown arrow, "Video", and "Listen". A search icon is on the far right. Below the title is the main headline: "New Medicaid rule will further open acupuncture services to 108,000 Ohio patients with low back pain, migraines". At the bottom left, the author and date are listed: "Brie Zeltner, The Plain Dealer" and "December 31, 2017".

**AP** New Medicaid rule will further open acupuncture services to 108,000 Ohi... Top Stories Topics ▾ Video Listen 🔍

## New Medicaid rule will further open acupuncture services to 108,000 Ohio patients with low back pain, migraines

Brie Zeltner, The Plain Dealer December 31, 2017

# Collaboration with Ohio Medicaid

- Medicaid was excited and worked closely with OAAOM
- Medicaid encouraged OAAOM to share acupuncture research to support decision making and make the case to add acupuncture
- Medicaid encouraged OAAOM to communicate issues to Medicaid as everyone worked through implementing the new policy
- Development of relationships with Medicaid staffers versus just elected officials was vital. Staffers are also dedicated to public service and have a career in the department so they stay on through multiple administrations. They also help the wheels move in the system.



# 2018 Medicaid Adds Acupuncture Coverage

- After review of supplied research and discussion, Medicaid adds acupuncture as a covered benefit for the treatment of:
  - Low Back Pain
  - Migraines
- Coverage includes  
30 visits per calendar year.



# 2019 Ask for Expanded Diagnoses

- Early 2019, NEO Opioid Hospital Consortium wanted to propose expanded acupuncture coverage for Medicaid patients using consortium funds in the state budget.
- With support from University Hospitals and Cleveland Clinic, OAAOM returned to Medicaid with research and arguments for expanded diagnoses.
- To Medicaid's surprise, over the previous year, they only received positive comments on the addition of acupuncture and were open to expanding benefits.





# Another Win!

## April 2021 Expanded Coverage Begins

Medicaid expands diagnoses with no opposition state-wide:

- Low back pain
- Migraine
- Cervical Neck Pain
- Osteoarthritis of the knee
- Osteoarthritis of the hip
- Nausea/vomiting related to pregnancy or chemotherapy
- Acute post operative pain

# Importance of Research



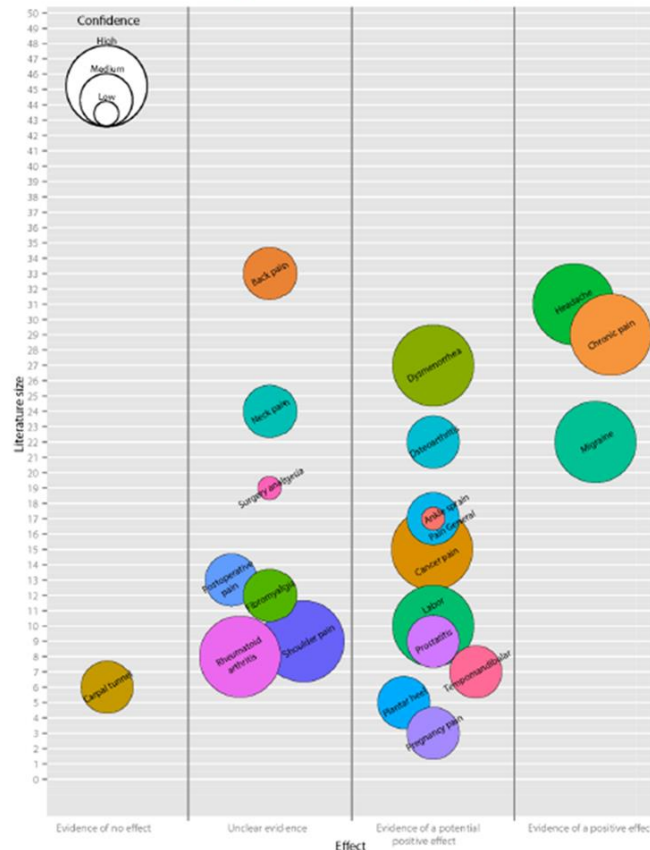
# We have **Acupuncture Researchers** to thank!

Influential papers that moved the dial...

- ★ Veterans Administration Evidence Map of Acupuncture for Pain <https://www.ncbi.nlm.nih.gov/books/NBK185071/>
- ★ Acupuncture's Role in Solving the Opioid Epidemic <https://pubmed.ncbi.nlm.nih.gov/29103410/>
- ★ The Acupuncture Evidence Project <https://www.asacu.org/wp-content/uploads/2017/09/Acupuncture-Evidence-Project-The.pdf>
- ★ The Consortium's Pain Task Force White Paper <https://pubmed.ncbi.nlm.nih.gov/29735382/>

## EVIDENCE MAP OF ACUPUNCTURE FOR PAIN

The results for the clinical indication Pain are presented in the bubble plot and a text summary below. The bubble plot summarizes the results of 59 systematic reviews for 21 distinct indications relevant to the outcome pain [search date: March 2013].



Legend: The bubble plot shows an estimate of the evidence base for pain-related indications judging from systematic reviews and recent large RCTs. The plot depicts the estimated size of the literature (y-axis, number of RCTs included in largest review), the estimated effect (x-axis), and the confidence in the estimate (bubble size).

# Cochrane Central Register of Controlled Trials

Allied Health professions	Feb 2009	Feb 2010	Feb 2011	Feb 2012	Feb 2013	Feb 2014	Feb 2015	Feb 2016	Feb 2017	Feb 2018	Feb 2019	Feb 2020	Feb 2021	Feb 2022	Feb 2023	Feb 2024
<i>Acupuncture</i>	2,015	4,164	4,992	5,744	5,303	6,384	7,194	7,869	8,562	10,039	13,613	13,947	14,940	15,906	17,579	19,518
<i>Physiotherapy</i>	747	2,816	3,050	3,301	2,187	2,762	3,431	4,774	5,575	6,838	10,788	10,972	12,306	13,755	15,252	17,005
<i>Nursing care</i>	625	6,765	7,185	7,683	6,219	6,967	8,103	9,428	10,652	12,771	20,800	21,115	24,049	26,354	29,444	32,369
<i>Chiropractic</i>	182	525	506	576	500	554	635	668	690	736	892	899	1,014	1,057	1,158	1,209

Search : Title, abstract, keywords

Compiled by **John McDonald**

# Acupuncture inclusion in conventional Clinical Practice Guidelines

1. **American College of Physicians** issued Low Back Pain Clinical Practice Guideline in 2017 recommending acupuncture as a first-line therapy for acute and chronic nonradicular low back pain\*
1. **Society for Integrative Oncology** issued guidelines on Integrative Medicine for Pain Management in Oncology in 2022 recommending acupuncture for patients experiencing AI (Aromatase Inhibitor)-related joint pain in breast cancer\*\*

\*Qaseem A, Wilt TJ, McLean RM, Forcica MA; Clinical Guidelines Committee of the American College of Physicians; Denberg TD, Barry MJ, Boyd C, Chow RD, Fitterman N, Harris RP, Humphrey LL, Vijan S. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017 Apr 4;166(7):514-530. doi: 10.7326/M16-2367. Epub 2017 Feb 14. PMID: 28192789.

\*\*Jun J. Mao et al., Integrative Medicine for Pain Management in Oncology: Society for Integrative Oncology–ASCO Guideline. *JCO* 40, 3998-4024(2022). DOI:10.1200/JCO.22.01357

**Medicare**

# Medicare

Effective for services performed on or after January 21, 2020, CMS will cover acupuncture for Medicare patients with chronic Lower Back Pain (cLBP). Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstance:

- For the purpose of this decision, cLBP is defined as:
  - Lasting 12 weeks or longer;
  - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc.disease);
  - not associated with surgery; and,
  - not associated with pregnancy.
- An additional 8 sessions will be covered for those patients demonstrating an improvement.
- No more than 20 acupuncture treatments may be administered annually
- Treatment must be discontinued if the patient is not improving or is regressing.

Auxiliary personnel furnishing acupuncture must be under the *appropriate* level of supervision of a physician, PA, or NP/CNS required by our regulations at 42 CFR §§ 410.26 and 410.27.

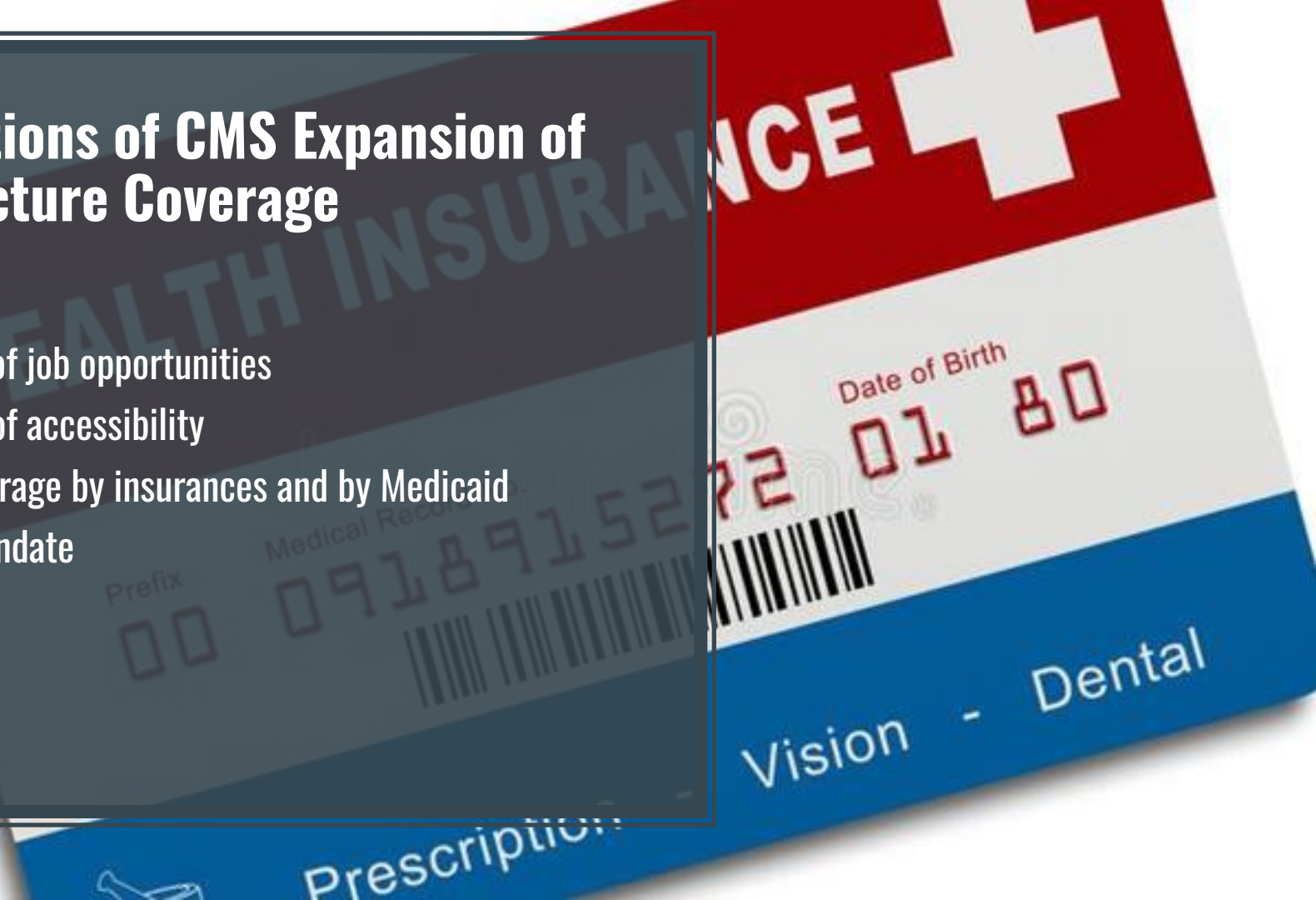
\*<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=373>

# Important Points to Medicare Coverage of Acupuncture

- Only for chronic lower back pain
- 20 visits allowed “annually” (not on calendar year)
  - 12 visits in the first 90 days of care (if not used then forfeited)
  - 8 additional visits through the end of 12 months if demonstrating improvement
    - Use modifier -KX when billing the 8 additional visits
  - Restart visit count on first day of month that is 12 months after start of care
    - Example, care started 3/5/2023, then visits restart on 3/1/2024
- CMS wants Licensed Acupuncturists or those with equivalent training to perform the care, but they cannot bill to Medicare.
- Licensed Acupuncturists need “appropriate” level supervision by physician or NP/PA to bill to Medicare

# Implications of CMS Expansion of Acupuncture Coverage

- Parity
- Expansion of job opportunities
- Expansion of accessibility
- Wider coverage by insurances and by Medicaid
- Lack of mandate






**1. When did your organization start billing Medicare and/or Medicaid?  
What does your payer mix look like now?**

**2. How have you implemented acupuncture Medicare billing?  
What worked? What challenges did you have to overcome?**

**3. How did adding insurance billing to Medicare/Medicaid impact your hospital system and community?**

# Advocacy & Policy Change

A hand holding several acupuncture needles over a cracked stone surface. The hand is positioned on the left side of the frame, with the fingers gripping the handles of the needles. The needles are thin and metallic, extending towards the right. The background is a dark, textured surface with prominent cracks, possibly a piece of stone or wood. The overall color palette is dark and monochromatic, with shades of blue and black.

H.R. 3133,  
THE ACUPUNCTURE FOR OUR SENIORS ACT

# WHAT IS H.R. 3133?

- Would authorize Medicare program to recognize acupuncturists as providers
- Medicare can expand services; cannot add providers
- Re-introduced May 2023
- Lead by Reps. Judy Chu (D-CA) & Brian Fitzpatrick (R-PA)
- Simple bill: only seeks Medicare-provider status

# WHY IS H.R. 3133 IMPORTANT?

- Enables acupuncturists to provide services to 60+ million Americans
- Removes Medicare-supervision requirements
- Enables hospitals/clinics to hire/retain acupuncturists
- Provides coverage model for third-party payers
- Provides acupuncturists more choice
- Protects profession from scope creep



# WHAT IS THE STATUS OF H.R.3133?

- Pending in the House of Representatives
- In the second year of the 118<sup>th</sup> Congress
- Congressional bills need a balance of Democrat and Republican co-sponsors
- Goal: obtain balanced, bipartisan co-sponsors in 2024
- 2024 Focus: Republican members of the House of Representatives
- How? Raise awareness of the bill; Congressional meetings with NCCAOM's Advocacy team

# WE NEED YOUR HELP

- Sign up for Congressional meetings
- Contact your U.S. Representative by texting 52886
- Spread the word about why this bill is important
- Add your organization to the ASA/NCCAOM organization-support letter
- Don't go alone: contact [advocacy@thenccaom](mailto:advocacy@thenccaom) to schedule a Hill meeting

# SIGN UP FOR A VIRTUAL CONGRESSIONAL MEETING AT YOUR CONVENIENCE



The NCCAOM Advocacy team will schedule your meeting, attend with you, provide talking points, and ensure you're prepared.

# GRASSROOTS AT YOUR FINGERTIPS

**Text 52886** and type:

- “Acupuncture” (Acupuncturists)
- “Student” (Acupuncture Students)
- “Acupuncture Patient” (Patients)
- “Acupuncture Senior” (Senior Patients)
- “Acupuncture Ally” (General Supporters)



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