

Alternative Care

Consideration for practitioners' participation with Asuris is based on geographic area and members' access to healthcare.

Asuris contracts with the following alternative care practitioners:

- Acupuncturists/East Asian Medicine Practitioners
- Licensed massage practitioners
- Naturopathic physicians
- Nutritionists/dieticians
- Chiropractic physicians

Treatment Plans

The following treatment plan information applies to all alternative care practitioners:

Treatment plans and progress notes may be requested for selected members. We reserve the right to review past records and claims submissions.

We require fully documented treatment plans to include:

- I. Appropriate and legible chart note documentation
- II. Physician prescription or referral if applicable
- III. Progress reports and/or notes which document the following:
 - Diagnosis or diagnoses must support the level of care provided.
 - Medical necessity of the care provided must be demonstrated and may be subject to review.
 - Procedures performed must be within the scope of license as defined by either the Revised Code of Washington, Washington Administrative Code, or the governing Quality Assurance Commission.

The following Plan Exceptions information applies to all alternative care practitioners:

Plan Exceptions

The guidelines in this section are subject to individual plan benefits and may not apply to every member. Please refer to the Provider Center for more information regarding the following:

- Verify patient coverage, benefit types and eligibility effective dates
- View patient benefit information, including office visit copayments and major medical information
- View deductible, real-time out-of-pocket, and coinsurance maximum accumulation amounts
- Review the status of your submitted claims and view payment information
- Search for and view payment vouchers by provider name, voucher number or check number
- View and sign provider agreement documents using [eContracting](#)

Acupuncturists

Billing Guidelines

All claims must include both the diagnosis (ICD-9) and procedure codes (CPT®) in order to ensure accurate processing. The diagnosis must match the diagnosis of the referring physician.

When billing for acupuncture services, please use:

- **CPT 97810** *Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one on one contact with patient*
- **CPT 97811** *Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one on one contact with the patient, with reinsertion of needle(s) (List separately in addition to code for primary procedure)*
- **CPT 97813** *Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one on one contact with patient*
- **CPT 97814** *Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one on one contact with patient, with reinsertion of needle(s) (List separately in addition to code for primary procedure)*

CPT 97810 and **97813** will not be allowed when billed together for the same visit.

Only one unit of service for **CPT 97810** and **97813** is allowed per date of service up to the benefit maximum. **CPT 97811** and **97814** must be explicitly denoted in the patient's medical record to be allowed.

8 Minute Rule for Timed Codes –One Service

For services billed in 15-minute units, count the minutes of skilled treatment furnished. Only direct, face-to-face time with the patient is considered for timed codes.

- 7 minutes or less of a single service is not billable.
- 8 minutes or more of a single service is billable as 1 unit or an additional unit if the prior units were each furnished for a full.

15 minutes:

- 8 – 22 minutes = 1 unit;
- 23 – 37 minutes = 2 units; and
- 38 – 52 minutes = 3 units

Note: Evaluation and management (E & M) codes cannot be used as a substitute for acupuncture treatments.

This applies to Chiropractic only rehabilitation modalities and procedures

Rehabilitative medicine that is within the scope of license of a practitioner and provided independent of acupuncture services may be allowed in accordance with contract language and limitations specific to the member's rehabilitation benefit.

Acupuncture for the treatment of chemical dependency

A participating acupuncturist/east Asian medicine practitioner will be reimbursed for acupuncture services provided for chemical dependency treatment when the member's plan includes a benefit for both acupuncture services and chemical dependency treatment.

Acupuncture treatment for chemical dependency is covered:

- When the member's plan covers acupuncture
- Diagnosis supports chemical dependency benefits.
- When Smoking Cessation is covered under some plans
- If required by the member's plan, a referral by the member's PCP or by the contracted behavioral health department organization has been filed with Asuris

Additional information about submitting claims is available in the [Claims & Billing](#) section of our website.

Licensed Massage Practitioners

Billing Guidelines

For care to be covered under the member's benefit, a physician must diagnose a medical condition, which has resulted in functional loss, for which rehabilitation therapy is prescribed. The licensed massage practitioner will be reimbursed for services currently covered under the member's rehabilitation or neurodevelopmental benefit.

In addition to any prescription and/or required referral, coverage for the services of a licensed massage practitioner are subject to applicable member contract limitations. When the treating licensed massage practitioner **submits a claim, it is not necessary to include the patient's prescription.** We do require the prescription to be on file in your office.

Most Asuris plans that reimburse for services performed by a licensed massage practitioner, do so under the outpatient rehabilitation benefit. Therefore, these services are subject to the outpatient rehabilitation benefit contract requirements and limitations.

When billing for massage therapy services, please use the current appropriate CPT codes for services rendered.

- All licensed providers must bill for any and all services they perform under their own name. A licensed massage practitioner may not submit claims for services performed by another licensed provider.
- Osteopathic manipulation codes are only payable to MD's DO's, ARNP's, ND's. Chiropractic manipulation codes are only payable to chiropractors.
- CPT codes, such as evaluation and management codes, are not payable to physical, occupational, speech or licensed massage practitioners.
- Units of service must be included on the *CMS-1500* claim form.
- We accept a total of four units of modalities/procedures per date of service.
 - If no units are listed in the claim record, we will assume one unit of service was performed.

8 Minute Rule for Timed Codes –One Service

For services billed in 15-minute units, count the minutes of skilled treatment furnished. Only direct, face-to-face time with the patient is considered for timed codes.

- 7 minutes or less of a single service is not billable.
- 8 minutes or more of a single service is billable as 1 unit or an additional unit if the prior units were each furnished for a full.

15 minutes:

- 8 – 22 minutes = 1 unit;
- 23 – 37 minutes = 2 units; and
- 38 – 52 minutes = 3 units

Supplies

Supplies and materials are not separately reimbursed. Supplies provided by the licensed massage practitioner and used during the therapy session are not covered. These are considered part of the provider's operational overhead.

Services Not Covered

- Supplies
- Clean-up
- Record-keeping
- Report-writing costs
- Treatment preparation
- Member transportation
- Patient care conferences
- Application of hot and cold packs

Note: Asuris does not reimburse licensed massage practitioners for E&M codes.

Maintenance Therapy

Maintenance therapy means a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. Once the maximum therapeutic benefit has been achieved for a given condition, any additional therapy provided is considered maintenance therapy.

Note: Most Asuris plans exclude coverage for maintenance therapy.

Accidental Injury

Injury claims must include the following:

- Date of injury
- Cause or source of injury
- Where the injury took place
- Whether the injury is related to an auto accident or employment

Additional information about submitting claims is available in the [Claims & Billing](#) section of our website.

Naturopathic Physicians

Naturopaths as PCPs

PCPs have agreed to supervise, coordinate and provide initial and basic care to our managed care members, to initiate their referrals when medically necessary, and to maintain continuity of member care. Upon receipt of a referral, written acknowledgment of the referral will be issued to the member and the member's PCP.

Naturopaths as Specialists

Asuris plans may also cover naturopathic physician services as specialists.

Billing Guidelines

- To receive coverage for medically necessary services of a naturopathic specialist, the member may need to obtain a referral from his or her PCP.
- Evaluation and management (E&M) codes are not allowed as a substitute for rehabilitation modality and procedure codes, or other medical procedure codes.
- Naturopathic physicians are included in the list of practitioners to whom female members may self-refer for covered women's health-care services.
- All licensed providers must bill for any and all services they perform under their own name. A naturopath may not submit claims for services performed by another licensed provider.
- Osteopathic manipulation codes are only payable to MD's DO's, ARNP's, and ND's. Chiropractic manipulation codes are only payable to Chiropractors.
- Physical therapy modalities and procedures are subject to the member's outpatient rehabilitation benefit, including any limitations or exclusions. When billing for physical therapy modalities or procedures, the naturopath should follow the billing guidelines described in the "Therapy Guidelines" section of this manual.
- PCPs should contact Asuris for eligibility and benefits information before referring members to specialty care.
- Medications and supplies that are available over the counter (OTC) are not covered.
- Per your participating agreement, a preferred laboratory must perform all laboratory services. Search for participating laboratories.

Note: The member needs to sign a waiver acknowledging they will be responsible for any non-covered charges **prior** to services rendered at any non-participating laboratory, or for any non-covered laboratory services

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Nutritionists and Dieticians

Billing Guidelines

For care to be covered under the member's benefit, for Preferred and Traditional plans, a physician or other prescribing practitioner must diagnose a covered medical condition. The nutritionists or dietician must keep the prescription on file.

For managed care plans a participating managed care nutritionist requires a referral, with a covered medical diagnosis, from the member's PCP.

When billing for medical nutrition therapy please use the following:

- **CPT 97802** *Medical nutrition therapy, initial assessment*
- **CPT 97803** *Medical nutrition therapy, re-assessment and intervention*
- **HCPCS G0270** *Medical nutrition therapy, re-assessment and subsequent interventions*
- **HCPCS G0108** *Diabetes outpatient self-management training services, individual, per 30 minutes*

Services Not Covered

- **CPT 97804** *Medical nutrition therapy, Group, each 30 minutes*
- **HCPCS G0271** *Medical nutrition therapy, Group reassessment*

Use the most appropriate CPT code to describe your service(s). E&M codes are not appropriate CPT codes and will not be allowed.

Services are subject to the member's contract benefit and limitations and may be subject to review. For example, if the services represent a weight loss program, depending on the member's contract, such services may be denied as non-covered obesity treatment.

With the exception of the guidelines stated above, any other services will be included in the allowance for medical nutrition therapy and will be denied as provider write off.

Additional information about submitting claims is available in the [Claims & Billing](#) section of our website.

Chiropractic Physicians

Chiropractic care may include the following:

- Spinal manipulations (chiropractic manipulative treatment (CMT), spinal)
- Extraspinal manipulation (chiropractic manipulative treatment (CMT), extraspinal)
- Diagnostic radiology services
- E&M services
- Rehabilitation modalities and procedures

Billing guidelines

Most Asuris plans that reimburse for services performed by a chiropractor, do so under the Outpatient Rehabilitation benefit. Therefore, these services are subject to the Outpatient Rehabilitation benefit contract requirements and limitations.

- All licensed providers must bill for any and all services they perform under their own name. A chiropractor may not submit claims for services performed by another licensed provider.
- Procedures performed must be within the scope of license as defined by either the Revised Code of Washington, Washington Administrative Code, or the governing Quality Assurance Commission.
- E&M and other CPT codes are not allowed as a substitute for spinal or extraspinal manipulation codes when spinal or extraspinal CMT is performed.
- E&M codes are not allowed as a substitute for rehabilitation modality and procedure CPT codes.
- All services performed during an encounter must be billed.

Chiropractic Manipulative Treatment (CMT)

For spinal and extraspinal manipulations, use the following codes below:

- **CPT 98940** *Chiropractic manipulative treatment; spinal, one to two regions*
- **CPT 98941** *Chiropractic manipulative treatment; spinal, three to four regions*
- **CPT 98942** *Chiropractic manipulative treatment; spinal, five regions*
- **CPT 98943** *Chiropractic extra-spinal manipulation*

Asuris will allow one of the above spinal CMT services and/or one extra-spinal CMT service per encounter. CMT codes include the pre-manipulation assessment and post treatment evaluation.

8 Minute Rule for Timed Codes –One Service

For services billed in 15-minute units, count the minutes of skilled treatment furnished. Only direct, face-to-face time with the patient is considered for timed codes.

- 7 minutes or less of a single service is not billable.
- 8 minutes or more of a single service is billable as 1 unit or an additional unit if the prior units were each furnished for a full.

15 minutes:

- 8 – 22 minutes = 1 unit;
- 23 – 37 minutes = 2 units; and
- 38 – 52 minutes = 3 units

Note: The level of manipulative treatment must support the diagnosis.

Services Not Covered

- Clean up
- Record keeping
- Report writing costs
- Treatment preparation
- Member transportation
- Patient care conferences
- Associated post-service work
- Application of hot and cold packs
- Pre-manipulation member assessments
- Routine supplies and materials provided by the chiropractor and used during the therapy session are not covered. These are considered part of your operational overhead.

Maintenance Therapy

Maintenance Therapy means a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life or therapy that is performed to maintain or prevent deterioration of a chronic condition. Once the maximum therapeutic benefit has been achieved for a given condition, any additional therapy provided is considered maintenance therapy.

Note: Most Asuris plans exclude coverage for maintenance therapy.

Diagnosis Codes

The diagnosis must be as specific as possible and must be substantiated by the patient's medical records. The diagnosis must relate to the condition and be in the primary diagnosis field. Diagnosis 839.00 (*other, multiple, and ill-defined dislocation*) does not provide sufficient information about the member's presenting condition.

Evaluation and Management Services

An initial office visit can be billed in addition to the chiropractic treatment when the member is seen for the first time.

Medical records to support the additional E&M services may be requested.

- The appropriate modifier (**-25**) must be used if the patient's condition requires a significant separately identifiable E&M service.

Note: E & M codes or any other CPT codes **are not** to be used as a substitute for manipulation codes.

Accidental Injury

Injury claims must include the following:

- Date of injury
- Cause or source of injury
- Where the injury took place
- Whether the injury is related to an auto accident or employment

Supplies sent home to be used outside the treatment session may be paid according to member plan benefits.

- Use a valid CPT/HCPCS code for supplies
- **CPT 99070** is not accepted by Asuris and will be denied.
- Document the type of supply, quantity purchased and the cost of the supply
- If there is no HCPCS code that adequately describes the supply, please use the appropriate unlisted HCPCS code(s) with a specific description of the supply included on the claim.

Diagnostic Radiology Services

Radiology films must be of sufficient diagnostic quality with a legible and permanently documented report. Radiographic findings (presence of subluxation or fracture, etc.) must be separately identified. All radiographic services must meet the WAC 246-808-565 radiographic standard.

Chiropractic Clinical Record

The chiropractic clinical record requires the specific documentation as follows:

1. **Member intake form** - includes the chief complaint or reason for the visit, including the description of the accident, injury or other cause.
2. **Exam forms** or notes for each exam performed for which an E & M code is billed. The record should support the level of the E & M code billed.
3. **Daily chart notes** must include any changes in the care or progress of the member:
 - The member's subjective response (or lack thereof) to care.
 - Objective findings (e.g., straight leg raises, functional abilities).
 - Type of care provided at each visit (e.g., Acitvator, flexion/distraction, diversified).
 - Assessment of the treatment plan and any changes in the plan.
4. **Treatment plan** includes *all* of the following:
 - Frequency and duration of care and the anticipated discharge date.
 - Short and long-term functional goals including instruction in home care exercises, strengthening and functional abilities (e.g., sitting, standing, walking).

Each identified problem must have a specific care plan. The chiropractor evaluates the effectiveness of the management care plan at each visit.

Additional information about submitting claims is available in the [Claims & Billing](#) section of our website.