## **How To Check If Your Insurance Covers Acupuncture (and for what Symptoms)**

Call your plan's customer service line.

For some people, it may be easier to just use their patient/member portal

Patient Name	
Insurance Company	
Member ID Number	
Group Number	
Insurance Start Date:	-
Today's Date	_
If you speak with an insurance company representative:	
Whom am I speaking with today?	
Call Reference number	
Because every medical plan is different, it is always best for patie and coverage. <i>This information does not guarantee coverage of company</i> .	•
**A great way to check your Acupuncture benefits is to go into portal and search for "Acupuncture" AND "medical necessity". The document that tells you what conditions your insurance company need a referral/prior authorization. Recent Oregon legislation no an "Essential Health Benefit" and requires insurance plans to covusually for pain conditions. BUT this does not mean your plan will would like treated -for example, back, neck, and headache pain repain may NOT be covered.	nis will usually produce a y will cover and if and when you w categorizes Acupuncture as er up to 12 visits per year - Il cover the condition(s) you
Please be aware that your co-pay may be as high as \$45-\$60.	
Do I need a referral or "Prior Authorization" from my primary cacupunctures services? $\square$ Y $\square$ N	are physician (PCP) for

If yes, you will need to obtain this authorization prior to receiving care at Bardo Acupuncture.

Do I have medical benefits for Acupuncture? ☐ Y ☐ N
Do I have medical benefits for this particular practitioner? (LAc)? $\square$ Y $\square$ N
What conditions (ex: musculoskeletal pain) are considered medically necessary by my insurance plan?
Is my condition(s) considered medically necessary and covered by my plan?
What is my office co-pay/ co-insurance?
Is it subject to my deductible? $\square$ Y $\square$ N $\square$ NA
Is there a visit limit or benefit maximum?   Y   N
How much have I met?
Are the following CPT codes covered by my insurance plan?
97810 Initial 15 minutes Acupuncture  Y N
97811 Additional 15 minutes Acupuncture ☐ Y ☐ N
97813 Initial 15 minutes Acupuncture with E-stim ☐ Y ☐ N
97814 Additional 15 minutes Acupuncture with E-stim $\square$ Y $\square$ N
97010 Heat Therapy 🖵 Y 🖵 N
97026 Infrared □ Y □ N
97016 Cupping □ Y □ N
97140 Manual Therapy 🗆 Y 🗅 N

Not all the codes above may be covered by your plan. This is ok! The only ones that are necessary are 97810 and 97811