

## Empowering the Patient

Speaking with your insurance company is a necessary, but oftentimes confusing aspect of healthcare. Here are some tips that might help you communicate with your insurer.

- **Be Prepared.** Before you call an insurance company, write down a list of the questions you have so you can handle everything in one phone call. We have provided you with a document that will streamline this process. It lists our codes and charges so you can gather all necessary information before your visit.
- **Keep track of your communications.** Make sure that each time you speak with a representative, you take clear notes and write down the date, time, name of representative, and the information they provided. At the end of the call, ask for a reference number; they usually have one to give. If not, then you will use the representative's name, the date and the time of the conversation. If you ever receive inaccurate information, this information will be used as evidence during an appeal process.
- **Be confident and don't be afraid to assert yourself.** You have the right to complete information regarding your health coverage. Your insurance company's customer service representatives are there to assist you, and part of their job includes answering questions to your satisfaction. If you have tried discussing your question or concern with the customer service representative and still don't feel that your request was handled correctly, don't hesitate to ask for a supervisor.
- **Appeal the Claim:** If your insurance company denies a claim, you can appeal the decision. You'll need to determine why the health insurance claim was denied and understand your insurance company's policy on the appeal process and deadlines. You are entitled to an Explanation of Benefits (aka EOB) from your insurance company, and the information detailed will be available to you before the provider. If you want to appeal the decision of whether care was medically necessary/approved or not, that is to be taken up with your insurance company.
  - If you see discrepancies in the date(s) of service or the services provided, please call the providers' office.

**See the next pages for more specific information**

**Specifics regarding the care we give at this clinic** and how to speak with your insurance company about the common codes we use, possible authorization requirements, referrals needed and etc. This is broken down by the type of care one is receiving, if you receive multiple modalities you will need to ask about each one. Below we have added our tax ID and Group NPI, the insurance representative you speak to may want this information to ensure they can get as accurate of answers as they can for you.

**For appointments before 1/1/25 use:**

**Tabor Sun Tax ID:** 32-0181185 **Group NPI:** 172 054 2749

**For appointments after 1/1/25 use:**

**MIJO Tax ID:** 99-4145263 **Group NPI:** 159 859 1331

We understand you might be looking for care from a specific provider, however, we HIGHLY encourage you to ask for BENEFITS COVERED rather than if a provider is in network. Our providers are in-network with many panels. Yet you can be told the provider is in-network, but the services offered are NOT covered.

- Chiropractic:
  - Office Visit Codes
    - 99203: New patient exam
      - First appointments or if it's been >3years since your last appointment.
    - 99212, 99213: Evaluation and Management of an existing patient
      - Use for new injury, an injury that needs a re-evaluation, or if it has been between 1 and 3 years since your last visit
  - Procedure Codes
    - 98941: Spinal manipulation 3-4 regions
    - 98943: Extra-spinal manipulation
    - 97035 (PT code): Ultrasound
    - 97014 (PT code): Electrical stimulation
    - 97010 (PT code): Hot/cold pack
    - 97110 (PT code): Therapeutic exercise
    - 97140 (PT code): Manual therapy
  - Some plans require **prior authorization** for chiropractic care and physical therapy. Specifically, MODA, Providence, and Regence BCBS will do their authorizations through Evicore. Ask the representative if you need prior auth no matter what insurance company you have and if you do, ask who it is through. Our chiropractors use physical therapy codes, so it is important to ask about authorizations for both chiropractic and PT codes.
  - If you have a MODA plan, make sure to ask if “Medical Necessity Review” is required from the beginning or after a certain number of visits.
  - Ask the representative if the physical therapy codes used by a chiropractor goes towards your physical therapy visit limit.

- Remember to ask what your **visit limit** is for chiropractic and PT.
- Ask if a **referral** is required, if so, who can write you one?
- Acupuncture:
  - Office Visit Codes
    - 99203: New patient detailed exam
      - First appointments or if it's **been >3years since** your last appointment.
    - 99212, 99213: Existing patient exam
      - Use for new injury, an injury that needs a re-evaluation or if it has been between 1 and 3 years since your last visit
  - Procedure Codes
    - 97810: Acupuncture use of one or more needles – 15 minutes
    - 97811: 15 minutes more of acupuncture
    - 97026 (PT code): Use of infrared light
    - 97140 (PT code): Manual therapy, cupping
  - If you have a MODA plan, make sure to ask if “Medical Necessity Review” is required from the beginning or after a certain number of visits.
  - Some other insurance companies may require **prior authorization** for acupuncture as well, so ask if any of these codes require that. If so, who is it through?
  - Remember to ask what your **visit limit** is.
  - Ask the representative if physical therapy codes used by an acupuncturist go towards your physical therapy visit limit.
  - Ask if a **referral** is required, if so, who can write you one?
- Massage:
  - 97124 (PT code): 15-minute massage code
  - Oftentimes plans will say you have massage coverage, but it will only be covered by a chiropractor or physical therapist. **Ask your representative if you have massage coverage when performed by a licensed massage therapist.**
  - We do not provide massage therapy “in conjunction” with chiropractic or physical therapy. Our licensed massage therapists are practicing under the scope of their license, which does not include chiro or PT.
  - We do 60-minute and 90-minute massages at our clinic, ask the representative if there is a **limit** to the amount of time billed to insurance. Most insurance companies only allow 60 minutes to be billed.
  - Ask if a **referral** is required, if so, who can write you one?
  - If you have BCBS through Intel and your member ID starts with ILY you must get a **referral** for massage and it needs to contain the frequency of care, the total length of care (Ex: 1 massage per week for 8 weeks), our clinic name, and the providers NPI and Tax ID. The individual NPI’s are listed later in this document, the Tax ID is on the second page of this document.
  - Ask the representative if physical therapy codes used by a massage therapist go towards your physical therapy visit limit.

- Naturopathy:
  - Office Visit Codes
    - 99204, 99205: New patient exams
    - 99213, 99214, 99215: Existing patient office visit
  - Procedure Codes
    - 97140 (PT code): Myofascial release or cupping
    - 97810: Acupuncture use of one or more needles
    - 97811: Re-insert of one or more acupuncture needles
    - 97026 (PT code): Use of infrared light
  - Dr. Young is dual licensed as a naturopath and an acupuncturist. If you are only seeing her for naturopathic care, then you only need to ask about the office visit and myofascial release/cupping codes. If you see her for naturopathic care and acupuncture, you need to ask about all the codes.
  - Dr. Young is contracted as a specialist not a PCP.
  - Remember to ask what your **visit limit** is.
  - Ask the representative if physical therapy codes used by a naturopath/acupuncturist go towards your physical therapy visit limit.
  - Ask if a referral, prior authorization, or medical necessity review is needed.

#### **Important things for specific insurance companies:**

- Medicare Advantage plans
  - If you have any of the Medicare Advantage plans, ask if there are limitations for diagnosis, services received, or visit limits. For example, generally only spinal manipulation for subluxation of the spine is covered when seeing a chiropractor and when seeing an acupuncturist, only acupuncture for low back pain is covered.
  - We are not contracted with Medicare. Some plans will consider us to be out-of-network because of this. We are out-of-network with any Medicare Advantage plans that utilize the American Specialty Health Network (ASHN).
- Cigna
  - We are out of network for acupuncture and massage. If you are looking to receive this kind of care and you have Cigna, ask the representative if you have out of network benefits – you might still be able to use your benefits.
- Providence
  - Ask if you need prior authorization for chiropractic, acupuncture, and physical therapy. Give them all the codes listed under these specialties for them to check. If they say you need prior authorization, ask who it will be through; it will most likely be through Evicare.
- Kaiser
  - We are out of network for massage and naturopathic care.
  - Ask if you have physician-referred or self-referred benefits. If you only have physician-referred benefits, you will need to obtain a referral for the services we provide here.

- United Health Care
  - We are out of network for chiropractic care and massage. If you are looking to receive this kind of care and you have UHC, ask the representative if you have out of network benefits – you might still be able to use your benefits.
- Aetna
  - We are out of network for massage. If you are looking to receive this kind of care and you have Aetna, ask the representative if you have out of network benefits – you might still be able to use your benefits.
- Regence BCBS
  - Blue Cross Blue Shield is a national company; Regence is the local plan. If you have an out-of-state plan (ex: Anthem or Primera), your representative may ask if we are in network with the local plan; we are.
  - We are out of network for all services for plans that have a three-letter prefix of “O2F”. Ask the representative if you have out of network benefits – you might still be able to use your benefits
  - Ask if you need prior authorization for chiropractic, acupuncture, and physical therapy. Give them all the codes listed under these specialties for them to check. If they say you need prior authorization, ask who it will be through; it will most likely be through Evicare.
- MODA
  - MODA has several networks – Connexus, Synergy, OHSU, and others.
  - If you want to come here for a massage, ask if you have massage benefits from a licensed massage therapist. If you have an OHSU MODA plan, you can only receive massage at an OHSU facility.
  - Ask the representative if medical necessity review for any services you receive here is required and if so, after how many visits.
  - Ask if you need prior authorization for chiropractic, acupuncture, and physical therapy. Give them all the codes listed under these specialties for them to check. If they say you need prior authorization, ask who it will be through; it will most likely be through Evicare.
- OHP (Oregon Health Plan)
  - We are out of network with this plan for all services. If you would like to come here for services, you will have to sign a form waiving OHP from paying anything towards your visit. This is also applicable if OHP is your secondary insurance.

**NPI’s**

Dr. Cruz: 191-295-1682      Sharon: 174-023-4103      Shao Lun “James” Ho: 105-304-4032  
 Dr. Fuegy: 136-645-1973      Brittany: 174-050-8332      Sarah: 142-720-9220  
 Dr. Vance: 140-711-9605      Jonathan: 169-921-7828      Dr. Young: 145-778-9661  
 Orion: 176-076-0912

**Please see the following pages for visual guidance on codes and questions to ask**

**For patients with Kaiser insurance:**

Ins rep name: \_\_\_\_\_ Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Provider Type	Co-pay/Co-insurance	Visit Max	Remaining	Is visit limit combined with other services?	Is it self-referred or physician referred?
Chiropractic					
Acupuncture					

**For patients with all other insurances:**

Ins rep name: \_\_\_\_\_ Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Chiropractic: Max Visits \_\_\_\_\_ Remain: \_\_\_\_\_ Combined w/: \_\_\_\_\_

99203	Specialist office visit – new patient			
99212/99213	Evaluation and Management of an existing patient			
98941	Manipulation 3-4 regions			
98943	Extra spinal manipulation			
97035	Ultrasound			
97014	Muscle Stim			
97010	Hot/Cold packs			
97110	Therapeutic exercise			

Acupuncture: Max Visits \_\_\_\_\_ Remain: \_\_\_\_\_ Combined w/: \_\_\_\_\_

99203	Specialist office visit – new patient			
99213/99212	Evaluation and Management of an existing patient			
97810	Acupuncture 15 minutes			
97811	Acupuncture 15 more minutes			
97140	Cupping/manual therapy			
97026	Use of infrared light			

Naturopath: Max Visits \_\_\_\_\_ Remain: \_\_\_\_\_ Combined w/: \_\_\_\_\_

99204/99205	Specialist office visit – new patient			
99214/99215	Specialist office visit – returning patient			
97140	Myofascial release/cupping			
97810	Acupuncture 15 minutes			
97811	Acupuncture 15 more minutes			
97026	Use of infrared light			

Massage: Max Visits: \_\_\_\_\_ Remain: \_\_\_\_\_ Combined with: \_\_\_\_\_

97124	Massage			
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