

ACU-CARE

Acupuncture in Managed Care

Cigna HealthCare of California, PPO Payor Summary

This Payor Summary is furnished to the Provider pursuant to the Acu-Care Health Care Provider Agreement (the "Agreement"). This Payor Summary, when signed by the Provider, is incorporated into the Agreement in full.

payor name:

Connecticut General Life Insurance Company (CGLIC)

coverage:

Group Health, PPO

effective date:

January 1, 2006

CGLIC will pay Provider according to the following schedule for Ancillary Services Provided to Members. Subject to the terms of the Agreement, payment under this Fee Schedule will constitute payment in full for Ancillary Services provided by Provider to Members.

ancillary services:

1. Rates:

The following rates cover all Provider charges for Ancillary Services provided to Members. These rates are inclusive of all medically necessary services (**See below for Cigna's position statement**) that Provider customarily provides to patients requiring the particular service. Any procedures or services not intended by Provider to be included in the rates must be fully defined and a description attached hereto.

IMPORTANT: Official Position of Cigna—Cigna covers acupuncture as Medically Necessary for Nausea and Vomiting related to Chemotherapy, Pregnancy or Postoperative, and for Postoperative Dental Pain. In addition, Cigna covers acupuncture as an adjunct to standard therapy when other conservative methods have failed for EITHER of the following: Chronic Headaches, Chronic Pain (limited to Osteoarthritis of the Knee, Chronic Back and Neck Pain).

Acupuncture Services

97810	First 15 minutes without electrical stimulation	\$57.00
97811	Reinsertion/Additional 15 minutes w/o electrical stim.	\$38.00
97813	First 15 minutes with electrical stimulation	\$66.00
97814	Reinsertion/Additional 15 minutes with electrical stim.	\$44.00

All other Covered Services shall be reimbursed at 100% of Resource Based Relative Value Scale (RBRVS) in effect by CGLIC for that calendar year based upon the Los Angeles Geographical Practice Cost Index. Unlisted or uncodified procedures will be paid at fifty percent (50%) of billed charges or up to the seventieth percentile (70%) of reasonable and customary rates whichever is less.

2. Copayments/Coinsurance/Deductibles:

Provider will collect any applicable Copayment or Deductible from the Members at the time service is rendered. Provider will collect any Coinsurance from the Members after provider has billed and received payment from CGLIC.

I hereby agree to provide health care services and benefits to Beneficiaries of the above named Payor in accordance with the terms and conditions of the Agreement and this Payor Summary.

Signed _____ Date _____

Print Name _____