

**eviCore healthcare Acupuncture Program**  
**VNSNY CHOICE Acupuncture**  
**Frequently Asked Questions**  
*Updated 12/15/18*

**How do I verify patient eligibility?** Office staff may contact eviCore at 1-800-409-9081 to verify member eligibility and inclusion in this program.

**What Acupuncture services are covered?** Only the following Acupuncture services are included and covered under this program. All other services provided will not be covered under this program. **Members can be reimbursed up to 12 Acupuncture visits per calendar year.**

☐☐97810: Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.

☐☐97811: Each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles. 97811 cannot be performed without 97810.

☐☐97813: Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.

☐☐97814: Each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles. 97814 cannot be performed without 97813.

**Where do I submit claims?** Participating providers will need to submit acupuncture claims directly to eviCore for dates of service January 1 2013 forward for **VNSNY CHOICE FIDA Complete** and **VNSNY CHOICE Total (HMO SNP)**.

1. Paper claims can be submitted directly to eviCore at:  
eviCore healthcare  
Attn: Claims  
80 Spring Lane  
Plainville, CT 06062
2. Electronic Submission – eviCore healthcare has partnered with MD On-Line for electronic claim submission. Claims can be individually entered free of charge. To access this benefit, log on to  
<https://www.mdon-line.com/mdonline/sponsor.asp?brand=triad>  
You may also submit claims directly through the eviCore provider portal:  
<https://www.carecorenational.com/page/claim-lookupsubmission.aspx>  
Please include eviCore’s address (see above) and electronic payer ID #39181.

**How long do I have to submit a claim?** All claims must be submitted within 180 days from the date services are rendered.

**How am I reimbursed for services?** eviCore will reimburse participating providers on a fee for service basis according to the eviCore Fee Schedule. Acupuncture services will be reimbursed up to member's benefit plan per calendar year. Covered Acupuncture services for VNSNY CHOICE members are only available through eviCore's network of participating providers who also participate with Medicare. Services provided by a non-participating provider will not be reimbursed. A copy of the eviCore Fee Schedule can be requested by calling 1-800-409-9081.

**IMPORTANT INFORMATION REGARDING NON COVERED SERVICES:** IN THE EVENT THAT A MEMBER REQUIRES OR REQUESTS A SERVICE THAT IS NOT AN ACUPUNCTURE COVERED SERVICE, THE IPA PROVIDER MUST INFORM THE MEMBER THAT THE MEMBER WILL BE PERSONALLY RESPONSIBLE FOR ALL FEES RELATED TO THE SERVICE AND THE ESTIMATED FEE FOR THE SERVICE, AND OBTAIN AN EXECUTED ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FROM THE MEMBER OR THE MEMBER'S LEGAL REPRESENTATIVE. THESE STEPS MUST BE TAKEN TO BILL THE MEMBER AND COLLECT FOR SUCH SERVICES.

**APPEALS:**

**The following process pertains to the VNSNY / eviCore contract only.**

For additional information about the appeal process, please refer to the denial letter.

**Administrative provider claim appeals should be sent to eviCore:**

eviCore healthcare  
Appeals Department  
PO Box 760  
Lake Katrine NY 12449  
Fax: 615-468-4442

You may request another copy of the denial letter by calling eviCore at 1-800-409-9081.

**Utilization Management and Member Appeals:**

VNSNY CHOICE  
Appeals and Grievance Department  
1250 Broadway  
3rd Floor  
New York, NY 10001

**How can I contact eviCore?** If you would like to speak with someone at eviCore, contact eviCore's Call Center at 1-800-409-9081. A representative will answer your questions or schedule a call with a clinician. All providers are encouraged to speak directly to a clinician regarding clinical determinations for which there is a question or concern.