

**Physical Medicine & Rehabilitation**

**Acupuncture-Chronic Care Management SEOC 1.2.2**

**SEOC ID: PMR\_ACUPUNCTURE\_CAREMGMT\_1.2.2**

**Description:** This authorization covers services associated with all medical care listed below for the referred condition on the consult. This referral is for continued pain management (having already completed the initial trial). This includes cases that have not resolved or plateaued but have shown acupuncture be successful. Possible explanations for need of continued care may include emerging complicating factors, substantial change in treatment plan, or unintended gaps in treatment plan.

**Successful acupuncture treatment for chronic pain management includes:**

- o Assessment of patient function after a withdrawal of care [REQUIRED]
- o Consideration of other indicated medical, psychological, behavioral, and/or social interventions [REQUIRED]
- o Inclusion of appropriate, individualized active care strategies such as home exercise and self-management approaches [REQUIRED]

**Must include one or more of the following:**

- o Continued durable improvement in condition being treated
- o Continued functional improvement demonstrated by: clinically meaningful improvement on validated disease-specific outcomes instruments; return to work; and/or documented improvement in activities of daily living
- o Continued documented decreased utilization of medications

**Duration:** 180 days

**Procedural Overview**

1. One outpatient re-evaluation during this episode of care (if indicated)
2. A maximum of eight (8) acupuncture visits is approved for this episode of care. Approved services include acupuncture with or without electrostimulation. A maximum of one additional unit of acupuncture (with or without electrostimulation) is allowed when the re-insertion of needles is supported in medical documentation.
3. If indicated, approved modalities that can be utilized during the approved acupuncture visits noted in #2 above can include: manual therapy and therapeutic exercise procedures including but not limited to: cupping, myofascial release, and therapeutic exercises.

\*Additional consultations needed relevant to the patient complaint/condition require VA review and approval.