

VHA Office of Community Care – Standardized Episode of Care

Physical Medicine & Rehabilitation

Acupuncture-Continuation of Initial Care SEOC 1.1.2

SEOC ID: PMR_ACUPUNCTURE_CONT_INITIAL_1.1.2

Description: This authorization covers services associated with all medical care listed below for the referred condition on the consult. *This referral is for continuation of the initial trial and includes cases that have not resolved or plateaued within the initial 12 visits but have shown acupuncture to be successful. Possible explanations for the need of continued care include emerging complicating factors, substantial change in treatment plan, or unintended gaps in treatment plan.*

Successful acupuncture treatment includes:

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

Duration: 90 days Procedural Overview

- 1. Outpatient re-evaluation during this episode of care as clinically 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 incude: manual therapy and therapeutic exercise procedures including but not limited to: cupping, myofascial release, and therapeutic exercises.

*Additional acupuncture care beyond this trial must provide documentation of: Objective measures demonstrating the extent of meaningful clinical improvement to date; AND Rationale for the additional treatment requested (e.g. to reach further durable improvement, or for ongoing pain management); AND Any further information supporting the need for additional care

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



