WAC 296-23-238 Acupuncture rules. (1) The department or self-insurer may pay for acupuncture treatment when ordered by the worker's attending provider or physician assistant and only for specific conditions related to the accepted condition on a claim and per department policy.

(2) For the purposes of this section, "acupuncture" is the insertion of needles or lancets, with or without electrical stimulation, to directly or indirectly stimulate acupuncture points and meridians.

(3) The department may amend the list of covered conditions for acupuncture treatment as documented in the medical coverage decision on acupuncture.

(4) Acupuncture services may be administered by a provider acting within the scope of their licensure.

(5) The department or self-insurer will pay for a maximum of one acupuncture treatment per day for not more than ten visits per worker's compensation claim.

(6) The acupuncture provider must submit documentation of functional status to the attending provider and the department or the self-insurer at baseline, at the middle visit and following the end of treatment or ten visits, whichever comes first. Providers must use validated instruments per department policy to track and document the worker's pain and functional status during the course of acupuncture treatment.

(7) The department or self-insurer may review the quality of acupuncture services provided to workers.

(8) Providers should refer to WAC 296-20-01002 for the definition of "proper and necessary treatment." See WAC 296-20-010 for general information and WAC 296-20-125 for billing procedures.

(9) Billing codes, reimbursement levels and payment policies for acupuncture are listed in the department's *Medical Aid Rules and Fee Schedules*.

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 19-10-063, § 296-23-238, filed 4/30/19, effective 6/1/19.]