

AMENDATORY SECTION (Amending WSR 94-14-044, filed 6/29/94, effective 7/30/94)

WAC 296-20-01505 Provider types and services not covered. The department will not pay for services performed by the following practitioners:

((Acupuncturists))

Herbalists

Christian Science practitioners or theological healers

Homeopathists

Noncertified physician assistants

Operating room technicians

Certified surgical technicians

Certified surgical assistants

Any other licensed or unlicensed practitioners not otherwise specifically provided for by the department.

AMENDATORY SECTION (Amending WSR 12-12-059, filed 6/5/12, effective 7/6/12)

WAC 296-20-03002 Treatment not authorized. The department or self-insurer will not allow nor pay for following treatment:

(1) Use of diapulse, thermatic (standard model only), spectrowave and superpulse machines on workers entitled to benefits under the Industrial Insurance Act.

(2) Iontophoresis; prolotherapy; (~~acupuncture~~) injections of colchicine; injections of fibrosing or sclerosing agents; and injections of substances other than anesthetic or contrast into the subarachnoid space (intra-theal injections).

(3) Treatment to improve or maintain general health (i.e., prescriptions and/or injection of vitamins or referrals to special programs such as health spas, swim programs, exercise programs, athletic-fitness clubs, diet programs, social counseling).

(4) Continued treatment beyond stabilization of the industrial condition(s), i.e., maintenance care, except where necessary to monitor prescription of medication necessary to maintain stabilization i.e., anti-convulsive, anti-spasmodic, etc.

(5) After consultation and advice to the department or self-insurer, any treatment measure deemed to be dangerous or inappropriate for the injured worker in question.

(6) Treatment measures of an unusual, controversial, obsolete, or experimental nature (see WAC 296-20-045). Under certain conditions, treatment in this category may be approved by the department or self-insurer. Approval must be obtained prior to treatment. Requests must contain a description of the treatment, reason for the request with benefits and results expected.

(7) Therapeutic medial branch block injections, therapeutic intradiscal injections, and therapeutic facet injections of the spine.

(8) Transcutaneous, interferential, and percutaneous nerve stimulators used in the home setting, and all associated supplies and equipment.

NEW SECTION

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

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

(4) 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.

(5) 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.

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

(7) 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.

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