



Provider Account Application Supplement: Acupuncture Pilot Project Participation

Dear Prospective Pilot Participant:

Thank you for your interest in the Washington State Department of Labor & Industries' (L&I) Acupuncture Pilot Project. In order to participate, you must complete this *Supplement to the Provider Account Application*.

To learn more of the scope of this project, eligibility, and find participation information, please refer to the Frequently Asked Questions section on the [acupuncture pilot webpage](#). *Or, if you have additional questions, you can contact the Provider Hotline at (800)848-0811.*

Thank You, Provider
Accounts



Supplement for the Acupuncture Pilot Project

The Acupuncture Pilot Project will collect information to inform the provision of acupuncture treatment for low back pain, including acupuncture provided by East Asian Medicine Practitioners (EAMPs), to injured or ill workers covered by Washington's workers' compensation system. This project provides a structured environment for care delivery and capture of data that will inform future L&I payment and coverage methodology for acupuncture. While the project is underway, the Department of Labor & Industries (L&I) will pay qualified providers participating in the pilot project to deliver acupuncture treatment to injured workers with low back pain related to an accepted condition on a workers' compensation claim.

This pilot project may last up to two years; from 2017 through 2019. You can find payment and other information on the Acupuncture Pilot Project webpage.

To qualify for participation in the pilot project:

- a. East Asian Medicine Practitioners (EAMPs) licensed through the Washington State Department of Health who also complete and submit a non-network Provider Account Application , or
- a. Participating Medical Provider Network (MPN) providers (MD/DO) that have an individual L&I provider number.

To participate in this pilot, you must submit this Supplemental Provider Application to L&I. Make sure to include all of the required supporting information.

NOTE: submission of this application does not guarantee your enrollment in the pilot. Enrolled participants will be notified with a letter from the department.

By submitting this supplement and requesting to participate in the pilot, you agree to comply with the Acupuncture Pilot Project policies described on the Acupuncture Pilot Project Website, as currently written or amended by L&I hereafter, to include but not be limited to fee schedules, billing instructions, and medical documentation requirements. Consistent with the Acupuncture Pilot policies, you agree to the following:

1. To only provide acupuncture evaluation and treatment, for low back pain related to an accepted condition on an open workers' compensation claim, under the terms of, and within the pilot.
2. To complete and submit electronically for each injured worker an Oswestry Disability Index (ODI) assessment and 2-item Graded Chronic Pain Scale (GCPS) form at least on the following visits: initial office visit, middle treatment or the fifth treatment, and the final treatment visit.

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3. To submit electronically for each patient the final report of reason for termination of the acupuncture treatment.
4. To perform no more than the medically necessary number of acupuncture treatments, with a limit of 10 treatments over the life of the claim, if functional improvement is documented with the ODI and GCPS.
5. To submit all supporting medical documentation to L&I no later than thirty days after each treatment.
6. You are responsible for compliance with the pilot policies, even though a third party may be involved in billing L&I.

L&I may remove you from participation in the Acupuncture Pilot Project 30 days from the date of notification. No acupuncture services to injured workers can be delivered after the 30 days.

You may withdraw from pilot participation at any time by submitting a notice of Acupuncture Pilot withdrawal in writing. You can send your email to provnet@lni.wa.gov, or fax your letter to (360)902-4563.

Provider's Statement of Agreement:

I, _____ (please print clearly), agree to abide by the terms of the pilot and this supplement and all applicable Federal and Washington State statutes, rules, and policies.

Date	Signature	
WA practitioner license number	Group Number and Name (if applicable)	Address of Practice
L&I Provider number	NPI (National Provider Identity)	Tax Identification Number

Mail to: Health Services Analysis - PAC, PO Box 44261, Olympia, WA 98504-4261, or Fax: 360-902-4484