



Veteran Name:	Referral Number: VA000nnnnnnn
Veteran ICN:	Priority: Routine
Veteran EDIPI:	Referral Issue Date: 2020-08-20
Veteran Date of Birth: YYYY-MM-DD	Expiration Date: 2020-11-10
Veteran Address:	First Appointment Date: 2020-09-11

Veteran Phone Number: (nnn) nnn-nnnn
Veteran Mobile Phone Number (if Known): (nnn) nnn-nnnn
Veteran Business Phone Number (If Known): (nnn) nnn-nnnn
Veteran Email Address (If Known): emailaddress@domain.COM

Referring VA Facility: Washington VA Medical Center
VA Telephone Number: 202-745-8000 x nnnnn
VA Fax Number: 202-745-2230

Initial Community Care Provider/Facility: BYOUNG SOON KIM CA
Initial Provider Location: BYOUNG SOON KIM CA - 4 PROFESSIONAL DR STE 115, GAITHERSBURG, MD,
20879-17 1100000X
Provider Name (if known): KIM, BYOUNG SOON
Community Provider NPI: 1730517723

Any claim related to this episode of care **MUST INCLUDE THE APPROVED REFERRAL NUMBER**
as the Referral Number or Prior Authorization number.

Please see below for Additional VA Referring Facility Information and Billing Information

Pertinent Clinical Information

Please view the Clinical Information in the VA Order section for more information related to the Original VA Order Reason for Request.

Chief Complaint: Back pain and sciatica

Patient History / Clinical Findings / Diagnosis (Co-Morbidites): .

Provisional Diagnosis: Z789 Other specified health status

Services Authorized

The VA Order Reason for Request is the official clinical order. This scope of services associated with the medical care for this authorization is found below. Necessary services that are not included must be requested using the Request for Services procedures. Please visit the VHA Storefront www.va.gov/COMMUNITYCARE/providers/index.asp for additional resources and requirements.

Service Requested: Acupuncture Initial SEOC 1.0.8

Category of Care: ACUPUNCTURE

Procedural Overview - Standardized Episode of Care (SEOC)

Acupuncture Initial SEOC 1.0.8 Duration: 60 Days

No.	Service/Procedure	Number Of Visits Authorized
1	Initial outpatient evaluation for this episode of care	999
2	Twelve (12) acupuncture visits maximum 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.	12
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.	999
4	Outpatient re-evaluation during this episode of care as clinically indicated.	999

SEOC Disclaimer

*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 *Please visit the VHA Storefront www.va.gov/COMMUNITYCARE/providers/index.asp for additional resources and requirements pertaining to the following * Pharmacy prescribing requirements * Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements * Precertification (PRCT) process requirements * Request for Services (RFS) requirements

REFER ALL QUESTIONS RELATED TO THIS APPROVAL TO THE ISSUING VA OFFICE

Referring VA Facility: Washington VA Medical Center
Station Number: 688
Telephone Number: 202-745-8000 x nnnnn
Address: 50 Irving Street, Northwest WASHINGTON DC 20422
Referring Provider:
Referring Provider NPI:
Unique Consult No: nnn_nnnnnnn
Program Authority: Authorized/Pre-authorized VA Referral (not otherwise specified) - 1703
Affiliation: Optum
Network: CC Network 1

Appointments/Providers Assigned to the Referral

Provider/Facility Name	Provider/Facility Location	Appt Date	Appt Time	Telephone #
BYOUNG SOON KIM CA NPI 1730517723	BYOUNG SOON KIM CA 4 PROFES SIONAL DR STE 115 GAITHERSBURG, MD, 20879	2020-09-18	12:00:00PM	301-801-1028

BYOUNG SOON KIM CA
NPI 1730517723

BYOUNG SOON KIM CA
4 PROFES SIONAL DR STE 115
GAITHERSBURG, MD, 20879

2020-09-11 10:00:00AM 302-801-1028

Billing and Other Referral Information

Submitting Claims

ANY CLAIMS RELATED TO THIS EPISODE OF CARE MUST BE SUBMITTED TO OPTUM UNITEDHEALTH CARE AND INCLUDE THE APPROVED REFERRAL NUMBER.

Methods to submit claims:

Electronic Data Interchange (EDI):

Payer ID for Medical and Dental – VACCN

More information on how to submit claims can be found by visiting

https://www.va.gov/COMMUNITYCARE/revenue_ops/Veteran_Care_Claims.asp.

Precertification

The Standardized Episode of Care (SEOC) referral you have accepted does not include services that require Third Party Payer (TPP) precertification.

Pharmacy

CVS Caremark is the retail pharmacy network for Veterans' immediately needed or Urgent/Emergent prescriptions.

Immediate need prescriptions:

- Must follow the VA Urgent/Emergent Formulary which can be found at <http://www.pbm.va.gov/PBM/nationalformulary.asp>
- Prescription can only go up to a 14-day supply. No refills of the immediate need medication may be authorized.
- Only a seven-day supply for opioids, or up to the opioid prescribing limit allowed by State—whichever is less—may be authorized.

Immediate need prescription extending past 14 days:

- The provider will need to send second prescription (beyond 14 days) to the referring VA medical facility's pharmacy for prescription fulfillment services.

Routine/maintenance prescriptions:

- Must be sent to the referring VA medical facility's pharmacy

If you do not have the ability to electronically submit prescriptions to pharmacies, please contact the Community Care representative at the referring VA medical facility for their pharmacy fax number. Please refer to https://www.va.gov/COMMUNITYCARE/providers/Service_Requirements.asp for additional instructions related to prescriptions.

Clinical Information on the VA Order

Reason for Request:

Justification for Non VA Care:

Service Not Available

Type of Service: Evaluation and Treatment

Include diagnostic testing: Yes

Chief Complaint: Back pain and sciatica

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):

.

Third Party Liability:

No

Acupuncture:

Acute Care:Initial Referral: up to 12 visits over the course of 90 days.

*This 10-7080 - Approved Referral For Medical Care was generated on 09/16/2020 changes made to the referral after this date are not reflected on the form.