Care Coordination (CC) Standard Episodes of Care (SEOC)

Software Version 1.9

API Manual

August 2019

Department of Veterans Affairs

Office of Information and Technology (OI&T)

Revision History

NOTE: The revision history cycle begins once changes or enhancements are requested after the document has been baselined.

Date	Revision	Description	Author
August 2019	0.7	Initial Draft – GMRC*3.0*143 v1.9	AbleVets
May 2019	0.6	Initial Draft – GMRC*3.0*126 v1.8	AbleVets
March 2019	0.5	Initial Draft – GMRC*3.0*120 v1.7	AbleVets
January 2019	0.4	Initial Draft – GMRC*3.0*117 v1.6	AbleVets
October 2018	0.3	Initial Draft – GMRC*3.0*116 v1.5	AbleVets
August 2018	0.2	Initial Draft – GMRC*3.0*108 v1.0.04.1	AbleVets
July 2018	0.1	Initial Draft – GMRC*3.0*103 v1.0.03	AbleVets

Table of Contents

1.   Introduction

The Care Coordination (CC) Standardized Episodes of Care (SEOC) is a reference database for managing care bundles for use by Veterans Information Systems and Technology Architecture (VistA) and other Department of Veterans Affairs (VA) systems. Services are grouped together within the SEOC system into bundles so that clinicians can add these bundles to patients consult records in a standardized fashion, reducing the amount of time spent manually entering consult instructions, and providing uniformity among the patient records and across facilities for how patient care is prescribed for similar complaints.

These bundles group together one or more services that are preselected for different specialties to be added to the consult records. In addition, the clinician is provided with information regarding prescribing rules and preauthorization requirements, so they can make the most informed decisions regarding patient care.

Additionally, SEOC data will be accessible outside of the VistA/Computerized Patient Record System (CPRS) system so that users of downstream applications will be accessing the centralized data, and SEOC descriptions, reducing the chances of disconnects.

1.1.   Purpose

This manual provides technical descriptions for accessing the SEOC Representational State Transfer (REST) Application Programming Interface (API).

From time to time improvements are made to the SEOC System. The latest information about SEOC, as well as the latest version of this manual, is posted on the SEOC Web Page.

1.2.   Audience

Information in this manual is technical in nature and is intended to be used by Veterans Affairs Medical Center (VAMC) Information Resource Management Service (IRMS) staff members and Clinical Application Coordinators (CACs).

1.3.   Overview of SEOC

The SEOC System provides an interface for downstream systems to access SEOCs from the SEOC database via a REST API. The SEOC record(s) will be returned to the calling application (such as the Consult Toolbox) in JavaScript Object Notation (JSON) format.

2.   Package Orientation

This manual provides technical descriptions of REST API calls available and a sample JSON message.

This manual should assist you in:

- Calling the available API calls.
- Developing parsing routines necessary to consume the JSON data returned by the API calls.

3.   API Description

Method: GET --header 'Accept: application/json'

Table 1: Environments

Environment <env>	Description	Data Source
dev.	Development server	Test data
sqa.	SQA server	Test data
uat.	UAT server	Prod data
	Production server	Prod data

Request URLs:

Base URL: https://<env>seocapi.va.gov

Endpoints/Paths:

- **Get active and discontinued SEOCs:** /seoc
- **Get all SEOCs in the system (including drafts):** /seoc/all
- **Get active SEOCs:** /seoc/active
- **Get SEOC by Name:** /seoc/name/{name}
- **Get SEOC by ID:** /seoc/{id}

Request Headers:

```
{
  "Accept": "*/*"
}
```

Table 2: Response Messages (Errors)

HTTP Status Code	Reason	Response Model	Headers
200	OK	string	
400	Bad request		
401	Unauthorized		
404	Not Found		

HTTP Status Code	Reason	Response Model	Headers
500	Unexpected error		

Response Message (Success): 200 OK

Response Headers:

```
{
  "content-type": "application/json;charset=UTF-8",
  "content-length": "<length>",
  "date": "Tue, 10 Apr 2018 20:17:03 GMT",
  "": ""
}
```

4.   SEOC JSON Schema

4.1.   Get Active, Discontinued, and Date Hold SEOCs v1: /v1/seoc

```
{
  "$schema": "http://json-schema.org/draft-04/schema#",
  "title": "The Root Schema",
  "type": "object",
  "additionalProperties": false,
  "required": [
    "Seocs"
  ],
  "properties": {
    "Seocs": {
      "title": "The Seocs Schema",
      "type": "array",
      "items": {
        "title": "The Items Schema",
        "type": "object",
        "additionalProperties": false,
        "required": [
          "Seoc"
        ],
        "properties": {
          "Seoc": {
            "title": "Seoc",
```

```json
          "type": "object",
          "additionalProperties": false,
          "properties": {
            "id": {
              "type": "integer"
            },
            "seocKey": {
              "type": "integer"
            },
            "name": {
              "type": "string",
              "maxLength": 150
            },
            "seocId": {
              "type": "string"
            },
            "versionNumber": {
              "type": "string",
              "maxLength": 25
            },
            "description": {
              "type": "string",
              "maxLength": 2000
            },
            "effectiveDate": {
              "type": "string",
              "format": "date"
            },
            "endDate": {
              "type": ["string", "null"],
              "format": "date"
            },
            "duration": {
              "type": "integer"
            },
            "REV": {
              "type": "boolean"
```

```
            },
            "proceduralOverview": {
              "type": "string",
              "maxLength": 5000
            },
            "maxAllowableVisits": {
              "type": ["integer", "null"]
            },
            "disclaimer": {
              "type": "string",
              "maxLength": 2000
            },
            "activatedTimestamp": {
              "type": "string",
              "format": "date"
            },
            "activatedBy": {
              "type": "string",
              "maxLength": 80
            },
            "discontinuedTimestamp": {
              "type": ["string", "null"],
              "format": "date"
            },
            "discontinuedBy": {
              "type": ["string", "null"],
              "maxLength": 80
            },
            "status": {
              "type": "string"
            },
            "QASP": {
              "type": "string"
            },
            "categoryOfCare": {
              "type": "string"
            },
```

```json
                "serviceLine": {
                  "type": "string"
                },
                "services": {
                  "type": "array",
                  "items": {
                    "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/PayableService"
                  }
                },
                "hptcs": {
                  "type": "array",
                  "items": {
                    "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/Hptc"
                  }
                }
              },
              "required": ["id", "seocKey", "name", "seocId", "versionNumber",
"description", "effectiveDate", "duration", "REV", "proceduralOverview",
"disclaimer", "activatedTimestamp", "activatedBy", "status", "QASP",
"categoryOfCare", "serviceLine", "services", "hptcs"],
              "definitions": {
                "PayableService": {
                  "type": "object",
                  "additionalProperties": false,
                  "properties": {
                    "id": {
                      "type": "integer"
                    },
                    "description": {
                      "type": "string",
                      "maxLength": 2000
                    },
                    "frequency": {
                      "type": ["integer", "null"]
                    },
                    "frequencytype": {
                      "type": ["string", "null"]
```

```
                       },
                       "visits": {
                         "type": ["integer", "null"]
                       },
                       "codedBy": {
                         "type": ["string", "null"]
                       },
                       "codedtimestamp": {
                         "type": ["string", "null"],
                         "format": "date"
                       },
                       "coderequired": {
                         "type": "string"
                       },
                       "clinicalService": {
                         "type": "string"
                       },
                       "billingCodes": {
                         "type": "array",
                         "items": {
                           "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/BillingCode"
                         }
                       },
                       "serviceHptcs": {
                         "type": "array",
                         "items": {
                           "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/ServiceHptc"
                         }
                       }
                     },
                     "required": ["id", "description", "clinicalService"]
                   },
                   "BillingCode": {
                     "type": "object",
                     "additionalProperties": false,
                     "properties": {
```

```
                    "id": {
                      "type": "integer"
                    },
                    "description": {
                      "type": "string",
                      "maxLength": 2000
                    },
                    "precertRequired": {
                      "type": "boolean"
                    },
                    "billingCode": {
                      "type": "string",
                      "maxLength": 25
                    },
                    "codeType": {
                      "type": "string",
                      "maxLength": 25
                    },
                    "deactivated": {
                      "type": ["boolean", "null"]
                    }
                  },
                  "required": ["id", "description", "precertRequired",
"billingCode", "codeType"]
                },
                "Hptc": {
                  "type": "object",
                  "additionalProperties": false,
                  "properties": {
                    "hptc": {
                      "type": "string",
                      "maxLength": 10
                    },
                    "classification": {
                      "type": "string",
                      "maxLength": 100
                    },
```

```
          "specialization": {
            "type": ["string", "null"],
            "maxLength": 100
          },
          "grouping": {
            "type": "string",
            "maxLength": 100
          }
        },
        "required": ["hptc"]
      },
      "ServiceHptc": {
        "type": "object",
        "additionalProperties": false,
        "properties": {
          "HPTC": {
            "type": "string",
            "maxLength": 10
          }
        },
        "required": ["HPTC"]
      }
    }
  }
}
```

4.2. Get Active, Discontinued, and Date Hold SEOCs v2: /v2/seoc

```
{
  "$schema": "http://json-schema.org/draft-04/schema#",
  "title": "The Root Schema",
  "type": "object",
  "additionalProperties": false,
  "required": [
    "Seocs"
  ],
  "properties": {
    "Seocs": {
      "title": "The Seocs Schema",
      "type": "array",
      "items": {
        "title": "The Items Schema",
        "type": "object",
        "additionalProperties": false,
        "required": [
          "Seoc"
        ],
        "properties": {
          "Seoc": {
            "title": "Seoc",
            "type": "object",
            "additionalProperties": false,
            "properties": {
              "id": {
                "type": "integer"
              },
              "seocKey": {
                "type": "integer"
              },
              "name": {
                "type": "string",
                "maxLength": 150
```

```json
        },
        "seocId": {
          "type": "string"
        },
        "versionNumber": {
          "type": "string",
          "maxLength": 25
        },
        "description": {
          "type": "string",
          "maxLength": 2000
        },
        "effectiveDate": {
          "type": "string",
          "format": "date"
        },
        "endDate": {
          "type": ["string", "null"],
          "format": "date"
        },
        "duration": {
          "type": "integer"
        },
        "REV": {
          "type": "boolean"
        },
        "PRCT": {
          "type": "boolean"
        },
        "proceduralOverview": {
          "type": "string",
          "maxLength": 5000
        },
        "maxAllowableVisits": {
          "type": ["integer", "null"]
        },
        "disclaimer": {
```

```json
            "type": "string",
            "maxLength": 2000
          },
          "QASP": {
            "type": "string"
          },
          "categoryOfCare": {
            "type": "string"
          },
          "serviceLine": {
            "type": "string"
          },
          "services": {
            "type": "array",
            "items": {
              "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/PayableService"
            }
          },
          "hptcs": {
            "type": "array",
            "items": {
              "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/Hptc"
            }
          }
        },
        "required": ["id", "seocKey", "name", "seocId", "versionNumber",
"description", "effectiveDate", "duration", "REV", "PRCT",
"proceduralOverview", "disclaimer", "QASP", "categoryOfCare", "serviceLine",
"services", "hptcs"],
        "definitions": {
          "PayableService": {
            "type": "object",
            "additionalProperties": false,
            "properties": {
              "id": {
                "type": "integer"
              },
```

```
            "description": {
              "type": "string",
              "maxLength": 2000
            },
            "frequency": {
              "type": ["integer", "null"]
            },
            "frequencyType": {
              "type": "string"
            },
            "visits": {
              "type": ["integer", "null"]
            },
            "codeRequired": {
              "type": "string"
            },
            "clinicalServices": {
              "type": "array",
              "items": {
                "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/ClinicalService"
              }
            },
            "billingCodes": {
              "type": "array",
              "items": {
                "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/BillingCode"
              }
            },
            "serviceHptcs": {
              "type": "array",
              "items": {
                "$ref":
"#/properties/Seocs/items/properties/Seoc/definitions/ServiceHptc"
              }
            }
          },
```

```json
              "required": ["id", "description", "clinicalServices"]
            },
            "ClinicalService": {
              "type": "object",
              "additionalProperties": false,
              "properties": {
                "clinicalService": {
                  "type": "string"
                }
              },
              "required": ["clinicalService"]
            },
            "BillingCode": {
              "type": "object",
              "additionalProperties": false,
              "properties": {
                "id": {
                  "type": "integer"
                },
                "precertRequired": {
                  "type": "boolean"
                },
                "billingCode": {
                  "type": "string",
                  "maxLength": 25
                },
                "codeType": {
                  "type": "string",
                  "maxLength": 25
                }
              },
              "required": ["id", "precertRequired", "billingCode",
"codeType"]
            },
            "Hptc": {
              "type": "object",
              "additionalProperties": false,
```

```
            "properties": {
              "hptc": {
                "type": "string",
                "maxLength": 10
              }
            },
            "required": ["hptc"]
          },
          "ServiceHptc": {
            "type": "object",
            "additionalProperties": false,
            "properties": {
              "HPTC": {
                "type": "string",
                "maxLength": 10
              }
            },
            "required": ["HPTC"]
          }
        }
      }
    }
  }
}
```

4.3.   Get Active SEOCs v1: /v1/seoc/active

```json
{
  "$schema": "http://json-schema.org/draft-04/schema#",
  "title": "The Root Schema",
  "type": "object",
  "additionalProperties": false,
  "required": [
    "Seocs"
  ],
  "properties": {
    "Seocs": {
      "title": "The Seocs Schema",
      "type": "array",
      "items": {
        "title": "The Items Schema",
        "type": "object",
        "additionalProperties": false,
        "required": [
          "Seoc"
        ],
        "properties": {
          "Seoc": {
            "title": "Seoc",
            "type": "object",
            "additionalProperties": false,
            "properties": {
              "name": {
                "type": "string",
                "maxLength": 150
              },
              "seocId": {
                "type": "string"
              },
              "description": {
                "type": "string",
                "maxLength": 2000
```

```
              },
              "duration": {
                "type": "integer"
              },
              "proceduralOverview": {
                "type": "string",
                "maxLength": 5000
              },
              "maxAllowableVisits": {
                "type": ["integer", "null"]
              },
              "disclaimer": {
                "type": "string",
                "maxLength": 2000
              },
              "categoryOfCare": {
                "type": "string"
              },
              "serviceLine": {
                "type": "string"
              }
            },
            "required": ["name", "seocId", "description", "duration",
"proceduralOverview", "disclaimer", "categoryOfCare", "serviceLine"]
          }
        }
      }
    }
  }
}
```

4.4.   Get Active SEOCs v2: /v2/seoc/active

```
{
  "$schema": "http://json-schema.org/draft-04/schema#",
  "title": "The Root Schema",
  "type": "object",
  "additionalProperties": false,
  "required": [
    "Seocs"
  ],
  "properties": {
    "Seocs": {
      "title": "The Seocs Schema",
      "type": "array",
      "items": {
        "title": "The Items Schema",
        "type": "object",
        "additionalProperties": false,
        "required": [
          "Seoc"
        ],
        "properties": {
          "Seoc": {
            "title": "Seoc",
            "type": "object",
            "additionalProperties": false,
            "properties": {
              "name": {
                "type": "string",
                "maxLength": 150
              },
              "seocId": {
                "type": "string"
              },
              "description": {
                "type": "string",
                "maxLength": 2000
```

```
            },
            "duration": {
              "type": "integer"
            },
            "proceduralOverview": {
              "type": "string",
              "maxLength": 5000
            },
            "disclaimer": {
              "type": "string",
              "maxLength": 2000
            },
            "categoryOfCare": {
              "type": "string"
            },
            "serviceLine": {
              "type": "string"
            },
            "previewText": {
              "type": "string"
            }
          },
          "required": ["name", "seocId", "description", "duration",
"proceduralOverview", "disclaimer", "categoryOfCare", "serviceLine",
"previewText"]
        }
      }
    }
  }
}
```

5. JSON Response by Endpoint

The following sections include sample response messages for each endpoint.

5.1. Get Active, Discontinued, and Date Hold SEOCs v1: /v1/seoc [abbreviated]

```
{
  "Seocs": [{
      "Seoc": {
        "id": 181,
        "seocKey": 1,
        "name": "Acupuncture Initial",
        "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.4",
        "versionNumber": "1.0.4",
        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",
        "effectiveDate": "01-03-2019",
        "endDate": null,
        "duration": 90,
        "REV": false,
        "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If indicated, approved
modalities that can be utilized during the approved acupuncture visits noted
in &#x23;2 above can incude: manual therapy and therapeutic exercise
procedures including but not limited to:  cupping, myofascial release, and
therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of
care as clinically indicated.",
        "maxAllowableVisits": null,
        "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  *Additional consultations needed relevant to the patient
complaint/condition require VA review and approval.",
        "activatedTimestamp": "01-03-2019",
        "activatedBy": "VHAISDDavisR",
        "discontinuedTimestamp": null,
        "discontinuedBy": "SystemUser",
        "status": "Active",
```

```
        "QASP": "Complementary & Integrative HC Services",
        "categoryOfCare": "ACUPUNCTURE",
        "serviceLine": "Physical Medicine and Rehabilitation",
        "services": [{
            "id": 675,
            "description": "Intial outpatient evaluation for this episode of
care",
            "frequency": null,
            "frequencytype": "",
            "visits": 999,
            "coderequired": "YES",
            "codedBy": null,
            "codedtimestamp": "01-03-2019",
            "clinicalService": "35-Chiropractic",
            "billingCodes": [{
                "id": 7345,
                "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A problem focused history; A problem focused examination;
Straightforward medical decision making. Counseling and/or coordination of
care with other physicians, other qualified health care professionals, or
agencies are provided consistent with the nature of the problem(s) and the
patient's and/or family's needs. Usually, the presenting problem(s) are self
limited or minor.",
                "precertRequired": false,
                "billingCode": "99201",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7346,
                "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: An expanded problem focused history; An expanded problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of",
                "precertRequired": false,
                "billingCode": "99202",
                "codeType": "CPT",
                "deactivated": null
```

```
                }, {
                  "id": 7347,

                  "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A detailed history; A detailed examination; Medical decision
making of low complexity. Counseling and/or coordination of care with other
physicians, other qualified health care professionals, or agencies are
provided consistent with the nature of the problem(s) and the patient's
and/or family's needs. Usually, the presenting problem(s) are of moderate
severity. Typically, 3",

                  "precertRequired": false,

                  "billingCode": "99203",

                  "codeType": "CPT",

                  "deactivated": null

                }, {
                  "id": 7348,

                  "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A comprehensive history; A comprehensive examination; Medical
decision making of moderate complexity. Counseling and/or coordination of
care with other physicians, other qualified health care professionals, or
agencies are provided consistent with the nature of the problem(s) and the
patient's and/or family's needs. Usually, the presenting problem(s) are of
moderate to high",

                  "precertRequired": false,

                  "billingCode": "99204",

                  "codeType": "CPT",

                  "deactivated": null

                }, {
                  "id": 7349,

                  "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A comprehensive history; A comprehensive examination; Medical
decision making of high complexity. Counseling and/or coordination of care
with other physicians, other qualified health care professionals, or agencies
are provided consistent with the nature of the problem(s) and the patient's
and/or family's needs. Usually, the presenting problem(s) are of moderate to
high sev",

                  "precertRequired": false,

                  "billingCode": "99205",

                  "codeType": "CPT",

                  "deactivated": null

                }, {
                  "id": 7350,
```

```
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, that may not require the
presence of a physician or other qualified health care professional. Usually,
the presenting problem(s) are minimal. Typically, 5 minutes are spent
performing or supervising these services. ",
                "precertRequired": false,
                "billingCode": "99211",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7351,
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A problem focused history; A problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are",
                "precertRequired": false,
                "billingCode": "99212",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7352,
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: An expanded problem focused history; An expanded
problem focused examination; Medical decision making of low complexity.
Counseling and coordination of care with other physicians, other qualified
health care professionals, or agencies are provided consistent with the
nature of the problem(s) and the patient's and/or family's needs. Usually,
the presen",
                "precertRequired": false,
                "billingCode": "99213",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7353,
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A detailed history; A detailed examination;
Medical decision making of moderate complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
```

```
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of mod",
                "precertRequired": false,

                "billingCode": "99214",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7354,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A comprehensive history; A comprehensive
examination; Medical decision making of high complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are ",
                "precertRequired": false,

                "billingCode": "99215",

                "codeType": "CPT",

                "deactivated": null

            }

        ],

        "serviceHptcs": [{

            "HPTC": "111NR0200X"

          }, {

            "HPTC": "111NX0100X"

          }, {

            "HPTC": "111NX0800X"

          }, {

            "HPTC": "111NP0017X"

          }, {

            "HPTC": "111NS0005X"

          }, {

            "HPTC": "111NT0100X"

          }, {

            "HPTC": "111NI0900X"

          }, {

            "HPTC": "111NN0400X"

          }, {

            "HPTC": "111NN1001X"
```

```
                    }, {
                        "HPTC": "111N00000X"
                    }, {
                        "HPTC": "111NI0013X"
                    }, {
                        "HPTC": "111NR0400X"
                    }
                ]
            }, {
                "id": 676,
                "description": "A maximum of twelve (12) 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.",
                "frequency": null,
                "frequencytype": "",
                "visits": 12,
                "coderequired": "YES",
                "codedBy": null,
                "codedtimestamp": "01-03-2019",
                "clinicalService": "35-Chiropractic",
                "billingCodes": [{
                    "id": 7299,
                    "description": "Acupuncture, 1 or more needles; without
electrical stimulation, initial 15 minutes of personal one-on-one contact
with the patient.",
                    "precertRequired": false,
                    "billingCode": "97810",
                    "codeType": "CPT",
                    "deactivated": null
                }, {
                    "id": 7300,
                    "description": "Acupuncture, 1 or more needles; without
electrical stimulation, each additional 15 minutes of personal one-on-one
contact with the patient, with re-insertion of needle(s) (List separately in
addition to code for primary procedure) ",
                    "precertRequired": false,
                    "billingCode": "97811",
                    "codeType": "CPT",
```

```
                    "deactivated": null
                }, {
                    "id": 7301,
                    "description": "Acupuncture, 1 or more needles; with
electrical stimulation, initial 15 minutes of personal one-on-one contact
with the patient.",
                    "precertRequired": false,
                    "billingCode": "97813",
                    "codeType": "CPT",
                    "deactivated": null
                }, {
                    "id": 7302,
                    "description": "Acupuncture, 1 or more needles; with
electrical stimulation, each additional 15 minutes of personal one-on-one
contact with the patient, with re-insertion of needle(s) (List separately in
addition to code for primary procedure) ",
                    "precertRequired": false,
                    "billingCode": "97814",
                    "codeType": "CPT",
                    "deactivated": null
                }
            ],
            "serviceHptcs": [{
                    "HPTC": "111NR0200X"
                }, {
                    "HPTC": "111NX0100X"
                }, {
                    "HPTC": "111NX0800X"
                }, {
                    "HPTC": "111NP0017X"
                }, {
                    "HPTC": "111NS0005X"
                }, {
                    "HPTC": "111NT0100X"
                }, {
                    "HPTC": "111NI0900X"
                }, {
                    "HPTC": "111NN0400X"
                }, {
```

```
                "HPTC": "111NN1001X"
              }, {
                "HPTC": "111N00000X"
              }, {
                "HPTC": "111NI0013X"
              }, {
                "HPTC": "111NR0400X"
              }
            ]
          }, {
            "id": 677,
            "description": "If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
incude: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",
            "frequency": null,
            "frequencytype": "",
            "visits": 999,
            "coderequired": "YES",
            "codedBy": null,
            "codedtimestamp": "01-03-2019",
            "clinicalService": "35-Chiropractic",
            "billingCodes": [{
                "id": 7240,
                "description": "Application of a modality to 1 or more areas;
vasopneumatic devices",
                "precertRequired": false,
                "billingCode": "97016",
                "codeType": "CPT",
                "deactivated": null
              }, {
                "id": 7252,
                "description": "Therapeutic procedure, one or more areas,
each 15 minutes; therapeutic exercises to develop strength and endurance,
range of motion and flexibility",
                "precertRequired": false,
                "billingCode": "97110",
                "codeType": "CPT",
                "deactivated": null
```

```
            }, {
              "id": 7253,
              "description": "Therapeutic procedure, 1 or more areas, each
15 minutes; neuromuscular reeducation of movement, balance, coordination,
kinesthetic sense, posture, and/or proprioception for sitting and/or standing
activities",
              "precertRequired": false,
              "billingCode": "97112",
              "codeType": "CPT",
              "deactivated": null
            }, {
              "id": 7257,
              "description": "Therapeutic procedure, 1 or more areas, each
15 minutes; massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion)",
              "precertRequired": false,
              "billingCode": "97124",
              "codeType": "CPT",
              "deactivated": null
            }, {
              "id": 7259,
              "description": "Unlisted therapeutic procedure (specify)",
              "precertRequired": false,
              "billingCode": "97139",
              "codeType": "CPT",
              "deactivated": null
            }, {
              "id": 7260,
              "description": "Manual therapy techniques (eg,
mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or
more regions, each 15 minutes",
              "precertRequired": false,
              "billingCode": "97140",
              "codeType": "CPT",
              "deactivated": null
            }, {
              "id": 7274,
              "description": "Therapeutic activities, direct (one-on-one)
patient contact by the provider (use of dynamic activities to improve
functional performance), each 15 minutes",
```

```
            "precertRequired": false,
            "billingCode": "97530",
            "codeType": "CPT",
            "deactivated": null
          }
        ],
        "serviceHptcs": [{
            "HPTC": "111NR0200X"
          }, {
            "HPTC": "111NX0100X"
          }, {
            "HPTC": "111NX0800X"
          }, {
            "HPTC": "111NP0017X"
          }, {
            "HPTC": "111NS0005X"
          }, {
            "HPTC": "111NT0100X"
          }, {
            "HPTC": "111NI0900X"
          }, {
            "HPTC": "111NN0400X"
          }, {
            "HPTC": "111NN1001X"
          }, {
            "HPTC": "111N00000X"
          }, {
            "HPTC": "111NI0013X"
          }, {
            "HPTC": "111NR0400X"
          }
        ]
      }, {
        "id": 678,
        "description": "Outpatient re-evaluation during this episode of
care as clinically indicated.",
        "frequency": null,
        "frequencytype": "",
```

```
            "visits": 999,

            "coderequired": "YES",

            "codedBy": null,

            "codedtimestamp": "01-03-2019",

            "clinicalService": "35-Chiropractic",

            "billingCodes": [{

                "id": 7350,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, that may not require the
presence of a physician or other qualified health care professional. Usually,
the presenting problem(s) are minimal. Typically, 5 minutes are spent
performing or supervising these services. ",

                "precertRequired": false,

                "billingCode": "99211",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7351,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A problem focused history; A problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are",

                "precertRequired": false,

                "billingCode": "99212",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7352,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: An expanded problem focused history; An expanded
problem focused examination; Medical decision making of low complexity.
Counseling and coordination of care with other physicians, other qualified
health care professionals, or agencies are provided consistent with the
nature of the problem(s) and the patient's and/or family's needs. Usually,
the presen",

                "precertRequired": false,

                "billingCode": "99213",

                "codeType": "CPT",
```

```
                "deactivated": null
            }, {
                "id": 7353,
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A detailed history; A detailed examination;
Medical decision making of moderate complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of mod",
                "precertRequired": false,
                "billingCode": "99214",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7354,
                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A comprehensive history; A comprehensive
examination; Medical decision making of high complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are ",
                "precertRequired": false,
                "billingCode": "99215",
                "codeType": "CPT",
                "deactivated": null
            }
        ],
        "serviceHptcs": [{
            "HPTC": "111NR0200X"
        }, {
            "HPTC": "111NX0100X"
        }, {
            "HPTC": "111NX0800X"
        }, {
            "HPTC": "111NP0017X"
        }, {
            "HPTC": "111NS0005X"
        }, {
```

```json
            "HPTC": "111NT0100X"
          }, {
            "HPTC": "111NI0900X"
          }, {
            "HPTC": "111NN0400X"
          }, {
            "HPTC": "111NN1001X"
          }, {
            "HPTC": "111N00000X"
          }, {
            "HPTC": "111NI0013X"
          }, {
            "HPTC": "111NR0400X"
          }
        ]
      }
    ],
    "hptcs": [{
        "hptc": "171100000X",
        "classification": "Acupuncturist",
        "specialization": "",
        "grouping": "Other Service Providers"
      }
    ]
  }
}, {
  "Seoc": {
    "id": 122,
    "seocKey": 1,
    "name": "Acupuncture Initial",
    "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.3",
    "versionNumber": "1.0.3",
    "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",
    "effectiveDate": "12-07-2018",
    "endDate": "01-03-2019",
    "duration": 90,
    "REV": false,
```

```
      "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If indicated, approved
modalities that can be utilized during the approved acupuncture visits noted
in &#x23;2 above can incude: manual therapy and therapeutic exercise
procedures including but not limited to:  cupping, myofascial release, and
therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of
care as clinically indicated.",

      "maxAllowableVisits": 999,

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

      "activatedTimestamp": "12-14-2018",

      "activatedBy": "VACOHOLTE",

      "discontinuedTimestamp": "01-03-2019",

      "discontinuedBy": "SystemUser",

      "status": "Discontinued",

      "QASP": "Complementary & Integrative HC Services",

      "categoryOfCare": "ACUPUNCTURE",

      "serviceLine": "Physical Medicine and Rehabilitation",

      "services": [{

         "id": 7,

         "description": "Intial outpatient evaluation for this episode of
care",

         "frequency": null,

         "frequencytype": "",

         "visits": 999,

         "coderequired": "YES",

         "codedBy": "VACOHOLTE",

         "codedtimestamp": "12-14-2018",

         "clinicalService": "35-Chiropractic",

         "billingCodes": [{

            "id": 7345,

            "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A problem focused history; A problem focused examination;
Straightforward medical decision making. Counseling and/or coordination of
care with other physicians, other qualified health care professionals, or
```

```
            agencies are provided consistent with the nature of the problem(s) and the
patient's and/or family's needs. Usually, the presenting problem(s) are self
limited or minor.",

                    "precertRequired": false,

                    "billingCode": "99201",

                    "codeType": "CPT",

                    "deactivated": null

                }, {

                    "id": 7346,

                    "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: An expanded problem focused history; An expanded problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of",

                    "precertRequired": false,

                    "billingCode": "99202",

                    "codeType": "CPT",

                    "deactivated": null

                }, {

                    "id": 7347,

                    "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A detailed history; A detailed examination; Medical decision
making of low complexity. Counseling and/or coordination of care with other
physicians, other qualified health care professionals, or agencies are
provided consistent with the nature of the problem(s) and the patient's
and/or family's needs. Usually, the presenting problem(s) are of moderate
severity. Typically, 3",

                    "precertRequired": false,

                    "billingCode": "99203",

                    "codeType": "CPT",

                    "deactivated": null

                }, {

                    "id": 7348,

                    "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A comprehensive history; A comprehensive examination; Medical
decision making of moderate complexity. Counseling and/or coordination of
care with other physicians, other qualified health care professionals, or
agencies are provided consistent with the nature of the problem(s) and the
patient's and/or family's needs. Usually, the presenting problem(s) are of
moderate to high",
```

```
                "precertRequired": false,

                "billingCode": "99204",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7349,

                "description": "Office or other outpatient visit for the
evaluation and management of a new patient, which requires these 3 key
components: A comprehensive history; A comprehensive examination; Medical
decision making of high complexity. Counseling and/or coordination of care
with other physicians, other qualified health care professionals, or agencies
are provided consistent with the nature of the problem(s) and the patient's
and/or family's needs. Usually, the presenting problem(s) are of moderate to
high sev",

                "precertRequired": false,

                "billingCode": "99205",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7350,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, that may not require the
presence of a physician or other qualified health care professional. Usually,
the presenting problem(s) are minimal. Typically, 5 minutes are spent
performing or supervising these services. ",

                "precertRequired": false,

                "billingCode": "99211",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7351,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A problem focused history; A problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are",

                "precertRequired": false,

                "billingCode": "99212",

                "codeType": "CPT",

                "deactivated": null
```

```
                }, {
                  "id": 7352,

                  "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: An expanded problem focused history; An expanded
problem focused examination; Medical decision making of low complexity.
Counseling and coordination of care with other physicians, other qualified
health care professionals, or agencies are provided consistent with the
nature of the problem(s) and the patient's and/or family's needs. Usually,
the presen",

                  "precertRequired": false,

                  "billingCode": "99213",

                  "codeType": "CPT",

                  "deactivated": null

                }, {
                  "id": 7353,

                  "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A detailed history; A detailed examination;
Medical decision making of moderate complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of mod",

                  "precertRequired": false,

                  "billingCode": "99214",

                  "codeType": "CPT",

                  "deactivated": null

                }, {
                  "id": 7354,

                  "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A comprehensive history; A comprehensive
examination; Medical decision making of high complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are ",

                  "precertRequired": false,

                  "billingCode": "99215",

                  "codeType": "CPT",

                  "deactivated": null

                }
              ],

              "serviceHptcs": [{
```

```json
            "HPTC": "111NR0200X"
          }, {
            "HPTC": "111NX0100X"
          }, {
            "HPTC": "111NX0800X"
          }, {
            "HPTC": "111NP0017X"
          }, {
            "HPTC": "111NS0005X"
          }, {
            "HPTC": "111NT0100X"
          }, {
            "HPTC": "111NI0900X"
          }, {
            "HPTC": "111NN0400X"
          }, {
            "HPTC": "111NN1001X"
          }, {
            "HPTC": "111N00000X"
          }, {
            "HPTC": "111NI0013X"
          }, {
            "HPTC": "111NR0400X"
          }
        ]
      }, {
        "id": 8,
        "description": "A maximum of twelve (12) 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.",
        "frequency": null,
        "frequencytype": "",
        "visits": 12,
        "coderequired": "YES",
        "codedBy": "VACOHOLTE",
        "codedtimestamp": "12-14-2018",
        "clinicalService": "35-Chiropractic",
```

```
        "billingCodes": [{

            "id": 7299,

            "description": "Acupuncture, 1 or more needles; without
electrical stimulation, initial 15 minutes of personal one-on-one contact
with the patient.",

            "precertRequired": false,

            "billingCode": "97810",

            "codeType": "CPT",

            "deactivated": null

          }, {

            "id": 7300,

            "description": "Acupuncture, 1 or more needles; without
electrical stimulation, each additional 15 minutes of personal one-on-one
contact with the patient, with re-insertion of needle(s) (List separately in
addition to code for primary procedure) ",

            "precertRequired": false,

            "billingCode": "97811",

            "codeType": "CPT",

            "deactivated": null

          }, {

            "id": 7301,

            "description": "Acupuncture, 1 or more needles; with
electrical stimulation, initial 15 minutes of personal one-on-one contact
with the patient.",

            "precertRequired": false,

            "billingCode": "97813",

            "codeType": "CPT",

            "deactivated": null

          }, {

            "id": 7302,

            "description": "Acupuncture, 1 or more needles; with
electrical stimulation, each additional 15 minutes of personal one-on-one
contact with the patient, with re-insertion of needle(s) (List separately in
addition to code for primary procedure) ",

            "precertRequired": false,

            "billingCode": "97814",

            "codeType": "CPT",

            "deactivated": null

          }

        ],

        "serviceHptcs": [{
```

```
                    "HPTC": "111NR0200X"
                }, {
                    "HPTC": "111NX0100X"
                }, {
                    "HPTC": "111NX0800X"
                }, {
                    "HPTC": "111NP0017X"
                }, {
                    "HPTC": "111NS0005X"
                }, {
                    "HPTC": "111NT0100X"
                }, {
                    "HPTC": "111NI0900X"
                }, {
                    "HPTC": "111NN0400X"
                }, {
                    "HPTC": "111NN1001X"
                }, {
                    "HPTC": "111N00000X"
                }, {
                    "HPTC": "111NI0013X"
                }, {
                    "HPTC": "111NR0400X"
                }
            ]
        }, {
            "id": 9,
            "description": "If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
incude: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",
            "frequency": null,
            "frequencytype": "",
            "visits": 999,
            "coderequired": "YES",
            "codedBy": "VACOHOLTE",
            "codedtimestamp": "12-14-2018",
            "clinicalService": "35-Chiropractic",
```

```
            "billingCodes": [{
                "id": 7240,
                "description": "Application of a modality to 1 or more areas;
vasopneumatic devices",
                "precertRequired": false,
                "billingCode": "97016",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7252,
                "description": "Therapeutic procedure, one or more areas,
each 15 minutes; therapeutic exercises to develop strength and endurance,
range of motion and flexibility",
                "precertRequired": false,
                "billingCode": "97110",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7253,
                "description": "Therapeutic procedure, 1 or more areas, each
15 minutes; neuromuscular reeducation of movement, balance, coordination,
kinesthetic sense, posture, and/or proprioception for sitting and/or standing
activities",
                "precertRequired": false,
                "billingCode": "97112",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7257,
                "description": "Therapeutic procedure, 1 or more areas, each
15 minutes; massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion)",
                "precertRequired": false,
                "billingCode": "97124",
                "codeType": "CPT",
                "deactivated": null
            }, {
                "id": 7259,
                "description": "Unlisted therapeutic procedure (specify)",
                "precertRequired": false,
```

```
                "billingCode": "97139",

                "codeType": "CPT",

                "deactivated": null

              }, {

                "id": 7260,

                "description": "Manual therapy techniques (eg,
mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or
more regions, each 15 minutes",

                "precertRequired": false,

                "billingCode": "97140",

                "codeType": "CPT",

                "deactivated": null

              }, {

                "id": 7274,

                "description": "Therapeutic activities, direct (one-on-one)
patient contact by the provider (use of dynamic activities to improve
functional performance), each 15 minutes",

                "precertRequired": false,

                "billingCode": "97530",

                "codeType": "CPT",

                "deactivated": null

              }

            ],

            "serviceHptcs": [{

                "HPTC": "111NR0200X"

              }, {

                "HPTC": "111NX0100X"

              }, {

                "HPTC": "111NX0800X"

              }, {

                "HPTC": "111NP0017X"

              }, {

                "HPTC": "111NS0005X"

              }, {

                "HPTC": "111NT0100X"

              }, {

                "HPTC": "111NI0900X"

              }, {

                "HPTC": "111NN0400X"
```

```
            }, {
              "HPTC": "111NN1001X"
            }, {
              "HPTC": "111N00000X"
            }, {
              "HPTC": "111NI0013X"
            }, {
              "HPTC": "111NR0400X"
            }
          ]
        }, {
          "id": 10,
          "description": "Outpatient re-evaluation during this episode of
care as clinically indicated.",
          "frequency": null,
          "frequencytype": "",
          "visits": 999,
          "coderequired": "YES",
          "codedBy": "VACOHOLTE",
          "codedtimestamp": "12-14-2018",
          "clinicalService": "35-Chiropractic",
          "billingCodes": [{
              "id": 7350,
              "description": "Office or other outpatient visit for the
evaluation and management of an established patient, that may not require the
presence of a physician or other qualified health care professional. Usually,
the presenting problem(s) are minimal. Typically, 5 minutes are spent
performing or supervising these services. ",
              "precertRequired": false,
              "billingCode": "99211",
              "codeType": "CPT",
              "deactivated": null
            }, {
              "id": 7351,
              "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A problem focused history; A problem focused
examination; Straightforward medical decision making. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
```

```
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are",
                "precertRequired": false,

                "billingCode": "99212",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7352,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: An expanded problem focused history; An expanded
problem focused examination; Medical decision making of low complexity.
Counseling and coordination of care with other physicians, other qualified
health care professionals, or agencies are provided consistent with the
nature of the problem(s) and the patient's and/or family's needs. Usually,
the presen",

                "precertRequired": false,

                "billingCode": "99213",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7353,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A detailed history; A detailed examination;
Medical decision making of moderate complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are of mod",

                "precertRequired": false,

                "billingCode": "99214",

                "codeType": "CPT",

                "deactivated": null

            }, {

                "id": 7354,

                "description": "Office or other outpatient visit for the
evaluation and management of an established patient, which requires at least
2 of these 3 key components: A comprehensive history; A comprehensive
examination; Medical decision making of high complexity. Counseling and/or
coordination of care with other physicians, other qualified health care
professionals, or agencies are provided consistent with the nature of the
problem(s) and the patient's and/or family's needs. Usually, the presenting
problem(s) are ",

                "precertRequired": false,
```

```
            "billingCode": "99215",
            "codeType": "CPT",
            "deactivated": null
        }
    ],
    "serviceHptcs": [{
        "HPTC": "111NR0200X"
      }, {
        "HPTC": "111NX0100X"
      }, {
        "HPTC": "111NX0800X"
      }, {
        "HPTC": "111NP0017X"
      }, {
        "HPTC": "111NS0005X"
      }, {
        "HPTC": "111NT0100X"
      }, {
        "HPTC": "111NI0900X"
      }, {
        "HPTC": "111NN0400X"
      }, {
        "HPTC": "111NN1001X"
      }, {
        "HPTC": "111N00000X"
      }, {
        "HPTC": "111NI0013X"
      }, {
        "HPTC": "111NR0400X"
      }
    ]
  }
],
"hptcs": [{
    "hptc": "103GC0700X",
    "classification": "Clinical Neuropsychologist",
    "specialization": "Clinical",
```

```
            "grouping": "Behavioral Health & Social Service Providers"
          }
        ]
      }
    }
  ]
}
```

5.2.   Get Active, Discontinued, and Date Hold SEOCs v2: /v2/seoc [abbreviated]

```
{
  "Seocs": [{
      "Seoc": {
        "id": 181,
        "seocKey": 1,
        "name": "Acupuncture Initial",
        "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.4",
        "versionNumber": "1.0.4",
        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",
        "effectiveDate": "01-03-2019",
        "endDate": null,
        "duration": 90,
        "REV": false,
        "PRCT": false,
        "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If indicated, approved
modalities that can be utilized during the approved acupuncture visits noted
in &#x23;2 above can incude: manual therapy and therapeutic exercise
procedures including but not limited to:  cupping, myofascial release, and
therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of
care as clinically indicated.",
        "maxAllowableVisits": null,
        "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  *Additional consultations needed relevant to the patient
complaint/condition require VA review and approval.",
        "QASP": "Complementary & Integrative HC Services",
        "categoryOfCare": "ACUPUNCTURE",
        "serviceLine": "Physical Medicine and Rehabilitation",
        "hptcs": [{
            "hptc": "171100000X"
          }
        ],
        "services": [{
            "id": 675,
            "description": "Intial outpatient evaluation for this episode of
care",
            "frequency": null,
            "frequencyType": "",
            "visits": 999,
            "codeRequired": "YES",
            "clinicalServices": [{
                "clinicalService": "35-Chiropractic"
              }
            ],
            "billingCodes": [{
                "id": 7345,
                "precertRequired": false,
                "billingCode": "99201",
                "codeType": "CPT"
              }, {
                "id": 7346,
                "precertRequired": false,
                "billingCode": "99202",
                "codeType": "CPT"
              }, {
                "id": 7347,
                "precertRequired": false,
                "billingCode": "99203",
                "codeType": "CPT"
              }, {
```

```
          "id": 7348,
          "precertRequired": false,
          "billingCode": "99204",
          "codeType": "CPT"
        }, {
          "id": 7349,
          "precertRequired": false,
          "billingCode": "99205",
          "codeType": "CPT"
        }, {
          "id": 7350,
          "precertRequired": false,
          "billingCode": "99211",
          "codeType": "CPT"
        }, {
          "id": 7351,
          "precertRequired": false,
          "billingCode": "99212",
          "codeType": "CPT"
        }, {
          "id": 7352,
          "precertRequired": false,
          "billingCode": "99213",
          "codeType": "CPT"
        }, {
          "id": 7353,
          "precertRequired": false,
          "billingCode": "99214",
          "codeType": "CPT"
        }, {
          "id": 7354,
          "precertRequired": false,
          "billingCode": "99215",
          "codeType": "CPT"
        }
      ],
      "serviceHptcs": [{
```

```
                "HPTC": "111NR0200X"
            }, {
                "HPTC": "111NX0100X"
            }, {
                "HPTC": "111NX0800X"
            }, {
                "HPTC": "111NP0017X"
            }, {
                "HPTC": "111NS0005X"
            }, {
                "HPTC": "111NT0100X"
            }, {
                "HPTC": "111NI0900X"
            }, {
                "HPTC": "111NN0400X"
            }, {
                "HPTC": "111NN1001X"
            }, {
                "HPTC": "111N00000X"
            }, {
                "HPTC": "111NI0013X"
            }, {
                "HPTC": "111NR0400X"
            }
        ]
    }, {
        "id": 676,
        "description": "A maximum of twelve (12) 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.",
        "frequency": null,
        "frequencyType": "",
        "visits": 12,
        "codeRequired": "YES",
        "clinicalServices": [{
            "clinicalService": "35-Chiropractic"
        }
```

```
            ],
            "billingCodes": [{
                "id": 7299,
                "precertRequired": false,
                "billingCode": "97810",
                "codeType": "CPT"
              }, {
                "id": 7300,
                "precertRequired": false,
                "billingCode": "97811",
                "codeType": "CPT"
              }, {
                "id": 7301,
                "precertRequired": false,
                "billingCode": "97813",
                "codeType": "CPT"
              }, {
                "id": 7302,
                "precertRequired": false,
                "billingCode": "97814",
                "codeType": "CPT"
              }
            ],
            "serviceHptcs": [{
                "HPTC": "111NR0200X"
              }, {
                "HPTC": "111NX0100X"
              }, {
                "HPTC": "111NX0800X"
              }, {
                "HPTC": "111NP0017X"
              }, {
                "HPTC": "111NS0005X"
              }, {
                "HPTC": "111NT0100X"
              }, {
                "HPTC": "111NI0900X"
```

```
            }, {
              "HPTC": "111NN0400X"
            }, {
              "HPTC": "111NN1001X"
            }, {
              "HPTC": "111N00000X"
            }, {
              "HPTC": "111NI0013X"
            }, {
              "HPTC": "111NR0400X"
            }
          ]
        }, {
          "id": 677,
          "description": "If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
incude: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",
          "frequency": null,
          "frequencyType": "",
          "visits": 999,
          "codeRequired": "YES",
          "clinicalServices": [{
              "clinicalService": "35-Chiropractic"
            }
          ],
          "billingCodes": [{
              "id": 7240,
              "precertRequired": false,
              "billingCode": "97016",
              "codeType": "CPT"
            }, {
              "id": 7252,
              "precertRequired": false,
              "billingCode": "97110",
              "codeType": "CPT"
            }, {
              "id": 7253,
```

```
        "precertRequired": false,
        "billingCode": "97112",
        "codeType": "CPT"
      }, {
        "id": 7257,
        "precertRequired": false,
        "billingCode": "97124",
        "codeType": "CPT"
      }, {
        "id": 7259,
        "precertRequired": false,
        "billingCode": "97139",
        "codeType": "CPT"
      }, {
        "id": 7260,
        "precertRequired": false,
        "billingCode": "97140",
        "codeType": "CPT"
      }, {
        "id": 7274,
        "precertRequired": false,
        "billingCode": "97530",
        "codeType": "CPT"
      }
    ],
    "serviceHptcs": [{
        "HPTC": "111NR0200X"
      }, {
        "HPTC": "111NX0100X"
      }, {
        "HPTC": "111NX0800X"
      }, {
        "HPTC": "111NP0017X"
      }, {
        "HPTC": "111NS0005X"
      }, {
        "HPTC": "111NT0100X"
```

```
                  }, {
                    "HPTC": "111NI0900X"
                  }, {
                    "HPTC": "111NN0400X"
                  }, {
                    "HPTC": "111NN1001X"
                  }, {
                    "HPTC": "111N00000X"
                  }, {
                    "HPTC": "111NI0013X"
                  }, {
                    "HPTC": "111NR0400X"
                  }
                ]
              }, {
                "id": 678,
                "description": "Outpatient re-evaluation during this episode of
care as clinically indicated.",
                "frequency": null,
                "frequencyType": "",
                "visits": 999,
                "codeRequired": "YES",
                "clinicalServices": [{
                    "clinicalService": "35-Chiropractic"
                  }
                ],
                "billingCodes": [{
                    "id": 7350,
                    "precertRequired": false,
                    "billingCode": "99211",
                    "codeType": "CPT"
                  }, {
                    "id": 7351,
                    "precertRequired": false,
                    "billingCode": "99212",
                    "codeType": "CPT"
                  }, {
                    "id": 7352,
```

```
          "precertRequired": false,
          "billingCode": "99213",
          "codeType": "CPT"
        }, {
          "id": 7353,
          "precertRequired": false,
          "billingCode": "99214",
          "codeType": "CPT"
        }, {
          "id": 7354,
          "precertRequired": false,
          "billingCode": "99215",
          "codeType": "CPT"
        }
      ],
      "serviceHptcs": [{
          "HPTC": "111NR0200X"
        }, {
          "HPTC": "111NX0100X"
        }, {
          "HPTC": "111NX0800X"
        }, {
          "HPTC": "111NP0017X"
        }, {
          "HPTC": "111NS0005X"
        }, {
          "HPTC": "111NT0100X"
        }, {
          "HPTC": "111NI0900X"
        }, {
          "HPTC": "111NN0400X"
        }, {
          "HPTC": "111NN1001X"
        }, {
          "HPTC": "111N00000X"
        }, {
          "HPTC": "111NI0013X"
```

```
                }, {

                  "HPTC": "111NR0400X"

                }

              ]

            }

          ]

        }

    }, {

      "Seoc": {

        "id": 122,

        "seocKey": 1,

        "name": "Acupuncture Initial",

        "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.3",

        "versionNumber": "1.0.3",

        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",

        "effectiveDate": "12-07-2018",

        "endDate": "01-03-2019",

        "duration": 90,

        "REV": false,

        "PRCT": false,

        "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If indicated, approved
modalities that can be utilized during the approved acupuncture visits noted
in &#x23;2 above can incude: manual therapy and therapeutic exercise
procedures including but not limited to:  cupping, myofascial release, and
therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of
care as clinically indicated.",

        "maxAllowableVisits": 999,

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

        "QASP": "Complementary & Integrative HC Services",

        "categoryOfCare": "ACUPUNCTURE",

        "serviceLine": "Physical Medicine and Rehabilitation",
```

```
        "hptcs": [{
            "hptc": "103GC0700X"
          }
        ],
        "services": [{
            "id": 7,
            "description": "Intial outpatient evaluation for this episode of
care",
            "frequency": null,
            "frequencyType": "",
            "visits": 999,
            "codeRequired": "YES",
            "clinicalServices": [{
                "clinicalService": "35-Chiropractic"
              }
            ],
            "billingCodes": [{
                "id": 7345,
                "precertRequired": false,
                "billingCode": "99201",
                "codeType": "CPT"
              }, {
                "id": 7346,
                "precertRequired": false,
                "billingCode": "99202",
                "codeType": "CPT"
              }, {
                "id": 7347,
                "precertRequired": false,
                "billingCode": "99203",
                "codeType": "CPT"
              }, {
                "id": 7348,
                "precertRequired": false,
                "billingCode": "99204",
                "codeType": "CPT"
              }, {
                "id": 7349,
```

```
            "precertRequired": false,
            "billingCode": "99205",
            "codeType": "CPT"
          }, {
            "id": 7350,
            "precertRequired": false,
            "billingCode": "99211",
            "codeType": "CPT"
          }, {
            "id": 7351,
            "precertRequired": false,
            "billingCode": "99212",
            "codeType": "CPT"
          }, {
            "id": 7352,
            "precertRequired": false,
            "billingCode": "99213",
            "codeType": "CPT"
          }, {
            "id": 7353,
            "precertRequired": false,
            "billingCode": "99214",
            "codeType": "CPT"
          }, {
            "id": 7354,
            "precertRequired": false,
            "billingCode": "99215",
            "codeType": "CPT"
          }
        ],
        "serviceHptcs": [{
            "HPTC": "111NR0200X"
          }, {
            "HPTC": "111NX0100X"
          }, {
            "HPTC": "111NX0800X"
          }, {
```

```
                "HPTC": "111NP0017X"
              }, {
                "HPTC": "111NS0005X"
              }, {
                "HPTC": "111NT0100X"
              }, {
                "HPTC": "111NI0900X"
              }, {
                "HPTC": "111NN0400X"
              }, {
                "HPTC": "111NN1001X"
              }, {
                "HPTC": "111N00000X"
              }, {
                "HPTC": "111NI0013X"
              }, {
                "HPTC": "111NR0400X"
              }
            ]
          }, {
            "id": 8,
            "description": "A maximum of twelve (12) 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.",
            "frequency": null,
            "frequencyType": "",
            "visits": 12,
            "codeRequired": "YES",
            "clinicalServices": [{
                "clinicalService": "35-Chiropractic"
              }
            ],
            "billingCodes": [{
                "id": 7299,
                "precertRequired": false,
                "billingCode": "97810",
                "codeType": "CPT"
```

```
    }, {
      "id": 7300,
      "precertRequired": false,
      "billingCode": "97811",
      "codeType": "CPT"
    }, {
      "id": 7301,
      "precertRequired": false,
      "billingCode": "97813",
      "codeType": "CPT"
    }, {
      "id": 7302,
      "precertRequired": false,
      "billingCode": "97814",
      "codeType": "CPT"
    }
  ],
  "serviceHptcs": [{
      "HPTC": "111NR0200X"
    }, {
      "HPTC": "111NX0100X"
    }, {
      "HPTC": "111NX0800X"
    }, {
      "HPTC": "111NP0017X"
    }, {
      "HPTC": "111NS0005X"
    }, {
      "HPTC": "111NT0100X"
    }, {
      "HPTC": "111NI0900X"
    }, {
      "HPTC": "111NN0400X"
    }, {
      "HPTC": "111NN1001X"
    }, {
      "HPTC": "111N00000X"
```

```
              }, {
                "HPTC": "111NI0013X"
              }, {
                "HPTC": "111NR0400X"
              }
            ]
          }, {
            "id": 9,
            "description": "If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
incude: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",
            "frequency": null,
            "frequencyType": "",
            "visits": 999,
            "codeRequired": "YES",
            "clinicalServices": [{
                "clinicalService": "35-Chiropractic"
              }
            ],
            "billingCodes": [{
                "id": 7240,
                "precertRequired": false,
                "billingCode": "97016",
                "codeType": "CPT"
              }, {
                "id": 7252,
                "precertRequired": false,
                "billingCode": "97110",
                "codeType": "CPT"
              }, {
                "id": 7253,
                "precertRequired": false,
                "billingCode": "97112",
                "codeType": "CPT"
              }, {
                "id": 7257,
                "precertRequired": false,
```

```
      "billingCode": "97124",
      "codeType": "CPT"
    }, {
      "id": 7259,
      "precertRequired": false,
      "billingCode": "97139",
      "codeType": "CPT"
    }, {
      "id": 7260,
      "precertRequired": false,
      "billingCode": "97140",
      "codeType": "CPT"
    }, {
      "id": 7274,
      "precertRequired": false,
      "billingCode": "97530",
      "codeType": "CPT"
    }
  ],
  "serviceHptcs": [{
      "HPTC": "111NR0200X"
    }, {
      "HPTC": "111NX0100X"
    }, {
      "HPTC": "111NX0800X"
    }, {
      "HPTC": "111NP0017X"
    }, {
      "HPTC": "111NS0005X"
    }, {
      "HPTC": "111NT0100X"
    }, {
      "HPTC": "111NI0900X"
    }, {
      "HPTC": "111NN0400X"
    }, {
      "HPTC": "111NN1001X"
```

```
                        }, {
                          "HPTC": "111N00000X"
                        }, {
                          "HPTC": "111NI0013X"
                        }, {
                          "HPTC": "111NR0400X"
                        }
                      ]
                    }, {
                      "id": 10,
                      "description": "Outpatient re-evaluation during this episode of
care as clinically indicated.",
                      "frequency": null,
                      "frequencyType": "",
                      "visits": 999,
                      "codeRequired": "YES",
                      "clinicalServices": [{
                          "clinicalService": "35-Chiropractic"
                        }
                      ],
                      "billingCodes": [{
                          "id": 7350,
                          "precertRequired": false,
                          "billingCode": "99211",
                          "codeType": "CPT"
                        }, {
                          "id": 7351,
                          "precertRequired": false,
                          "billingCode": "99212",
                          "codeType": "CPT"
                        }, {
                          "id": 7352,
                          "precertRequired": false,
                          "billingCode": "99213",
                          "codeType": "CPT"
                        }, {
                          "id": 7353,
                          "precertRequired": false,
```

```
        "billingCode": "99214",
        "codeType": "CPT"
      }, {
        "id": 7354,
        "precertRequired": false,
        "billingCode": "99215",
        "codeType": "CPT"
      }
    ],
    "serviceHptcs": [{
        "HPTC": "111NR0200X"
      }, {
        "HPTC": "111NX0100X"
      }, {
        "HPTC": "111NX0800X"
      }, {
        "HPTC": "111NP0017X"
      }, {
        "HPTC": "111NS0005X"
      }, {
        "HPTC": "111NT0100X"
      }, {
        "HPTC": "111NI0900X"
      }, {
        "HPTC": "111NN0400X"
      }, {
        "HPTC": "111NN1001X"
      }, {
        "HPTC": "111N00000X"
      }, {
        "HPTC": "111NI0013X"
      }, {
        "HPTC": "111NR0400X"
      }
    ]
  }
]
```

```
        }
    }
  ]
}
```

5.3.   Get Active SEOCs v1: /v1/seoc/active [abbreviated]

```
{
  "Seocs": [{
      "Seoc": {
        "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.4",
        "name": "Acupuncture Initial",
        "serviceLine": "Physical Medicine and Rehabilitation",
        "categoryOfCare": "ACUPUNCTURE",
        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",
        "duration": 90,
        "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If indicated, approved
modalities that can be utilized during the approved acupuncture visits noted
in &#x23;2 above can incude: manual therapy and therapeutic exercise
procedures including but not limited to:  cupping, myofascial release, and
therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of
care as clinically indicated.",
        "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  *Additional consultations needed relevant to the patient
complaint/condition require VA review and approval.",
        "maxAllowableVisits": null
      }
    }, {
      "Seoc": {
        "seocId": "PMR_ACUPUNCTURE-CHRONIC CARE MANAGEMENT_1.2.2",
        "name": "Acupuncture-Chronic Care Management",
        "serviceLine": "Physical Medicine and Rehabilitation",
        "categoryOfCare": "ACUPUNCTURE",
        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",
```

```
        "duration": 180,

        "proceduralOverview": " This referral is for continued pain
management (having already completed the initial trial). This includes cases
that have not resolved or plateaued but have shown acupuncture be successful.
Possible explanations for need of continued care may include emerging
complicating factors, substantial change in treatment plan, or unintended
gaps in treatment plan.                            \r\nSuccessful acupuncture
treatment for chronic pain management includes:
\r\n-   Assessment of patient function after a withdrawal of care [REQUIRED]
\r\n-   Consideration of other indicated medical, psychological, behavioral,
and/or social interventions [REQUIRED]                            \r\n-
Inclusion of appropriate, individualized active care strategies such as home
exercise and self-management approaches [REQUIRED]
\r\nMust include one or more of the following:                            \r\n-
Continued durable improvement in condition being treated
\r\n-   Continued functional improvement demonstrated by: clinically
meaningful improvement on validated disease-specific outcomes instruments;
return to work; and/or documented improvement in activities of daily living
\r\n-   Continued documented decreased utilization of medications\r\n1. One
outpatient re-evaluation during this episode of care (if indicated)\r\n2. 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\r\n3. If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
incude: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",

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

        "maxAllowableVisits": null

      }

    }, {

      "Seoc": {

        "seocId": "PMR_ACUPUNCTURE-CONTINUATION OF INITIAL CARE_1.1.2",

        "name": "Acupuncture-Continuation of Initial Care",

        "serviceLine": "Physical Medicine and Rehabilitation",

        "categoryOfCare": "ACUPUNCTURE",

        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",

        "duration": 90,

        "proceduralOverview": "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.                            \r\nSuccessful acupuncture
treatment includes:                      \r\n-   Durable improvement in
condition being treated, or                            \r\n-   Durable
functional improvement demonstrated by: clinically meaningful improvement on
```

```
validated disease-specific outcomes instruments; return to work; and/or
documented improvement in activities of daily living, or
\r\n-  Documented decreased utilization of medications\r\n\r\n1. Outpatient
re-evaluation during this episode of care as clinically indicated\r\n2. 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\r\n3. If indicated, approved modalities that can be
utilized during the approved acupuncture visits noted in &#x23;2 above can
include: manual therapy and therapeutic exercise procedures including but not
limited to:  cupping, myofascial release, and therapeutic exercises.",

        "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  \r\n*Additional consultations needed relevant to the
patient complaint/condition require VA review and approval.",

        "maxAllowableVisits": null

      }

    }

  ]

}
```

5.4.   Get Active SEOCs v2: /v2/seoc/active [abbreviated]

```
{
  "Seocs": [{
      "Seoc": {
        "seocId": "PMR_ACUPUNCTURE INITIAL_1.0.4",

        "name": "Acupuncture Initial",

        "serviceLine": "Physical Medicine and Rehabilitation",

        "categoryOfCare": "ACUPUNCTURE",

        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",

        "duration": 90,

        "proceduralOverview": "1. Intial outpatient evaluation for this
episode of care\r\n2. A maximum of twelve (12) 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\r\n3. If
indicated, approved modalities that can be utilized during the approved
acupuncture visits noted in &#x23;2 above can incude: manual therapy and
therapeutic exercise procedures including but not limited to:  cupping,
```

myofascial release, and therapeutic exercises\r\n4. Outpatient re-evaluation during this episode of care as clinically indicated.",

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

        "previewText": "VHA Office of Community Care - Standardized Episode of Care\r\nAcupuncture Initial\r\n\r\nSEOC ID:PMR_ACUPUNCTURE INITIAL_1.0.4\r\nDescription:This authorization covers services associated with all medical care listed below for the referred condition on the consult.\r\nDuration:90 days\r\n\r\nProcedural Overview:\r\n1. Intial outpatient evaluation for this episode of care\r\n2. A maximum of twelve (12) 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\r\n3. 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\r\n4. Outpatient re-evaluation during this episode of care as clinically indicated.\r\n\r\n*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."

      }
    }, {

      "Seoc": {

        "seocId": "PMR_ACUPUNCTURE-CHRONIC CARE MANAGEMENT_1.2.2",

        "name": "Acupuncture-Chronic Care Management",

        "serviceLine": "Physical Medicine and Rehabilitation",

        "categoryOfCare": "ACUPUNCTURE",

        "description": "This authorization covers services associated with all medical care listed below for the referred condition on the consult.",

        "duration": 180,

        "proceduralOverview": " This referral is for continued pain management (having already completed the initial trial). This includes cases that have not resolved or plateaued but have shown acupuncture be successful. Possible explanations for need of continued care may include emerging complicating factors, substantial change in treatment plan, or unintended gaps in treatment plan.   \r\nSuccessful acupuncture treatment for chronic pain management includes: \r\n-   Assessment of patient function after a withdrawal of care [REQUIRED] \r\n-   Consideration of other indicated medical, psychological, behavioral,

and/or social interventions [REQUIRED]   \r\n-
Inclusion of appropriate, individualized active care strategies such as home
exercise and self-management approaches [REQUIRED]
\r\nMust include one or more of the following:
\r\n-   Continued durable improvement in condition being treated
\r\n-   Continued functional improvement demonstrated by: clinically
meaningful improvement on validated disease-specific outcomes instruments;
return to work; and/or documented improvement in activities of daily living
\r\n- Continued documented decreased utilization of medications\r\n1. One
outpatient re-evaluation during this episode of care (if indicated)\r\n2. 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\r\n3. 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.",

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

        "previewText": "VHA Office of Community Care - Standardized Episode
of Care\r\nAcupuncture-Chronic Care Management\r\n\r\nSEOC
ID:PMR_ACUPUNCTURE-CHRONIC CARE MANAGEMENT_1.2.2\r\nDescription:This
authorization covers services associated with all medical care listed below
for the referred condition on the consult.\r\nDuration:180
days\r\n\r\nProcedural Overview:\r\n This referral is for continued pain
management (having already completed the initial trial). This includes cases
that have not resolved or plateaued but have shown acupuncture be
successful. Possible explanations for need of continued care may include
emerging complicating factors, substantial change in treatment plan, or
unintended gaps in treatment plan.   \r\nSuccessful
acupuncture treatment for chronic pain management includes:
\r\n-   Assessment of patient function after a withdrawal of care [REQUIRED]
\r\n-   Consideration of other indicated medical, psychological, behavioral,
and/or social interventions [REQUIRED]   \r\n-
Inclusion of appropriate, individualized active care strategies such as home
exercise and self-management approaches [REQUIRED]
\r\nMust include one or more of the following:
\r\n-   Continued durable improvement in condition being treated
\r\n-   Continued functional improvement demonstrated by: clinically
meaningful improvement on validated disease-specific outcomes instruments;
return to work; and/or documented improvement in activities of daily living
\r\n- Continued documented decreased utilization of medications\r\n1. One
outpatient re-evaluation during this episode of care (if indicated)\r\n2. 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\r\n3. 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.\r\n\r\n*Additional consultations needed relevant to the patient
complaint/condition require VA review and approval."

```
        }
    }, {
      "Seoc": {
        "seocId": "PMR_ACUPUNCTURE-CONTINUATION OF INITIAL CARE_1.1.2",

        "name": "Acupuncture-Continuation of Initial Care",

        "serviceLine": "Physical Medicine and Rehabilitation",

        "categoryOfCare": "ACUPUNCTURE",

        "description": "This authorization covers services associated with
all medical care listed below for the referred condition on the consult.",

        "duration": 90,

        "proceduralOverview": "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.                                  \r\nSuccessful acupuncture
treatment includes:                      \r\n-  Durable improvement in
condition being treated, or                              \r\n-
Durable functional improvement demonstrated by: clinically meaningful
improvement on validated disease-specific outcomes instruments; return to
work; and/or documented improvement in activities of daily living, or
\r\n-  Documented decreased utilization of medications\r\n\r\n1. Outpatient
re-evaluation during this episode of care as clinically indicated\r\n2. 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\r\n3. If indicated, approved modalities
that can be utilized during the approved acupuncture visits noted in &#x23;2
above can include: manual therapy and therapeutic exercise procedures
including but not limited to:  cupping, myofascial release, and therapeutic
exercises.",

        "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  \r\n*Additional consultations needed relevant to the
patient complaint/condition require VA review and approval.",

        "previewText": "VHA Office of Community Care - Standardized Episode
of Care\r\nAcupuncture-Continuation of Initial Care\r\n\r\nSEOC
ID:PMR_ACUPUNCTURE-CONTINUATION OF INITIAL CARE_1.1.2\r\nDescription:This
authorization covers services associated with all medical care listed below
for the referred condition on the consult.\r\nDuration:90
days\r\n\r\nProcedural Overview:\r\nThis 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.                                  \r\nSuccessful acupuncture
treatment includes:                      \r\n-  Durable improvement in
```

```
condition being treated, or                                        \r\n-
Durable functional improvement demonstrated by: clinically meaningful
improvement on validated disease-specific outcomes instruments; return to
work; and/or documented improvement in activities of daily living, or
\r\n-  Documented decreased utilization of medications\r\n\r\n1. Outpatient
re-evaluation during this episode of care as clinically indicated\r\n2. 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\r\n3. If indicated, approved modalities
that can be utilized during the approved acupuncture visits noted in &#x23;2
above can include: manual therapy and therapeutic exercise procedures
including but not limited to:  cupping, myofascial release, and therapeutic
exercises.\r\n\r\n*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  \r\n*Additional consultations needed relevant to the
patient complaint/condition require VA review and approval."

      }

    }

  ]

}
```