Excerpt from: Oregon Health Authority Prioritized List of Health Plan Services

Eff 01/01/2017

http://www.oregon.gov/oha/herc/PrioritizedList/1-1-2017%20Prioritized%20List%20of%20Health%20Services.pdf

GUIDELINE NOTE 56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE
Lines 366,407
Patients seeking care for back pain should be assessed for potentially serious conditions ("red flag" symptoms requiring immediate diagnostic testing), as defined in Diagnostic Guideline D4. Patients lacking red flag symptoms should be assessed using a validated assessment tool (e.g. STarT Back Assessment Tool) in order to determine their risk level for poor functional prognosis based on psychosocial indicators.
For patients who are determined to be low risk on the assessment tool, the following services are included on these lines:

- *Office evaluation and education,*
- *Up to 4 total visits, consisting of the following treatments: OMT/CMT, acupuncture, and PT/OT. Massage, if available, may be considered.*
- *First line medications: NSAIDs, acetaminophen, and/or muscle relaxers. Opioids may be considered as a second line treatment, subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE.*

For patients who are determined to be medium- or high risk on the validated assessment tool, as well as patients undergoing opioid tapers as in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE, the following treatments are included on these lines:

- *Office evaluation, consultation and education*
- *Cognitive behavioral therapy. The necessity for cognitive behavioral therapy should be re-evaluated every 90 days and coverage will only be continued if there is documented evidence of decreasing depression or anxiety symptomatology, improved ability to work/function, increased self-efficacy, or other clinically significant, objective improvement.*
- *Prescription and over-the-counter medications; opioid medications subject to the limitations on coverage of opioids in*
- *Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE.*

- *The following evidence-based therapies, when available, are encouraged: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation. HCPCS S9451 is only included on Line 407 for the provision of yoga or supervised exercise therapy.*
- *A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).*
  1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6
  2) Chiropractic or osteopathic manipulation
  3) Acupuncture

Mechanical traction (CPT 97012) is not included on these lines, due to evidence of lack of effectiveness for treatment of back and neck conditions. Transcutaneous electrical nerve stimulation (TENS; CPT 64550, 97014 and 97032) is not included on the Prioritized List for any condition due to lack of evidence of effectiveness.

The development of this guideline note was informed by a HERC coverage guidance. See: http://www.oregon.gov/oha/herc/Pages/bloglow-back-non-pharmacologic-intervention.aspx.

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GUIDELINE NOTE 60, OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE
Lines 351,366,407,532
Opioid medications are only included on these lines under the following criteria:
For acute injury, acute flare of chronic pain, or after surgery:

1) During the first 6 weeks opioid treatment is included on these lines ONLY:
a) When each prescription is limited to 7 days of treatment, AND
b) For short acting opioids only, AND
c) When one or more alternative first line pharmacologic therapies such as NSAIDs, acetaminophen, and muscle relaxers have been tried and found not effective or are contraindicated, AND
d) When prescribed with a plan to keep active (home or prescribed exercise regime) and with consideration of additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, AND
e) There is documented verification that the patient is not high risk for opioid misuse or abuse.

2) Treatment with opioids after 6 weeks, up to 90 days after the initial injury/flare/surgery is included on these lines ONLY:
a) With documented evidence of improvement of function of at least thirty percent as compared to baseline based on a validated tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
b) When prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture.
c) With verification that the patient is not high risk for opioid misuse or abuse. Such verification may involve
i) Documented verification from the state's prescription monitoring program database that the controlled substance history is consistent with the prescribing record
ii) Use of a validated screening instrument to verify the absence of a current substance use disorder (excluding nicotine) or a history of prior opioid misuse or abuse
iii) Administration of a baseline urine drug test to verify the absence of illicit drugs and non-prescribed opioids.
d) Each prescription must be limited to 7 days of treatment and for short acting opioids only

3) Chronic opioid treatment (>90 days) after the initial injury/flare/surgery is not included on these lines except for the taper process described below.

Transitional coverage for patients on long-term opioid therapy as of July 1, 2016:
For patients on covered chronic opioid therapy as of July 1, 2016, opioid medication is included on these lines only from July 1, 2016 to December 31, 2016. During the period from January 1, 2017 to December 31, 2017, continued coverage of opioid medications requires an individual treatment plan developed by January 1, 2017 which includes a taper with an end to opioid therapy no later than January 1, 2018. Taper plans must include nonpharmacological treatment strategies for managing the patient's pain based on Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE. If a patient has developed dependence and/or addiction related to their opioids, treatment is available on Line 4 SUBSTANCE USE DISORDER.