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**To:** Oregon Health Plan (OHP) fee-for-service providers

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**Subject:** OHP fee-for-service coverage of back and spine pain diagnosis and treatment

This letter is to inform you of OHP coverage guidelines for back and spine pain diagnosis and treatment, including new restrictions on opioid medications for chronic pain.

- The Oregon Health Evidence Review Commission ([HERC](#)) adopted new Guideline Notes and reorganized the Prioritized List lines addressing back and spine conditions to allow coverage of evidence-based, safe and effective therapies for back and spine pain.
- [The current Prioritized List and Guideline Notes](#) prioritize therapies such as chiropractic and osteopathic manipulation, physical therapy, acupuncture, cognitive behavioral therapy, graded exercise therapy, interdisciplinary pain management, yoga, and massage—and a treatment plan to stay active and return to previous function—over ineffective surgeries and narcotics.

These changes are based on new evidence, including a bio-psycho-social model of chronic pain that's designed to help patients manage their pain with less reliance on medications with high potential harm, and more reliance on developing self-efficacy and resuming normal activities.

### What prompted these changes?

There continues to be an epidemic in Oregon of prescription opiate misuse, dependency and overdose leading to hospitalizations and deaths. Visits for back pain are very common for OHP members, over 60 percent of Medicaid patients seeking care for back pain in 2013 received prescription opioids, and evidence of the efficacy of chronic opioid therapy for back pain is lacking.

HERC conducted reviews finding evidence that various non-narcotic and non-surgical therapies are safer and more effective for back conditions. However, because the back conditions “line” previously was below the funding line, these therapies were historically not covered by Oregon Medicaid. Patients with back pain without neuropathy were limited to primary care visits and medications, including narcotics.

### What should providers do going forward?

Please refer to the [current Prioritized List and Guideline Notes](#) when developing treatment plans for OHP members with conditions of the back and spine.

- [Guideline Note 56](#) follows a step-wise approach based on the bio-psycho-social model of health.
  - Patients should first be assessed for red flag symptoms and signs requiring immediate diagnostic testing.
  - Patients without evidence of potentially serious conditions should be assessed using a validated assessment tool such as [STarT Back](#), in order to determine their risk for poor functional prognosis based on psychosocial indicators.
  - Patients who are determined to be at low risk are eligible for a package of previously unfunded therapies such as manipulation, acupuncture, PT/OT, and if available, massage.
  - Patients who are determined to be at medium- or high-risk on the validated assessment tool are eligible for a more extensive package of previously unfunded therapies. These include the same therapies as for low-risk patients as well as cognitive behavioral therapy, yoga, supervised exercise therapy, and intensive interdisciplinary rehabilitation.
- [Guideline Note 60](#) restricts use of opioids and requires a treatment plan for tapering patients off of opioids by January 1, 2018. To learn more about tapering patients off opioids, [please read our resource guide](#).
- [Guideline Note 37](#) removes or restricts coverage of treatments shown to be ineffective. These include mechanical traction, transcutaneous electrical nerve stimulation, certain surgeries for spinal stenosis; certain epidural, facet joint, and other steroid injections, botulinum toxin injection, and more.

Please ensure that care is coordinated with other providers using a common treatment plan. At certain levels of utilization (*i.e.*, number of visits for therapies), treatment will require prior authorization. Reviewers will look for this common treatment plan, and evidence of functional improvement, in order to authorize further treatment.

### **Where can I find details about the new coverage?**

View the new or revised lines and Guideline Notes here:

<http://www.oregon.gov/oha/herc/Pages/Searchable-List.aspx>

View information about reducing opioid overdose and misuse here:

<https://public.health.oregon.gov/PreventionWellness/SubstanceUse/opioids/Pages/index.aspx>

### **Questions?**

If you have any questions about this announcement, contact the OHP Prioritized List and Code Pairing Hotline at 800-393-9855.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.