



BENEFIT NEWS

WVCH: Alternative Care for Pain Management Provider Education

February 15, 2019

Willamette Valley Community Health will have changes to the prior authorization criteria for opioids effective March 1, 2019. What alternative options do you have as a provider to help your patients with pain management?

Willamette Valley Community Health offers other options for those who are seeking opioids as treatment for conditions of the back and spine.

These options are broken down into four different categories: Self-Care, Nonpharmacological therapy, Pharmacologic therapy, and interdisciplinary therapy.

The alternative therapies we receive the most inquiries about are the Nonpharmacological therapies. These include:



- Spinal manipulation
- Exercise Therapy
- Massage
- Acupuncture
- Yoga
- Cognitive-behavioral therapy
- Progressive relaxation

“I encourage my patients to exercise and help them seek out nonpharmacological options to help their lower back pain.”

- WVCH Provider

[Guideline Note 56, Non-Interventional Treatments for Conditions of the Back and Spine](#)

This guideline note is for conditions that fall on lines 361 and 401 of the Oregon Health Plan’s prioritized list. This is the best resource for understanding what alternative therapies are covered for those conditions and what the benefit limits are. It also provides information as to the benefits and harm of some of the alternative therapies. Guideline Note 56 starts on page 187 of the linked document .

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Benefits and limitations.

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 lines 361 and 401:

- 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.
- The following evidence-based therapies, when available, may be provided: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation. HCPCS S9451 is only included on Line 401 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. CPT 97124 is included in this category.

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

Resource Information provided by:
The Oregon Health Authority HERC coverage guidance's.

Questions:

Contact WVCH Customer Service 503-584-2150.

For Formulary and Prior Authorization Criteria visit:

<http://wvchealth.org/medicaid-ohp/for-providers/>

Find a contracted provider for alternative therapies visit:

<https://www.wvchealth.org/for-members/my-health-plan/find-a-provider/>