

OHCA Guideline

Medical Procedure Class:	Physical Therapy as an Alternative to Opioid Use for Adult Treatment of Spinal Pain in a Non-hospital-based setting
Initial Implementation Date:	January 1, 2022
Last Review Date:	
Effective Date:	January 1, 2022
Next Review/Revision Date:	January 2025
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>American College of Physicians (ACP): The American College of Physicians (ACP) is a community of internal medicine specialists and subspecialists. Internists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults. ACP is the largest medical-specialty society in the world.</p> <p>Cervical Osteoarthritis (Cervical Spondylosis): A common, and often age-related, condition that can cause stiffness, discomfort, and headaches related to neck pain.</p> <p>Chronic Pain Management: Provider assisted ongoing care for those for whom self-care measures although necessary, are not sufficient to sustain previously achieved therapeutic gains. Ongoing supervised treatment for patients who have reached a maximum therapeutic benefit, but in whom substantial residual deficits in activity performance remain or recur upon withdrawal of treatment.</p> <p>Disability: According to the World Health Organization (WHO), “disability” is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.</p> <p>Lower back pain (LBP): pain affecting the area between the lower rib cage and gluteal folds. LBP commonly resolves within 8 to 12 weeks, it can persist beyond 3 months in 15% of patients, where it becomes a chronic pain. Spinal manipulation is recommended by the American College of Physicians as a noninvasive and nonpharmacological treatment of low back pain.</p> <p>Lower Back Pain (LBP) categories:</p> <ul style="list-style-type: none"> ○ Acute – pain lasting up to 4 weeks, typically the result of injury (micro- or macro trauma) and responding to a short course of conservative treatment. ○ Subacute – pain lasting 4-12 weeks, transition period in which improvement in pain and function occurs less rapid than in the acute phase. Goals of treatment are to work towards resolution of symptoms, improve function, and identifying factors associated with development of chronic LBP. 	

- Chronic – pain lasting longer than 12 weeks, goal of treatment moves from curing to controlling pain, maintaining function, maximizing coping, and preventing disability.

Maintenance Care (a/k/a Wellness Care): Therapy or services that seek to prevent disease, promote health, and prolong or enhance quality of life. Treatment aimed at maintaining function or preventing deterioration of a chronic condition. Care to promote or maintain optimal function and prevent relapse.

Maximum Therapeutic Benefit (MTB): A plateau when a patient reaches complete or partial resolution of their condition and all reasonable treatment and diagnostic studies have been provided. The goals of any treatment plan should be to reduce the frequency of treatments to the point where MTB continues with self-therapy (e.g., independent strengthening, range of motion, and rehabilitative exercises).

Non-hospital-based setting a/k/a free-standing clinic: A facility providing medical or medically related outpatient services or off-site services, the facility is not part of, or related to, a hospital.

Physical Therapist: A licensed professional health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who provides physical therapy services including evaluation, treatment program design/management/modification, and supervision of delegated portions of a treatment program.

Physical Therapist Assistant: A licensed technically educated health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

Qualified health professional: A medical doctor (MD), osteopathic doctor (DO), physician’s assistant (PA), certified nurse practitioner (CNP), an advanced practice registered nurse (APRN), or a Doctor of Chiropractic Care (DC) who is currently contracted with Sooner Care.

Somatization: A tendency to experience and communicate psychological distress in the form of somatic symptoms and to seek medical help for them. The generation of physical symptoms of a psychiatric condition such as anxiety.

Thoracic pain: Pain in the upper and middle back pain, may be caused by inflammation of the muscles or soft tissues of the thoracic spine, muscle tension and poor posture.

Description

To proactively address opioid use, SoonerCare offers alternative pain treatments with the aim of reducing the number of pain medications prescribed to members. ACP recommends clinicians and patients initially select nonpharmacological treatment for acute, subacute, or chronic back pain.

Patients who suffer from chronic pain often require long-term care, frequent reassessment, adjustment of therapy, and a cure may not be possible. The purpose of Physical Therapy is to examine, evaluate, and develop a treatment plan to improve a person’s ability to move, reduce or manage pain, restore function, and prevent disability. Physical Therapy is provided as an alternative

to opioid use with the aim of decreasing pain and suffering while improving physical and mental functioning.

CPT Codes Covered Requiring Prior Authorization (PA)

97110 - Therapeutic Exercises, 15 minutes

97530 - Therapeutic Activities, 15 minutes

Approval Criteria

I. GENERAL

- A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)**.
- B. One initial PT evaluation and one re-evaluation, when necessary, will be covered per calendar year at a non-hospital-based setting without a prior authorization when the service is performed for the evaluation of therapy services related to spinal pain. See Additional Information **III** (below).
- C. OHCA will cover up to 48 combined units (one unit is 15 minutes, 12 hours total) of physical therapy (CPT codes 97110 and/or 97530 only) per calendar year at a non-hospital-based setting when services are performed to treat spinal pain and are prior authorized.
- D. Therapeutic modalities or physical modalities used to augment a PT program are not covered. These may include but are not limited to heat, cold, ultrasound, phonophoresis, iontophoresis, and electrical stimulation.

II. INDICATIONS

Service must be linked to an ICD-10-CM diagnosis code for acute or chronic spinal pain which should be supported in the clinical documentation.

III. DOCUMENTATION for INITIAL AUTHORIZATION REQUEST

Prior Authorization (PA) initial requests for Physical therapy must include **all** the following documentation.

- A. A prescription or a referral from a contracted qualified health professional dated within the previous 90 days requesting the PT services for pain management.
- B. The member is ≥ 21 years of age.
- C. Provider attestation stating Physical Therapy is being used in lieu of opioid treatment for pain or used to abate the current use of opioids.
- D. Medical records from referring contracted qualified health professional indicating the necessity for the pain management referral.
- E. A report describing any tool, test or measure administered by the Physical Therapist to include the following:
 - 1. A description of the tool, test or measure used.
 - 2. The reason for choosing the tool, test, or measure.
 - 3. A detail of the degree of delay and/or variation from "norms".
 - 4. A narrative of the measure change over time.
 - 5. Interpretation and results of the testing.
- F. Measurable goals should include the is following.
 - 1. Timeframe for each goal,
 - 2. Baseline for each goal,
 - 3. Conditions under which the goal is expected to be met,
 - 4. A statement of rationale for the goals

5. The prognosis of achieving the goals.
- G. Intervention plan must be detailed in the request and should include:
 1. Specific frequency and duration of the services with a titration schedule of services and/or the anticipated length of the intervention.
 2. The location in which the services will be provided.
 3. Efforts to include the member and/or family/caregiver in the management and carry-over of the intervention.
 4. Detail the reasons if the intervention was unsuccessful.
- H. A completed HCA-61 Therapy Prior Authorization Request form found on the www.OKHCA.org website.
- I. All documentation and the PA request form must be submitted through the OHCA provider portal.

IV. CONTINUED MEDICAL NECESSITY for SUBSEQUENT PRIOR AUTHORIZATION

Prior Authorization (PA) subsequent requests for continuation of PT services must include *all* the following:

- A. All items listed in **III. Documentation A-H** above.
- B. A listing of the previous goals detailing the level achieved, baseline and current measurements for each,
- C. Instances in which goals were not achieved and a written narrative detailing why goals were unmet,
- D. For acute spinal pain or injury, treatment goals should be to restore or improve musculoskeletal function to pre-episode status when feasible.
- E. For chronic pain management, treatment goals should include addressing dependence, somatization, and illness behavior.
- F. For chronic back pain, treatment goals should include management of symptoms, maintenance of function, and reducing the risk of regression.
- G. Requests for ongoing treatment after having achieved MTB should have documentation clearly describing persistent or recurrent conditions.
- H. Treatment evaluations document prevention or abatement of opioid use.
- I. A current HCA-61 Therapy Prior Authorization Request form found on the www.OKHCA.org website.
- J. All documentation and the PA request form must be submitted through the OHCA provider portal.

Note: Additional information may be requested.

Limitations & Discontinuation Criteria

- I. Therapeutic modalities or physical modalities used to augment a PT program are not covered. These may include but are not limited to heat, cold, ultrasound, phonophoresis, iontophoresis, and electrical stimulation.
- II. Treatment determined to be ineffective should be discontinued.
- III. Continuing PT for members whose condition is neither regressing nor improving is considered not medically necessary. PT for maintenance only is not a covered benefit.
- IV. OHCA may withdraw authorization of payment for PT at any time if OHCA determines that the member or provider is not in compliance with any of the requirements
- V. Request outside this guideline will be referred for medical director review.

Additional Information

- I. Pain Management Physical Therapy activities may be provided in a non-hospital-based setting. There is no prior authorization when these services are performed in a hospital-based setting.

- II. PA allows for up to 48 units (each unit is 15 minutes, 12 hours total) per calendar year of Physical Therapy services for pain management of acute or chronic spinal pain. A visit may consist of multiple units of service on the same date, the time for units of service is added together and rounded up only once per visit.
- III. Initial PT evaluations and re-evaluations, 1 each per calendar year do not require prior authorization. Codes for Physical Therapy evaluation include
 - A. 97161 PT evaluation, low complexity, 20 minutes
 - B. 97162 PT evaluation, moderate complexity, 30 minutes
 - C. 97163 PT evaluation, high complexity, 45 minutes
 - D. 97164 PT re-evaluation established care plan
- IV. Physical Therapy for Spinal Pain Management does not preclude Sooner Care members from accessing PT in outpatient hospital facilities. Sooner Care covers up to 15 visits per year of PT in the hospital outpatient setting.

References

1. American Physical Therapy Association. Code of Ethics for the Physical Therapist (HOD 506-20-28-25).
2. American Physical Therapy Association. The Standards of Practice for Physical Therapy. (HOD 506-20-35-29).
3. Bielecki JE, Tadi P. Therapeutic Exercise. [Updated 2020 Jul 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555914/>
4. Oklahoma Administrative Code Title 435. State Board of Medical Licensure and Supervision. Chapter 20. Physical Therapists and Assistants.
5. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-3-65.5; 317:30-5-42.12.
6. Physical Therapy Practice Act. Title 590.5; Sections 887.1-887.18