

OHCA Guideline

Medical Procedure Class:	Chiropractic Services as an Alternative to Opioid Use for Adult Treatment of Spinal Pain
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>Chiropractic Care: The practice of palpating and adjusting the articulations of the human spinal column by hand. Consisting of diagnosis and treatment of neuromusculoskeletal conditions related to the human spinal column, Chiropractic Care may include:</p> <ol style="list-style-type: none"> 1) Spinal manipulation, 2) Spinal-adjusting techniques (e.g., mobilization), 3) Spinal manipulation or adjustment in conjunction with the application of physical modalities such as applications of heat or cold therapy, ultrasound (US), and electrical muscle stimulation (EMS), 4) Instruction in strengthening and flexibility exercises, and 5) Instruction in proper back care. <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>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>	

Lower Back Pain (LBP) categories:

- 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.

Manual manipulation: A trained provider makes physical adjustments to the spine with the goals of improving mobility and reducing stiffness, discomfort, or pain. Hand thrusts of varying speed and force are applied to adjust the spinal structures.

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).

Spinal manipulation a/k/a Spinal manipulative therapy: A technique where trained practitioners use hands or a device to apply a controlled thrust (that is, a force of a specific magnitude or degree in a specific direction) to a joint of the spine. The amount of force can vary but the thrust moves the joint more than it would on its own. High-velocity thrusts are applied to a spinal joint beyond its restricted range of movement. Spinal manipulation is different from spinal mobilization. Spinal manipulation may be performed by a chiropractor, Osteopathic physician, or physical therapist.

Spinal mobilization: A low-velocity, passive movements within or at the limit of joint range often used in conjunction with spinal manipulation. Spinal mobilization doesn't involve a thrust, is performed within a joint's natural range of motion, and can be controlled by the patient.

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.

Subluxation: An incomplete or partial dislocation of a joint or organ, a significant structural displacement. A motion segment in which alignment, movement integrity, and /or function of the spine are altered although contact between joint surfaces remains intact. May be demonstrated by an x-ray or by physical examination.

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 including spinal manipulation for acute, subacute, or chronic back pain.

Chiropractic Manipulative Treatment (CMT) includes manipulation of the five regions of the spinal column for the treatment of back pain in a member with a primary diagnosis of acute, subacute, or chronic pain. CMT 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)

98940 – Chiropractic manipulative treatment (CMT); spinal, one or two regions

98941 – Chiropractic manipulative treatment (CMT); spinal, three or four regions

98942 – Chiropractic manipulative treatment (CMT); spinal, five regions

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 evaluation and one re-evaluation, when necessary, will be covered per calendar year without a prior authorization. See **IV. Frequency-A** for codes.
- C. Chiropractic treatment for spinal pain, up to 12 visits per calendar year, require PA approval.
- D. Chiropractic services are limited to manual manipulation of the spine to correct subluxation and/or address acute or chronic spinal pain.

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

Prior Authorization (PA) request for Chiropractic treatment must include documentation for *all* the following criteria.

- A. The member is \geq 21 years of age.
- B. Provider attestation stating Chiropractic Services are being used in lieu of opioid treatment for pain or used to abate the current use of opioids.
- C. Primary diagnosis of acute or chronic spinal pain or a primary diagnosis of a neuromusculoskeletal disorder related to the spinal column.
- D. Plan of Care designed for the treatment of spinal pain which includes the following:
 - 1. Specific diagnosis-related goals for the patient.
 - 2. Documentation of the member's physical and functional abilities.
 - 3. A definition of measurable/meaningful improvement in members with acute pain.
 - 4. A defined level of functioning and regression in members with chronic pain.
 - 5. A written home exercise educational program emphasizing reactivation and participation in techniques for pain self-management.
- E. Signed informed consent for chiropractic care which includes information about the diagnosis, condition, treatment proposed, Plan of Care, and risks of CMT.
- F. Documentation and PA request must be submitted through the OHCA provider portal.

IV. FREQUENCY

- A. Chiropractic initial evaluation and re-evaluation, 1 each per calendar year do not require prior authorization. Codes open for chiropractic evaluation include
 - 1. New patient evaluation – 99202 or 99203
 - 2. Established patient evaluation – 99212, or 99213
- B. With an approved Prior Authorization, Sooner Care covers up to 12 Chiropractic Manipulative Treatments (CMT) per calendar year.
- C. Spinal Chiropractic Manipulative Treatment (CMT) for the treatment of acute or chronic spinal pain is the only chiropractic service covered by Sooner Care.
- D. Only one code may be billed per visit.

V. CONTINUED MEDICAL NECESSITY for SUBSEQUENT PRIOR AUTHORIZATION

Request for a subsequent Prior Authorization must include the following

- A. All documentation listed in **III. Documentation for initial PA** (above).
- B. Medical records documenting treatments meet the functional needs of the patient.
- C. Treatment goals for acute pain or injury should be to restore or improve musculoskeletal function to pre-episode status.
- D. Treatment for chronic pain management should include addressing dependence, somatization, and illness behavior.
- E. Treatment goals for chronic spinal pain should include management of symptoms, maintenance of function, and reducing the risk of regression.
- F. Requests for ongoing treatment after having achieved MTB should have documentation clearly describing persistent or recurrent conditions.
- G. Treatment evaluations should demonstrate improvement (e.g., improved function, decreased use of pain medication, increased activity level).
- H. Treatment evaluations document prevention or abatement of opioid use.
- I. X-rays are not required for diagnosis, treatment, or continued treatment of LBP.
- J. Documentation and PA request must be submitted through the OHCA provider portal.

Note: Additional information may be requested.

Limitations & Discontinuation Criteria

- I. Treatment determined to be ineffective should be discontinued.
- II. Continuing chiropractic services for members whose condition is neither regressing nor improving is considered not medically necessary. CMT for maintenance only is not a covered benefit.
- III. Spinal Chiropractic Manipulative Treatment (CMT) for acute or chronic spinal pain is the only chiropractic service covered by Sooner Care.
- IV. Services not covered by Sooner Care: chiropractic treatment of diseases and pathological disorders other than those related to a neuromusculoskeletal condition (including, but not limited to, muscular dystrophy, multiple sclerosis, pneumonia, and emphysema).
- V. Chiropractor services provided in settings other than the chiropractor's office (i.e., inpatient or outpatient hospitals, nursing facilities, rest homes, or the member's home) are not covered by Sooner Care.
- VI. OHCA may withdraw authorization of payment for the Chiropractic Services at any time if OHCA determines that the member or provider is not in compliance with any of the requirements.
- VII. Request outside this guideline will be referred for medical director review.

Additional Information

- I. Chiropractic Manipulative Treatment (CMT) is not appropriate for those with contraindications or risk factors which include but are not limited to:
 - A. History of cervical artery dissection

- B. Recent neck trauma
 - C. Stroke or transient ischemic attack (TIA) symptoms
 - D. Inflammatory spondyloarthropathy
 - E. Bleeding disorder
 - F. Down Syndrome
 - G. Osteoporosis
 - H. Upper cervical instability
 - I. Aortic aneurysm/dissection
 - J. Spinal cancer
 - K. Chronic anticoagulation.
- II. Initial evaluation or re-evaluation, one per calendar year does not require a prior authorization.
- III. Chiropractic treatment for spinal pain, up to 12 visits per calendar year, require PA approval.
- IV. Only one CPT code may be billed per visit.
- V. The human spinal column includes five regions. CPT codes for CMT refer to the number of regions being treated. See Appendix A diagrams.
- A. Cervical; includes atlantooccipital joint region
 - B. Thoracic; includes costovertebral region and costotransverse joint region
 - C. Lumbar
 - D. Sacral; includes pelvic region and sacroiliac joint
 - E. Coccyx

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APPENDIX A

Regions of the Spine

