



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

IMPORTANT UPDATE!

Dear EOCCO providers,

In March 2015, Oregon's Health Evidence Review Commission (HERC) approved changes to coverage for the treatment of all back conditions for patients enrolled in the Oregon Health Plan. The changes were scheduled to take effect on January 1, 2016 however, the Oregon Health Authority delayed the implementation in order to assess implementation needs, to assess the fiscal impact of the changes and to work with the CCOs to develop a revised timeline for implementation. Previously, treatment was limited to primary care office visits and prescription medications such as narcotics unless patients had evidence of muscle weakness or other signs of nerve damage.

What is changing?

Beginning July 1, 2016 EOCCO will begin to cover certain treatments for lower back pain and will begin to implement changes to pharmacy benefits.

Treatment options can include acupuncture, chiropractic and osteopathic manipulation, cognitive behavioral therapy, medications, physical and occupational therapy, and surgery.

Yoga, intensive rehabilitation, supervised exercise therapy, massage and intensive interdisciplinary rehabilitation treatments are not covered treatments but may be considered when part of a comprehensive treatment plan.

There are also significant new rules for prescribing opioids related to the treatment of back and spine pain discussed in more detail below.

With these changes, the HERC also decided to eliminate coverage for Epidural Steroid Injections used to treat disorders of the spine with neurological impairment effective 7/1/16.

EOCCO's Clinical Advisory Committee (CAP) formed a Back Pain Treatment Subcommittee to develop recommendations for implementing the HERC guidelines within the EOCCO service area. As a result, of the CAP recommendations, EOCCO will be implementing the following treatment guidelines:

Changes to Medical Benefits:

The changes to treatment guidelines for lower back pain can be found on HERC's Prioritized List of Covered Services, line 407. The link is provided below.

EOCCO's CAP has determined that patients seeking care for lower back pain should first be assessed using the Keele STarT Back Assessment Tool, in order to determine the patient's risk level and treatment plan. Based on the patient's score on the assessment tool, the following services are covered:

Low or Medium Risk (total score of 3 or less and sub score Q5-9 or 3 or less):

- Office evaluation and education.
- Medications including NSAIDs, acetaminophen and/or muscle relaxers.
- Up to a total of 4 visits per rolling 12 months, consisting of any combination of the following treatments: Acupuncture, chiropractic and osteopathic manipulation, physical and/or occupational therapy. No authorization is required for these visits.

High Risk (total score of 4 or more and sub score Q5-9 or 4 or more):

- Office evaluation, consultation and education.
- Medications including NSAIDs, acetaminophen and/or muscle relaxers.
- Up to a total of 30 visits per rolling 12 months, consisting of any combination of the following treatments: Acupuncture, chiropractic and osteopathic manipulation, physical and/or occupational therapy. No authorization is required for the first 4 visits and further visits will require preauthorization.
- Mind-Body Interventions, which include cognitive behavioral therapy and mindfulness-based stress reduction. These services must be re-evaluated every 90 days and coverage will be continued only if there is a documented evidence of decreasing pain, improved functional capacity and other clinically significant, objective improvement.

Link to the July 1, 2016 prioritized list: [07/01/2016 Prioritized List](#)

Link to HERC's Fact Sheet & Technical Changes documents: [News and Information Page](#)

Link to the Keele STarT Back Screening Tool: [Form](#)

Changes to Pharmacy Benefits:

In alignment with the HERC recommendations and Prioritized List of Covered Services, EOCCO encourages providers to follow Guideline Note 60 regarding opioid prescribing for conditions of the back and spine as outlined below:

For acute injury, acute flare of chronic pain, or after surgery:

- Treatment with opioids during the first 6 weeks after the acute injury, flare or surgery is:
 - Limited to 7 days of treatment; AND
 - For short acting opioids only; AND
 - Only used 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
 - 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
 - Only used when there is documented lack of current or prior opioid misuse or abuse.
- Treatment with opioids after 6 weeks, up to 90 days is :
 - Reserved for cases where there is 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); AND
 - Prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture; AND when the patient is
 - Not at high risk for opioid misuse or abuse (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; OR iii) Administration of a baseline urine drug test to verify the absence of illicit drugs and non-prescribed opioids); AND
 - Each prescription is limited to 7 days of treatment and for short acting opioids only.
- Further opioid treatment after 90 days should be considered ONLY when there is a significant change in status, such as a clinically significant verifiable new injury or surgery. In such cases, use of opioids is limited to a maximum of an additional 7 days.

For patients with chronic pain from diagnoses on lines 351, 366, 407 and 532, currently treated with long term opioid therapy:

- Opioids should be tapered off using an individualized treatment plan developed by January 1, 2017 with a quit date targeted for no later than January 1, 2018. Taper plans should include non-pharmacological treatment strategies for managing the patient's pain as discussed above.

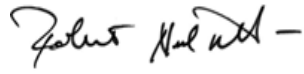
EOCCO recognizes that these changes in the prescribing of opioids for conditions of the back and spine are significant. Over the next few months EOCCO will implement utilization management tools to fully incorporate the HERC prescribing limits for opioids while attempting to balance the need for providing access to opioids for other covered conditions. We will keep you informed by providing additional information, such as tapering schedule recommendations, in advance of implementing these tools.

Questions?

If you have questions or concerns, please contact Medical Customer Service at 888-788-9821 or Pharmacy Customer Service at 888-474-8539 Monday through Friday from 7:30

am to 5:30 pm Pacific Time. We value your input.

Thank you,

A handwritten signature in black ink, appearing to read "Neal Mills", followed by a horizontal line.

Neal Mills MD, MBA
Medical Director