

# Opioids & Ohio's Healthcare Payers: Snapshot

An Analysis of 2018 Healthcare Payer Policies for Coverage of Non-Pharmacologic Treatment as an Alternative to Opioid Prescriptions as Recommended by Pain Treatment Guidelines  
**Ohio State Chiropractic Association Opioid Task Force**

## INTRODUCTION

The overprescription of opioids for pain has been recognized as a key factor in the growing opioid epidemic in the United States, with Ohio among the worst states in overdose deaths. In response, medical guidelines recommend non-pharmacologic treatments like chiropractic be used first for pain as an alternative to opioids. Chiropractic physicians actively practicing in Ohio were surveyed about coverage provided by Ohio's largest private and public payers. The results of the survey indicate the coverage of Ohio's largest healthcare payers continues to favor opioids over non-pharmacologic treatments, contributing to the ongoing opioid epidemic.

**For more in-depth background, references, data and analysis, view our full report: [oscachiro.org/page/opioidtfresource](http://oscachiro.org/page/opioidtfresource)**

## SUMMARY RESULTS & ANALYSIS

### Medicaid and Medicare

Considering responses to all questions, Ohio Medicaid and Medicare ranked first and third worst on average for providing coverage consistent with opioid and pain treatment guidelines. Responses indicate Medicaid and Medicare have many treatment restrictions for chiropractic and non-pharmacologic treatment, resulting in poor coverage that favors opioids. Unlike other payers, these payers don't even cover medically necessary examinations, diagnostic testing, extremity treatment, and most non-pharmacologic treatment provided by a chiropractic physician. Only spinal manipulation is covered for initial relief; with no ongoing treatment of chronic patients (most likely to receive opioids) allowed. Medicaid plans additionally restrict chiropractic visits to only 15 per year for adults; and the low cost of reimbursement for services discourages acceptance of Medicaid and Medicare patients. The only known recent coverage change is Medicaid allowing limited acupuncture treatments for back pain and migraine patients.

### Private Insurers

Among private insurers, Anthem Blue Cross Blue Shield, United Healthcare (UHC), and Aetna ranked the worst on average for providing coverage consistent with opioid and pain treatment guidelines. Survey results indicate private insurers do not encourage non-pharmacologic treatment first for pain, and instead prefer to approve opioid use inappropriately. Anthem, Aetna, and UHC ranked the worst as having the most financial restrictions, and UHC also has some of the worst treatment restrictions. Private payers commonly define medical necessity in a way that restricts chiropractic and non-pharmacologic treatment of chronic painful conditions beyond providing initial relief, while allowing opioid treatment indefinitely without the scientific evidence to do so. All private payers were most likely to be judged to favor opioid treatment over chiropractic and non-pharmacologic treatment, and few responses indicated improving coverage of chiropractic and non-pharmacologic treatment as an alternative to opioids. Medical Mutual was the only private payer more likely to have "fair" than "poor" coverage of chiropractic and non-pharmacologic treatment.

### Ohio Bureau of Workers Compensation

Ohio's Bureau of Workers Compensation (BWC) showed mixed results but generally scored poorly on providing coverage consistent with opioid and pain guidelines. This is likely related to coverage that on paper is excellent, but in practice can be poor due to denials targeting non-pharmacologic treatment. The worst comparative result for the BWC was related to favoring opioids over chiropractic and non-pharmacologic treatment. This is consistent BWC statistics that note Ohio's injured workers are three times more likely to die from drug overdose than the general public, and rates of prescription opioids for Ohio's injured workers are extremely high. The BWC did announce a new policy that

requires a 60-day trial of chiropractic or other non-pharmacologic treatment before lumbar spinal fusion surgery could be considered. This is good, but affects a very small portion of injured workers. The policy change should be much more extensive to encourage non-pharmacologic alternatives to the 68% of injured workers still on opioids when last reported in 2016. The BWC has far to go to get opioid prescriptions down to medically reasonable levels.

## Veterans Administration

The Veterans Administration (VA) is another payer known for overprescribing opioids, with their patient population dying from overdose deaths at twice the rate of the average American. The VA generally scored poorly on providing coverage consistent with opioid and pain guidelines, though not as bad as others. Again, this is likely related to coverage that on paper is excellent, but in practice can be poor due to difficulty with approval of non-pharmacologic treatment. The survey question where the VA ranked its worst was for favoring opioids. In response to the high rates of veteran opioid prescriptions and drug overdose deaths, the VA has publicized improvements in coverage of chiropractic and non-pharmacologic treatment in and out of VA facilities. Publicized coverage changes appear to be a positive step in the right direction. Further steps should be taken to reduce ongoing barriers.



## CONCLUSION

State and national opioid and pain treatment guidelines recommend chiropractic and non-pharmacologic treatments as first-line options for pain to avoid opioid abuse and addiction. Based on the clinical experience of physicians providing these treatment options, Ohio's largest healthcare payers currently provide poor coverage for chiropractic and non-pharmacologic treatments, and continue to favor opioid treatment for non-terminal pain. Ohio needs to work with public and private healthcare payers to immediately reduce restrictions and improve coverage of chiropractic and non-pharmacologic treatments for pain. Employers and the public also need to be engaged in pushing this important solution to the opioid epidemic. More detailed information and recommendations are available in the full report.