



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

March 30, 2018

Mr. Patrick E. Fuller
Assembly Chief Clerk
17 West Main Street, Suite 401
Madison, WI 53703

Mr. Jeff Renk
Senate Chief Clerk
Room B20 Southeast, State Capitol
Madison,

Dear Mr. Fuller and Mr. Renk:

2017 Wisconsin Act 59 (Act 59), the 2017-19 biennial budget, requires the Department of Health Services (DHS) to study best practices for physical medicine and the impact the use of physical medicine has on the use, and frequency of use, of prescription and over-the-counter drugs by individuals who receive benefits under the Medical Assistance program. Act 59 also requires that DHS develop a proposal for a physical medicine pilot program using chiropractic and physical and occupational therapy services to minimize the prescription of addictive drugs for these individuals. The bill defines physical medicine as “rehabilitation techniques that aim to enhance and restore functional ability and quality of life to persons with physical impairments, injuries, or disabilities.”

Act 59 directs DHS to submit a report of the study and the proposal for the pilot program by April 1, 2018. In completing the study and developing the proposal, DHS is directed to solicit input from those who are interested in physical medicine, including those interested in chiropractic care and physical therapy. The language in the bill requires that DHS not implement the pilot program unless the legislature directs or explicitly authorizes DHS to implement.

Please see the attached report, which provides the analysis as described above and was comprised using the feedback of appropriate physical medicine stakeholders.

Sincerely,

Linda Seemeyer
Secretary

Report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain

April 1, 2018



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Division of Medicaid Services
P-02122 (04/2018)

Overview

The 2017-19 biennial budget (2017 Wisconsin Act 59), “the Budget,” requires the Department of Health Services (DHS) to study best practices for physical medicine and the impact the use of physical medicine has on the use and frequency of use of prescription and over-the-counter drugs and to develop a proposal for a physical medicine pilot program to minimize prescription of addictive drugs for individuals who receive benefits under the Medical Assistance program by using chiropractic and physical and occupational therapy services that are reimbursed under the Medical Assistance program. The Budget defines physical medicine as “rehabilitation techniques that aim to enhance and restore functional ability and quality of life to persons with physical impairments, injuries, or disabilities.”

The Budget further requires DHS to submit a report of the study and the proposal for the pilot program by April 1, 2018. In completing the study and developing the proposal, DHS must solicit input from those who are interested in physical medicine, including those interested in chiropractic care and physical therapy. DHS may not implement the pilot program unless the legislature directs or explicitly authorizes DHS to implement the pilot program. This report is intended to fulfill this legislative requirement.

Background: Nonpharmacological Treatment of Low Back Pain

DHS found it most productive to further define the scope of the study to a specific area of pain management. This report reviews the physical medicine treatment options available for low back pain as alternatives to the prescription of opioid pain medication. Low back pain is a very common condition that leads to increased health care usage and can cause long-term disability. Low back pain is one of the most common reasons for primary care visits in the United States.ⁱ

A wide range of nonpharmacological, pharmacological, and surgical treatment options are used to treat subacute and chronic low back pain. As the nation struggles with the opioid epidemic, nonpharmacological therapeutic options to treat low back pain are becoming increasingly desirable methods used by state Medicaid programs to reduce the overprescribing and misuse of opioids. As opioid use has increased nationally, so have the rates of addiction, abuse, and overdose. Overdoses are now the leading cause of death for Americans under age 50. More than 20 million Americans now suffer from a substance use disorder, including some 2.5 million whose disorder is linked to the use of either prescription opioids or heroin. In Wisconsin, the rate of opioid use disorder has more than doubled since 2005. The public policy discussion involves changing the culture for how we treat pain by first treating individuals with physical medicine modalities before moving to opioid prescribing.

This report reviews the nonpharmacological physical medicine treatment interventions of physical therapy (PT), chiropractic treatment, and acupuncture. Within each nonpharmacological physical medicine treatment intervention, we analyze the following:

1. Federal Medicaid coverage authority and regulations.
2. Wisconsin Medicaid coverage policy.
3. A comparison of Wisconsin Medicaid's coverage policies to other state Medicaid programs, where available.
4. A summary of findings on the clinical efficacy of nonpharmacological interventions for the purpose of offering suggestions for changes in Medicaid coverage and developing a pilot program.

The basis of these suggestions are from the Center for Evidence-based Policy review of four physical medicine treatment interventions (acupuncture, chiropractic treatment, physical therapy, and massage) in its August 2017 report titled, "Nonpharmacological Treatments for Subacute and Chronic Low Back Pain: Evidence, Policies, and Economic Outcomes." The Center's report is intended only for state employees in states participating in the Medicaid Evidence-based Decisions Project, such as Wisconsin, and their respective public agency

partners, including the legislature.ⁱⁱ Wisconsin subscribes to the Medicaid Evidence-based Decisions Project, which is housed at the Center for Evidence-based Policy (Center) based at Oregon Health & Science University in Portland, Oregon. The Center's mission is to create an effective collaboration among Medicaid programs and state partners for the purpose of making high-quality evidence analysis available to support benefit design.

5. A summary of feedback from stakeholders. As required by Act 59, this report to the legislature summarizes feedback solicited from stakeholders interested in physical medicine, including physical therapists, occupational therapists, chiropractic and acupuncturist professional associations, and advocacy groups concerned with patient rights.ⁱⁱⁱ
6. Conclusion and recommendation for a pilot program. Finally, this report will use the coverage policy overview, evidence review of modalities, and stakeholder feedback to comment on the requirement for developing a proposal for a physical medicine pilot program.

Physical Therapy Services

PT services are provided for those who have or may develop impairments, limitations, or restrictions due to conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems, or the negative effects attributable to unique personal and environmental factors as they relate to human performance.

Under federal Medicaid regulations, physical therapy is considered optional Medicaid benefits for adults, and required benefits for children as part of the Early, Periodic, Screening, Diagnostic, and Testing (EPSDT) program.^{iv}

Wisconsin elected to provide these optional benefits to all members where medically necessary regardless of age. Medicaid defines PT services as those “provided to a beneficiary by or under the direction of a qualified therapist, CFR 440.110. Patients must be referred to these services “by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law.” Coverage includes all necessary supplies and equipment, SSA 1905(a)(11); 42 CFR 440.110(a), 440.110(b). Medicaid-funded therapy services may be provided in inpatient hospitals, outpatient hospitals, nursing facilities, physician offices, or through a home health agency.

Under Wisconsin Medicaid, a covered service is a service, item, or supply for which reimbursement is available when all program requirements are met, Wis. Admin. Code § DHS 101.03(35) and 107. For a covered service to meet program requirements, the service must be provided by a qualified Medicaid-enrolled provider to an enrolled member. In addition, the service must meet all applicable program requirements, including medical necessity, prior authorization (PA), claims submission, prescription, and documentation requirements.^v

Federal regulations allow states to place quantitative limits on the number of therapy visits per year, per lifetime, or per day. Wisconsin Medicaid applies service limits on patients of all ages based on the initial “spell of illness,” which is essentially synonymous with the benefit period for the particular service. Up to 35 visits are allowed for each therapy discipline the first time a patient requires PT services in his or her lifetime. Prior authorization is required after 35 units. (Children under age 3 will have all medically necessary services covered under the Birth to 3 Program, if eligible.) In addition, Wisconsin Medicaid reimburses for PT up to 90 minutes per day and additional time may be requested and approved should it be found to be medically necessary.

Wisconsin Medicaid’s coverage policy for PT services is similar to other states by requiring such services to be medically necessary. Forty-seven states surveyed in 2012 provided PT as part of their benefit plans. Many Medicaid programs place restrictions or limits on PT, often using prior authorization before members can access those services.

In a Medicaid Evidence-based Decision Project report on physical and occupational therapies from 2015, Wisconsin's coverage policies are shown to largely align with the other nine states (Alabama, Arizona, Colorado, Maine, Michigan, Minnesota, New York, Oregon, and Washington) selected for policy review. All states mentioned require a referral to therapy services by a physician or other licensed practitioner, and require that therapy is provided by a licensed physical therapist; none of them allow therapy assistants to bill directly for services.

According to the August 2017 Medicaid Evidence-based Decision Project report titled, "Nonpharmacological Treatments for Subacute and Chronic Low Back Pain: Evidence, Policies, and Economic Outcomes," there was low-strength evidence that multidisciplinary rehabilitation was associated with small to moderate improvements in pain intensity and disability in short-term and long-term studies.

DHS solicited feedback from physical and occupational therapists during an in-person meeting and in writing. DHS received feedback suggesting statutory changes, which are included for consideration by the legislature. Specifically, the Wisconsin Physical Therapy Association suggested that the state policy to require a prescription by a physician to obtain physical therapy services may be a barrier to obtaining services quickly. The requirement to obtain a physician signature is currently mandated by state law to access physical therapist services for evaluation and treatment except for specific exempt populations under statute.^{vi} Medicare changed its policy in 2005 to no longer require a physician signature to obtain physical and occupational therapy.^{vii} Consideration to adopt the Medicare policy for Medicaid for PT services could be part of a strategy to improve access to nonpharmacological alternatives to pain management.

A full list of the recommendations from the Wisconsin Physical Therapy Association can be found in the end notes.^{viii} DHS will continue to meet with the therapy providers to modify policies within the authority of the administrative agency.

Chiropractic Services

Chiropractors treat neuromusculoskeletal disorders and related functional clinical conditions including, but not limited to, back pain, neck pain, and headaches. Chiropractic care is most commonly sought for treatment of low back pain. Chiropractors use either their hands or hand-held devices to perform manual spinal manipulations.

Federal Medicaid rules categorize chiropractic services as an optional benefit and require that coverage of chiropractic care is limited to services that are provided by a chiropractor licensed by the state and consist of treatment by means of manual manipulation of the spine.

Wisconsin Medicaid covers manual manipulations of the spine only when the member's diagnosis is "spine subluxation." For the purpose of Medicaid, "subluxation" means a partial dislocation, off-centering, misalignment, or abnormal spacing of the vertebrae. This language essentially describes the same scope of coverage as is allowed by the federal rules.

The Wisconsin Medicaid chiropractic benefit covers the initial visit and 20 manipulations per provider, per spell of illness (SOI), without prior authorization. Prior authorization is required for more than 20 manipulations per SOI. Up to a once daily chiropractic adjustment is reimbursable. Spinal supports and x-rays may be covered to assist in the diagnosis or treatment of spinal subluxation where medically necessary.

The Wisconsin Medicaid chiropractic benefit is relatively generous when compared to a number of other state Medicaid programs. Idaho Medicaid limits chiropractic services to a total of six visits per year; an additional 12 visits may be approved with prior authorization. Maine, Nebraska, and North Dakota Medicaid programs cover up to 12 visits for medically necessary chiropractic services per year. North Carolina Medicaid covers up to eight visits per year, which is included in limits with other specified practitioners set by the legislature. Ohio Medicaid covers 15 visits per year.

According to the August 2017 Medicaid Evidence-based Decision Project report titled, "Nonpharmacological Treatments for Subacute and Chronic Low Back Pain: Evidence, Policies, and Economic Outcomes," there was "low-strength evidence that spinal manipulation had no evidence of an effect on pain compared to sham manipulation." There was "low-strength evidence of small improvements in pain intensity compared to a placebo." There was "insufficient evidence to assess the evidence on function for chiropractic services."

DHS received written feedback from the chiropractic associations, which highlighted that chiropractic care can be used to treat low back pain.^{ix} Wisconsin Medicaid covers chiropractic treatment to reduce pain and improve function. DHS did not receive specific pilot suggestions related to chiropractic services to include in this report. Since DHS already covers chiropractic care, many comments emphasized educating providers and members about using chiropractic

care. DHS received specific suggestions for expanding services for reimbursement, which we will take into consideration.

We received one suggestion pertinent to legislative scope of practice deliberations: medication counseling is not currently allowed within a chiropractor's scope of practice. Adding medication counseling to the scope of practice for chiropractors was previously introduced to the Wisconsin legislature, but did not pass.

DHS will continue to meet with the chiropractors to modify policies within the authority of the administrative agency.

Acupuncture

Acupuncture is another nonpharmacological physical medicine option for treatment of low back pain. Acupuncture is the insertion of thin needles at predetermined acupuncture points on the body, which may increase blood flow and release endorphins designed to relieve pain.

Acupuncture is not specifically listed as an optional benefit under § 1905(a) of the Social Security Act. However, states may use other coverage authorities under 1905(a) to obtain federal reimbursement for coverage of acupuncture by licensed practitioners. For example, states can use coverage categories such as “other licensed practitioners” or “physician service” to cover acupuncture services. Acupuncture is not currently covered under Wisconsin Medicaid in accordance with Wis. Admin. Code § DHS 107.06(5)(t).

Several state Medicaid programs, including California, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, and Rhode Island, cover acupuncture. For example, California covers acupuncture “to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.” In Minnesota, acupuncturists, chiropractors who have complied with certain licensing requirements, osteopaths, and physicians may provide acupuncture to eligible Medicaid recipients. Minnesota allows up to 20 units of acupuncture services per year for specific conditions, including acute and chronic pain. Acupuncture Medicaid pilot programs are also being conducted in Maine and Washington, and an acupuncture pilot was recently completed in Vermont.

Of the services analyzed for this report, acupuncture had the strongest evidence base. The aforementioned report by the Center for Evidence-based Policy August 2017 titled, “Nonpharmacological Treatments for Subacute and Chronic Low Back Pain: Evidence, Policies, and Economic Outcomes” revealed small to moderate benefits from acupuncture, thought to be cost effective, in pain and function in the short to medium term for low back pain.

DHS received written feedback from acupuncturists. Feedback included modeling a pilot program for acupuncture based on protocol being used by the State of Washington Department of Labor and Industries to assess the treatment of low back pain using acupuncture. A summary of the proposed pilot program model is included at the end of this report.^x

Since acupuncture is not currently covered by Wisconsin Medicaid, acupuncture could present an opportunity for a pilot program that could inform policy makers in consideration of eventual coverage. Any changes of this nature to Medicaid benefits would require specific approval in Wis. Stat. Ch. 49 by the Wisconsin legislature. In addition, DHS would be required to obtain approval from the Centers for Medicare & Medicaid Services (CMS) and to develop specific guidelines and medical necessity criteria for appropriate use of any acupuncture services. Creating an exception to the restriction under Wisconsin statute and obtaining federal approval

would allow the Wisconsin Medicaid program to develop and implement appropriate parameters to cover medically necessary, evidence-based acupuncture or other related procedures.

Conclusion and Recommendations

In summary, the Wisconsin Medicaid program currently covers the physical medicine techniques most promoted by national professional organizations as first-line options, with less risk than pharmacologic alternatives, especially opiates, to relieve low back pain. It is DHS's conclusion that physical medicine alternatives with the most evidence for effect, and those which are the most commonly promoted as being first line alternatives for chronic low back pain, are already covered by Wisconsin Medicaid, with the exception of acupuncture, which is statutorily excluded.

Education regarding physical medicine alternatives for pain management was suggested by both physical therapists and chiropractors. Typically these efforts involve distribution of evidence-based information about efficacy to providers and to members. Chiropractors mentioned efforts they have already undertaken to educate the public on the risks of opioids and the value of physical medicine alternatives, such as chiropractic services. Public health outreach efforts combined with that of the aforementioned professional associations would likely be the most effective method for educating the public on the risk of opioids and the value of physical medicine alternatives.

Ultimately, the decisions to utilize covered physical medicine alternatives to treat chronic pain occur in real time at the point of care and are largely influenced by provider and patient preferences and real world adherence barriers (time, transport, scheduling, etc.). These factors are beyond the sphere of influence of Wisconsin Medicaid. Given the scope of covered services in Wisconsin Medicaid, lack of coverage does not seem to be a barrier for our members to receive these services.

At this time, DHS does not recommend the development of any pilot program related to PT and chiropractic care to address alternative treatment options for reducing the overprescribing of opioids since these services are already generously covered by Wisconsin Medicaid. Rather, DHS recommends further analysis regarding whether to update the PT policy in Wisconsin Medicaid/Forward Health and state statute to align with Medicare's policy requiring a signed plan of care as evidence of physician supervision. DHS believes this approach has the potential to assist both providers and members at an aggregate level by streamlining the process needed to provide the appropriate level of physical therapy services at the right time with the requisite degree of clinical oversight.

Since acupuncture is not currently covered by Wisconsin Medicaid, acupuncture could present an option to pilot a new coverage benefit. The benefit change would require specific legislative action to provide statutory permission for coverage in Wis. Stat. Ch. 49 to explicitly re-write and supersede the prohibition expressed in Wis. Admin. Code § DHS 107.06(5)(t). In addition, DHS would be required to obtain approval from CMS and to develop specific guidelines and medical necessity criteria for appropriate use of any of these services. Creating an exception to the

restriction under Wisconsin statute and obtaining federal approval would allow the Wisconsin Medicaid program to develop and implement appropriate parameters to cover medically necessary, evidence-based acupuncture or other related procedures.

References

Medicaid Evidence-based Decisions (MED) Project – Center for Evidence-based Policy.

Nonpharmacological Treatments for Subacute and Chronic Low Back Pain: Evidence, Policies, and Economic Outcomes. (August 2017)

Carson, S., Harrod, C., Pinson, N., and King, V. (September 2015). *Physical, Occupational, and Speech Therapy: Policies, Limits, Medical Necessity Criteria, and Reimbursement Methods.* Medicaid Evidence-based Decisions (MED) Project – Center for Evidence-based Policy.

Endnotes

ⁱ According to a 2014 survey from the Centers for Disease Control and Prevention, 28.6 percent of adults over age 18 reported experiencing low back pain in the previous three months. Typically, low back pain resolves within four weeks even without treatment, but some individuals experience persistent pain and functional impairment. Low back pain lasting between four and 12 weeks is typically regarded as subacute, and low back pain persisting for 12 weeks or longer is typically considered chronic. Given its common incidence, low back pain, especially that which is subacute or chronic in duration, represents a significant cause of opiate prescribing. Representative data from two national databases in the United States, in which data from nearly 24,000 visits for spine disorders were analyzed (representative of approximately 440 million visits for all causes), found that use of nonsteroidal anti-inflammatory agents (NSAIDs), such as ibuprofen and naproxen, and acetaminophen decreased between 2000 and 2010 (from 37 to 29 percent), while use of opioids increased (from 19 to 29 percent).

ⁱⁱ The MED report is proprietary and may not be distributed outside the state Medicaid agency and public agency partners.

ⁱⁱⁱ DHS asked stakeholders the following set of questions to focus their feedback:

Please provide feedback to the following questions (for consistency, please frame your responses in reference to low back pain):

1. Pain management
 - a. How is **acute** pain management addressed through your profession?
 - b. How is **chronic** pain management addressed through your profession?
2. What interventions (clinical and/or educational) do you provide to patients who are concurrently receiving services in your discipline and utilizing prescription and/or over-the-counter drugs?
3. Utilizing best practice, if your profession was tasked with becoming the alternative to prescription/over-the-counter drugs, how would you:
 - a. Structure your practice pattern
 - b. Structure your referral protocol
 - c. Determine when pharmacological interventions, instead of or in addition to, would be more appropriate
4. Any questions or feedback you would like DHS to consider for this study?

DHS received written comments from the following professional associations:

- Wisconsin Physical Therapies Association (WPTA)
- Chiropractic Society of Wisconsin (CSW)
- Wisconsin Chiropractic Association (WCA)
- Wisconsin Society of Certified Acupuncturists (WCSA)

^{iv} Federal Medicaid law sets broad requirements for the program and mandates coverage of some populations and benefits, while leaving many optional. States are allowed to make the many operational and policy decisions that determine who is eligible for enrollment, which services are covered, and how payments are set. Each state specifies the nature and scope of its Medicaid program through the state plan, a comprehensive document that must be approved by CMS for a state to access federal Medicaid funds. The state plans can be amended as needed to reflect changes in state policy and federal law and regulations.

Each Medicaid state plan must specify the amount, duration, and scope of services provided to the mandatory and optional eligibility groups, and may not be less in amount, duration, and scope than the services provided to the medically needy. Each service must also be in sufficient amount, duration, and scope to reasonably achieve its purpose. A state's Medicaid agency may not arbitrarily deny or decrease the amount, duration, or scope of a mandatory service solely because of the recipient's diagnosis, type of illness, or condition. However, the agency may place appropriate limits on a service based on criteria such as medical necessity or utilization control procedures.

In addition, the following requirements apply: 1) "statewideness" – the services in one part of the state cannot be different from those covered in another part of the state; 2) freedom of choice – generally, recipients may obtain covered services from any provider qualified to provide the needed service; 3) comparability of services – the amount, duration, and scope of services must be equal for all individuals within the mandatory and optional eligibility groups. The Secretary of HHS can grant a waiver of these requirements in certain circumstances. A waiver of statewideness can limit the geographic area in which a state is testing a new program or facilitate a phased-in implementation of a program. Freedom of choice waivers are typically used to allow implementation of managed care programs or better management of service delivery. Waivers of comparability allow states to limit an enhanced benefit package to a targeted group identified as needing it most and to limit the number of participants. Waivers typically require lengthy applications and must be renewed periodically.

Mandatory benefits include inpatient and outpatient hospital services, physician services, laboratory and x-ray services, and home health services, among others. Optional benefits include the services relevant to this report, such as prescription drugs, case management, physical therapy, occupational therapy, and chiropractic services, Social Security Act 1902(a)(10)A, 1905(a) and 42 CFR 440. Wisconsin Medicaid provides all of the available "optional" Medicaid benefits under the current state plan. In effect, optional services are only really optional for Medicaid programs to offer to adults over age 21 because federal EPSDT requirements mandate that children under age 21 must be able to obtain all 1905(a) optional benefits when such services are medically necessary.

^v To receive reimbursement under Wisconsin Medicaid for PT services, all of the following statements apply:

- Professional skills of a PT provider are required to meet the member’s therapy treatment needs.
- Services are cost-effective when compared with other services that meet the member’s needs.
- Services are established in a written plan of care (POC) before they are provided.
- Services are medically necessary as defined under Wis. Admin. Code § DHS 101.03 (96m).
- Services are performed by a Medicaid-enrolled provider and supervision requirements are met.
- Services are prescribed by a physician.
- Services are prior authorized, when applicable.

^{vi} 2015-16 Wis. Stat. § 448.56(1) provides in pertinent part:

WRITTEN REFERRAL. Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

^{vii} Federal Medicare Benefit Policy was revised and became effective in 2005 to eliminate the physician visit requirement in order to obtain physical therapy services. Specifically, Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 220.1.1, titled, “Care of a Physician/Nonphysician Practitioner (NPP)” provides in pertinent part:

Although there is no Medicare requirement for an order, when documented in the medical record, an order provides evidence that the patient both needs therapy services and is under the care of a physician. The certification requirements are met when the physician certifies the plan of care. If the signed order includes a plan of care (see essential requirements of plan in § 220.1.2), no further certification of the plan is required. Payment is dependent on the

certification of the plan of care rather than the order, but the use of an order is prudent to determine that a physician is involved in care and available to certify the plan.

^{viii} DHS received the following feedback and recommendations regarding PT:

- PT should be promoted as an effective alternative approach to pain management, specifically to reduce the use of opioids in Wisconsin.
- Attempts to increase early involvement of PT services to reduce the need for pharmacological intervention is hindered by the lack of prompt referrals from physicians and a lack of direct access for Wisconsin Medicaid beneficiaries.
- The following services are recommended to treat and manage pain:
 - Education on active lifestyle, pain, exercise over medication, self-management
 - Therapeutic modifications
 - Bracing and taping
 - Joint mobilization and manipulation, soft tissue mobilization
 - Ice/heat, dry needling
- Physical therapists should identify “red flags” and refer out to appropriate providers and coordinate with medical providers and refer when appropriate.
- Early referral to PT (less than 14 days from onset of symptoms) and direct access should be allowed under Wisconsin Medicaid as means to expedite referrals during the acute phases of pain management, which is intended to decrease utilization of pharmacological intervention.
- DHS should develop a pilot program in which participants receive early referral (within 14 days of symptoms) and direct access to physical therapists.

^{ix} DHS received the following feedback and recommendations regarding chiropractic services from those who were solicited for input on this report:

- Chiropractic care is effective at providing an alternative to pharmacological treatment of low back pain. Chiropractors are specifically trained to evaluate, diagnose, and provide nonpharmacological care for both acute and chronic low back pain.
- Efforts to create and distribute resources to the public regarding chiropractic care prior to opioid use is already underway in Wisconsin (opioid prevention educational videos, PowerPoint presentations, posters, and other educational materials are currently available).
- Treatment, including manipulations, therapeutic modalities, and posture and body mechanics training, self-management techniques should be promoted to reduce pain and improve function.
- Co-treatment with physical therapists and the ability to refer out to primary care providers (PCPs) if the patient is not meeting goals or has a neurological deficit should be promoted.
- Medication counseling should be added the chiropractor’s scope of practice.

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- Access to chiropractic care should be increased.
 - One chiropractic professional association requested an in-person meeting to discuss the topics included in this report.

^x DHS received the follow feedback regarding acupuncture services:

- Acupuncture is an effective treatment alternative for acute and chronic pain and may be the most cost-effective, nonpharmacological option.
- Functional ability and quality of life can be enhanced and restored with the following treatment methods associated with “acupuncture”:
 - Acupuncture using a filiform needle, acupressure;
 - Tui Na
 - Cupping
 - Gua Sha
 - Education, including lifestyle recommendations; motivational interviewing and coaching; consultation regarding sleep quality, movement, and exercise; and dietary choices.
- Protocol from the Washington Department of Labor and Industries protocol as a suggested pilot program to assess the treatment of low back pain using acupuncture as follows:
 - Patient Group: Medicaid eligible patients with acute and/or chronic pain, such as low back pain.
 - Provider Group: Acupuncturists certified under Chapter 451 to practice acupuncture in Wisconsin.
 - Weekly acupuncture treatment for a course of 10-15 treatments in a period of 60-90 days.
 - Assessment to be comprised of standard clinical indices, subjective patient reporting, and compliance and tracking by the provider.
 - Clinical assessment using standard clinical protocols.
 - Administration of open-ended questionnaires assessing medication use, occupational status, and subjective impressions.
 - Provider records summarizing number of total visits and patient compliance.
 - Provider will report summary of subjective complaints, objective findings, treatment plan focusing on functional improvement, and reason for discharge at the time of final visit