As our population ages and the opioid crisis continues to ravage our communities, Medicare and Medicaid beneficiaries need access to safe and effective pain management. While chiropractic care and acupuncture are increasingly recognized as effective non-pharmacological treatment options for pain, arbitrary limits on interventions and visits applied discriminately to those services restrict access for beneficiaries.

Limitations to conservative care services and discriminatory cost containment measures threaten the effectiveness and viability of both Medicare and Medicaid.

This policy statement explores how expanding Medicare and Medicaid coverage of high-value, conservative care options – specifically chiropractic and acupuncture – could improve patient outcomes and lower costs. Closing coverage gaps will allow chiropractic physicians and licensed acupuncturists to serve patients at the top of their license as they provide evidence-based care to Medicare and Medicaid beneficiaries. This pertains especially to those seeking conservative, non-pharmacologic treatment for acute and chronic spinal pain while avoiding opioid medication and the risk of addiction.

Current Limitations
Approximately 130 million Americans are enrolled in Medicare, Medicaid, or both. In the face of the opioid crisis, an aging population, and poor pain management, it is vitally important that beneficiaries have convenient, affordable access to safe and effective care.

Chiropractic physicians (DCs) and acupuncturists are trained to provide evidence-based, non-pharmacological care to patients suffering from pain. Notably, this includes common spinal conditions like back and neck pain, a leading cause of disability and top healthcare cost driver in the U.S. Spinal manipulation and exercise, commonly delivered by DCs, and acupuncture as delivered by licensed acupuncturists, are recommended in numerous best practice guidelines as first-line treatments for pain. This includes guidelines from the American College of Physicians which recommend these therapies prior to prescription or over the counter drugs, and are based on research from both private and public plans.

Commercially, chiropractic and acupuncture services are increasingly included in health plans. But, currently, their coverage is uneven or altogether absent from Medicare or Medicaid plans. Arbitrary restrictions on these services in Medicare and Medicaid plans can create disruptions in care continuity and increase costs, especially for individuals who age into Medicare. For example, chiropractic coverage in Medicare consists of a single service: spinal manipulation. Examinations, clinically necessary imaging, rehabilitation, and exercise are not covered benefits if delivered by a DC, although covered if delivered by another provider type. This results in disrupted or delayed care, higher out of pocket costs for the beneficiary, and steers back pain patients in particular toward lower-value services like advanced imaging and invasive interventions, which increase the risk of an acute problem developing into a chronic one. Like chiropractic, early treatment with acupuncture for spinal pain has been shown to decrease the need for advanced imaging, invasive procedures, and opioid medications.
However, Medicare only covers acupuncture for chronic low back pain, and only when delivered by a very narrow group of providers. This constitutes an illusory benefit for most beneficiaries. Moreover, beneficiaries are unable to receive acupuncture from licensed acupuncturists, arguably the most expert in delivering this service. For both licensed acupuncturists and chiropractic physicians, current coverage gaps inhibit referrals and needlessly complicate care coordination between providers within health systems and other integrative, multidisciplinary settings. Enhancing the chiropractic and acupuncture benefit would both reflect public trends of increasing patient acceptance and private sector utilization of these services, and better align Medicare and Medicaid coverage with evidence-based care.

Policy changes at the state and national level to allow DCs and acupuncturists to practice at the top of their license within the Medicare and Medicaid programs would increase beneficiary access to services, empower patient choice, decrease opioid utilization, and better leverage an underutilized healthcare workforce. The result would be greater utilization of higher value services and relieving the burden of pain management from primary care. Improving access to chiropractic and acupuncture services are two strategies that would not only provide increased options to evidence-aligned benefits, but also likely decrease costs within the system.

Expanding Access to Address Public Health Crises

A confluence of three public health crises underscores the need to fill the Medicare and Medicaid coverage gaps for chiropractic and acupuncture services: opioid misuse, poor pain management, and an aging society. Chiropractic physicians and acupuncturists are important provider groups in the healthcare workforce, and can fill existing gaps in the healthcare system to help address these crises.

Although synthetic narcotics currently account for the majority of opioid-related deaths, prescription opioids remain a contributing factor, with their use increasing during the COVID-19 pandemic. There remains a dire need to steer patients toward non-addictive, conservative care therapies for pain management delivered by chiropractic physicians and acupuncturists. Recent research shows that individuals with spinal pain who initially received chiropractic or acupuncture had the lowest odds of filling an opioid prescription within both 30 days and one-year of initiating treatment, compared with those whose first contact was a medical doctor or physical therapist. Adverse drug events among Medicare beneficiaries who receive opioid medication are substantially higher compared to chiropractic patients who receive spinal manipulative therapy.

Studies such as these support rising calls to increase access to chiropractic and acupuncture services specifically as a strategy to curb opioid use. Because the prevalence of spinal pain increases with age, there is a compelling need to expand access to the non-pharmacologic therapies these healthcare professionals provide to Medicare beneficiaries in particular, to promote healthy aging and limit poly-pharmacy.

By expanding Medicare and Medicaid coverage and closing current gaps, patients will have greater access to seek care for pain management from high value providers delivering guideline concordant care, reducing the use of medication, injections and surgery. Greater access to chiropractic care can lead to a reduction in visits to primary care providers resulting in substantial savings in annual costs in the Medicare program. Research demonstrates both lower per beneficiary costs among chiropractic patients within Medicare, and projected cost savings to the system if chiropractic services were expanded.

Once they reach the age of 65 and enter the Medicare program, their access to care and their choice is now limited. Patients do not have access to the entire network of licensed, highly trained acupuncturists that are available outside of a larger healthcare institution. The bottom line is Medicare beneficiaries should have better access to the acupuncture provider of their choice.

-Jessica Frier, D.A.O.M., L.Ac.
Arbitrary Restrictions Impact Beneficiaries

Given the arbitrary limits placed on chiropractic and acupuncture within Medicare and most Medicaid programs, these services remain an illusory benefit for beneficiaries. When Medicare and Medicaid beneficiaries seek care from either chiropractic physicians or acupuncturists, one would expect they are able to receive all covered clinical services that are within their provider’s scope of practice. Simply stated, if a clinical procedure is a covered benefit when provided by a medical physician, physician assistant, nurse practitioner or physical therapist, it should remain a covered benefit when provided by a chiropractic physician or acupuncturist if it is within their scope of practice. Unfortunately, this is not the case and is an example of blatant discrimination against categories of qualified healthcare providers.

Medicare and Medicaid policy should align with Congressional intent of section 2706 of the Affordable Care Act, “Nondiscrimination in Healthcare”, which stipulates that group health plans and health insurance issuers may not discriminate against a healthcare provider acting within the scope of their license under state law. Arbitrary restrictions on the ability of chiropractic physicians and acupuncturists to deliver Medicare and Medicaid covered benefits should be removed.

Medicare Coverage

When chiropractic services were first included in Medicare in 1972, manual manipulation of the spine was the only covered service. While considered physician-level providers by the Social Security Act, coverage of the services doctors of chiropractic provide has not kept pace with the expansion of their scope of practice, nor does it reflect contemporary chiropractic education. The lone chiropractic benefit covered by Medicare has not been modernized or expanded over the last 50 years, prohibiting chiropractic physicians from delivering Medicare-covered benefits within their scope of practice. The result is a Medicare benefit out of step with the chiropractic benefits received from most other private insurers in the US, as well as federal employees and the Department of Veterans Affairs (VA).

The unfortunate result of this is that many seniors lose meaningful coverage for chiropractic services once they age into Medicare. For example, consider an individual with episodic back pain who has had successful treatment with chiropractic which was covered by their employer sponsored insurance in the past. Upon retirement and as a Medicare beneficiary, they could still seek care from their chiropractic physician, but may need to pay out-of-pocket for the examination needed prior to treatment, obtain a referral from a medical physician before traveling to an imaging center for x-rays, and get a referral for rehabilitative exercises delivered by a PT, in order to fully use their Medicare benefits. The layers of unnecessary care, additional costs and delayed treatment becomes unreasonable, considering all of this could have been provided at that person’s first visit to their chiropractic physician.

Acupuncture has just recently been added as a covered Medicare service by the Centers for Medicare and Medicaid Services (CMS) and only to treat chronic low back pain lasting 12 weeks or longer. Coupled with a Decision Summary published by CMS that limits authorized providers to physicians or “auxiliary personnel” who must be supervised by a physician, physician assistant or nurse practitioner, access is limited both in terms of services and available providers. Few licensed acupuncturists are classified as “auxiliary personnel” which, in practical terms, dramatically limits beneficiaries’ ability to receive acupuncture from practitioners who are most highly trained to deliver this modality safely and effectively.

Further, this restriction severely limits Medicare beneficiary access to acupuncture as a covered service, given that the overwhelming majority of acupuncture is delivered by licensed acupuncturists in private care settings. Again, this constitutes a shadow benefit for the majority of Medicare beneficiaries, and arbitrarily discriminates against an entire class of licensed and qualified healthcare providers. Medicare beneficiaries should have access to acupuncture services, provided by any properly credentialed provider, for an expanded group of conditions for which there is evidence of effectiveness.20

"With our Medicaid population, we are limited to only one examination per calendar year for the patient. If they come back in a few months with a new condition or a different injury we must perform another physical examination but we’re not reimbursed for that ... it’s extremely frustrating.”

-Rick Printan, D.C.

To hear more from Dr. Printon, click here:
Medicaid Coverage
Medicaid coverage of chiropractic and acupuncture services is uneven across states, with some providing no coverage at all, resulting in restricted patient access to both provider groups. In Minnesota for example, chiropractic patient coverage includes only one annual patient examination and spinal manipulation the only therapeutic service with a capped number of visits. This necessitates out of pocket payments for other therapies, delayed care, or use of less effective, higher risk treatment like prescription medications or surgery. While acupuncture is a covered benefit for a range of conditions in Minnesota Medical Assistance and MinnesotaCare, it is not covered at all in neighboring states like Wisconsin, Iowa, North or South Dakota. Underutilization of both chiropractic physicians and licensed acupuncturists exacerbates the lack of access to non-pharmacological treatment options among Medicaid beneficiaries, particularly for pain. Furthermore, an expanded healthcare provider workforce, equipped to provide evidence-aligned care is needed to help address health disparities in medically underserved areas and communities of color. Policy change is necessary to empower patient choice of provider while allowing health systems to effectively integrate chiropractic and acupuncture services in the management of medically underserved and low-income populations who commonly rely on Medicaid.

Innovation in Other States
Outside of Minnesota, some state Medicaid programs are increasing access to chiropractic and acupuncture services as one strategy to stem the use of opioids while concurrently improving care for back pain through innovative and guideline-informed policy initiatives. For example, the Oregon Health Plan expanded coverage for non-pharmacologic therapies beginning in 2016, coupled with restrictions on opioid prescribing. Since then, utilization of chiropractic and acupuncture services has increased without increasing overall utilization of services. This suggests a replacement of low-value services with higher-value, more effective treatment, similar to what has been seen elsewhere.

In 2019, the MO HealthNet Division of the Missouri Department of Social Services implemented a new program for the management of chronic pain through an expansion of “complementary and health and alternative therapy services” to include chiropractic, acupuncture, cognitive-behavioral therapy and physical therapy, following a referral from and coordinated by the patient’s primary care provider. This decision was made in part by an actuarial analysis estimating that expanding chiropractic services alone would save the state of Missouri between $14 and $49 million annually.

Another example of a statewide attempt to address the disproportionate use of opioids in Medicaid population: Ohio. Earlier this year, the Ohio State Legislature passed – and the Governor signed into law – legislation that aligns Medicaid payer policy with guidelines recommending chiropractic care for the treatment of acute and chronic pain. In addition to the inclusion of evaluation and management services and a prohibition on prior authorization requirements, there is also a provision in House Bill 136 requiring the Ohio Medicaid program to reimburse chiropractors at the same rate for the same service provided by other healthcare professionals.

These examples illustrate efforts in other states to modernize Medicaid benefits and align them with best practices to include greater access to chiropractic and acupuncture services. Minnesota policymakers should take note and collaborate on ways Minnesota can improve its Medicaid coverage.
Recommendations and a Call to Action
Medicare and Medicaid beneficiaries deserve access to the full range of conservative, non-pharmacologic services provided by chiropractic doctors and acupuncture practitioners. Specifically, reimbursement should be extended to clinical services they provide that are covered benefits when provided by other healthcare professionals.

To advance these changes, we support the following:

- The Chiropractic Medicare Coverage Modernization Act (H.R. 2654/ S. 4042) amends existing federal law to allow beneficiaries to access chiropractic physicians for any Medicare-covered service that is within their scope of practice. This bill will improve spine care among older adults, increase access to non-opioid pain management, and overall lead to cost savings in the Medicare system.

- The Acupuncture for Our Seniors Act of 2021 (H.R. 4803) authorizes CMS to recognize licensed acupuncturists as Medicare providers. This would increase beneficiary access to acupuncture services for the treatment of chronic back pain, a currently covered service, and expand access to non-opioid treatment options.

- Legislation is needed in Minnesota to meaningfully expand coverage in MinnesotaCare and other Minnesota health plans to include chiropractic and acupuncture services. Doing so will increase Minnesotans’ access to non-opioid pain management, improve healthcare outcomes, and alleviate the strain on a burdened healthcare system.

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