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Re: Proposed medical benefit changes 2020 M3.2 therapy

Please do not further limit the total number therapy visits as therapy has become a more frequently utilized treatment for chronic pain. Prescribers frequently see patients with pain and prefer to avoid opiates. There is also the need to limit other oral pain medications. Too much acetaminophen causes liver disease. NSAIDs such as Ibuprofen and Naproxen can have adverse effects on kidneys and heart. In addition, these medications may not be taken by people who have allergies or contraindications. Therapy may be the only prescribed option as well as a component of the treatment for chronic pain conditions. Definitely prefer therapy compared to organ transplants and opioid related problems and costs.

Furthermore, a greater number of therapy visits may be essential with some other conditions. For example, someone who experienced a significant stroke or a high spinal cord injury may need all types of therapy for an extended time. A more comprehensive rehabilitation as soon as possible may avoid some lingering expensive concerns which can result in hospitalizations.

Requiring authorization sooner (after 25 visits of each type) will ensure medically necessary. Therapists typically get authorization after they see the patient for an initial evaluation. Again in the case of some conditions, there should not be a delay in therapy treatment that could affect the expected outcome.

Thank you for your further consideration of this important benefit.


Marsha Brightman

Retired Nurse Practitioner