

Corporate Medical Policy

Back School

File Name: back_school
Origination: 2/1997
Last CAP Review: 5/2003
Next CAP Review: n/a
Last Review: 5/2003

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Back School is behavioral training for the prevention and treatment of back problems arising from faulty body posture and muscular dysfunction. Back School is often used as an adjunct to other rehabilitative therapy. Back school teaches preventive practices and provides some treatment. The preventive portion of back school teaches the practice of proper body mechanics, including exercises and how to protect the back when lifting. Treatment includes spinal manipulative therapy and physical therapy.

****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will not provide coverage for Back School because it is not considered medically necessary for the prevention and treatment of back pain. It has not been proven to be more effective than other treatments for back pain.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Back School is covered

Not Applicable

When Back School is not covered

It is not covered. It is considered not medically necessary for the prevention and treatment of back pain. BCBSNC does not cover services that are considered not medically necessary.

Back School

Policy Guidelines

Not Applicable

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: S9117

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 11/30/96

The U.S. Department of Health and Human Services Agency for Health Care Policy and Research, AHCPR Publication No. 95-0644, December 1994.

Daltroy LH, Iversen MD, Larson MG, Lew R, Wright E, Ryan J, Zwerling C, Fossel AH, Liang MH. A controlled trial of an educational program to prevent low back injuries. *N Engl J Med.* 1997 Jul 31;337(5):322-8.

Medical Policy Advisory Group Review - 3/99

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group 12/2/1999

Specialty Matched Consultant Advisory Panel - 8/01

BCBSA Medical Policy Reference Manual - 4/15/2002

Specialty Matched Consultant Advisory Panel - 5/2003

Policy Implementation/Update Information

- 2/97 Original Policy issued
- 3/99 Reviewed by MPAG. Reaffirmed
- 8/99 Reformatted, Medical Term Definitions added.
- 12/99 Reaffirmed, Medical Policy Advisory Group
- 10/00 System change.

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10/01 Specialty Matched Consultant Advisory Panel - 8/01. No changes.

5/03 Specialty Matched Consultant Advisory Panel review. Policy status changed to: "Active policy, no longer scheduled for routine literature review". Format changes.

12/03 Benefits Application and Billing/Coding sections updated for consistency.

6/04 HCPCS code S9117 added to Billing/Coding section.

6/22/10 Policy Number(s) removed. (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.