ADMINISTRATIVE POLICY STATEMENT
Indiana Medicaid

Policy Name & Number	Date Effective
Pain Management Providers-IN MCD-AD-1099	12/01/2023-10/31/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Pain Management Providers

B. Background
Practitioners who have obtained additional education/certification to practice in the field of pain medicine and are able to help members manage and treat pain.

C. Definitions
- **American Board of Medical Specialties (ABMS) –** An organization of medical specialty boards with shared goals and standards related to the certification of medical specialists, including initial specialty and subspecialty certification, as well as maintenance of certification throughout the physician's career.
- **American Board of Pain Medicine (ABPM) –** An organization that administers a psychometrically-developed and practice-related examination in the field of Pain Medicine to qualified candidates. Physicians who have successfully completed the ABPM credentialing process and examination will be issued certificates as specialists in the field of Pain Medicine and designated as Diplomates of the American Board of Pain Medicine.
- **American Osteopathic Association (AOA) –** An organization of osteopathic specialty boards with shared goals and standards related to the certification of osteopathic specialties. Certification includes primary certification, certification of special or added qualifications and osteopathic continuous certification.
- **Pain Management –** The medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders.

D. Policy
I. All the following criteria must be met for physicians to achieve successful credentialing as pain management specialists:
   A. Successful completion of residency in a pertinent residency program such as
      - neurology
      - neurosurgery
      - physical medicine and rehabilitation
      - anesthesiology
   B. Board certification in one of the above specialties, as recognized by ABMS, AOA, or ABPM
   C. Successful completion of fellowship training in pain medicine or anesthesiology certification in pain management
   D. Additional board certification in Pain Management by one of the following pathways is preferred:
      1. American Board of Anesthesiology, subspecialty in Pain Medicine
      2. American Board of Physical Medicine and Rehabilitation, subspecialty in Pain Medicine
      3. American Board of Psychiatry and Neurology, subspecialty in Pain Medicine

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4. American Osteopathic Board of Anesthesiology, certification of added qualifications in Pain Management
5. American Osteopathic Board of Neuromusculoskeletal Medicine, certification of added qualifications in Pain Management
6. American Osteopathic Board of Physical Medicine and Rehabilitation, certification of added qualifications in Pain Management
7. American Board of Pain Medicine (not an ABMS or AOA specialty)

II. Physicians board certified in one of the above specialties, but without additional pain management fellowship training or certification (anesthesia route), will not be credentialed in pain management.

III. Primary care physicians and specialists other than those listed above will not be credentialed as pain management physicians. Physicians who receive additional training in pain management and intend to do a non-interventional pain management practice will not be credentialed or listed as pain management physicians but will be privileged to do pain management as part of general medical practice depending on current level of training and experience.

IV. All physicians who do not meet requirements I.A-I.C will be reviewed at the credentialing committee for further consideration.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	05/12/2021	New policy
Date Revised	05/25/2022 07/19/2023	Annual Review: updated policy to match internal criteria Annual review: updated references. Approved at Committee.
Date Effective	12/01/2023	
Date Archived	10/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. *ABMS Guide to Medical Specialties*. American Board of Medical Specialties; 2022. Accessed June 23, 2023. www.abms.org.
2. Certification and American Board of Pain Medicine MOC® Examinations. American Board of Pain Medicine. Accessed June 23, 2023. www.abpm.org.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

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3. Specialties and Subspecialties. American Osteopathic Association (AOA) Board Certification. Accessed June 23, 2023. www.certification.osteopathic.org.

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