



## ADMINISTRATIVE POLICY STATEMENT Ohio Medicaid

Policy Name & Number	Date Effective
Pain Management Providers-OH MCD-AD-1106	10/01/2022-07/31/2023
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.

### Table of Contents

A. Subject.....	2
B. Background.....	2
C. Definitions .....	2
D. Policy .....	2
E. Conditions of Coverage.....	3
F. Related Policies/Rules.....	3
G. Review/Revision History.....	3
H. References.....	3

A. Subject

**Pain Management Providers**

B. Background

Practitioners who have obtained additional education/certification to practice in the field of pain medicine are able to help members manage and treat their 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. Certification includes 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; and
  - B. Board certification in one of the above specialties, as recognized by ABMS, AOA, or ABPM; and
  - C. Successful completion of fellowship training in pain medicine or anesthesiology certification in pain management; and
  - 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;
    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. Those 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 their general medical practice depending on current level of training and experience.
- IV. All physicians who do not meet requirements IA-IC will be reviewed at credentialing committee for further consideration.
- E. Conditions of Coverage  
NA
- F. Related Policies/Rules  
NA
- G. Review/Revision History

DATES		ACTION
<b>Date Issued</b>	05/12/2021	New policy
<b>Date Revised</b>	05/25/2022	Annual Review: updated policy information to match internal criteria
<b>Date Effective</b>	10/01/2022	
<b>Date Archived</b>	07/31/2023	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. American Board of Medical Specialties. (2022). ABMS Guide to Medical Specialties 2022. Chicago IL. Retrieved May 4, 2022 from [www.abms.org](http://www.abms.org).
2. American Osteopathic Association (AOA) Board Certification. (2022). Specialties and Subspecialties. Chicago, IL. Retrieved May 4, 2022 from [www.certification.osteopathic.org](http://www.certification.osteopathic.org).
3. Certification and American Board of Pain Medicine MOC Examinations. (2022). American Board of Pain Medicine. Retrieved May 5, 2022 from [www.abpm.org](http://www.abpm.org).

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