



ADMINISTRATIVE POLICY STATEMENT OHIO MEDICARE ADVANTAGE

Policy Name		Policy Number	Date Effective
Pain Management Providers		AD-1104	09/01/2021-09/30/2022
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements 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 are able to help members manage and treat their pain.

C. Definitions

- **American Board of Medical Specialties (ABMS)** - is 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 and maintenance of certification throughout the physician's career.
- **American Board of Pain Medicine (ABPM)** - is an organization who 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)** - is 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

- One of the following criteria must be met for physicians to achieve successful credentialing as pain management specialists:
 - Successful completion of an ABMS residency in one of the following programs:
 1. American Board of Anesthesiology
 2. American Board of Emergency Medicine
 3. American Board of Family Medicine
 4. American Board of Physical Medicine and Rehabilitation
 5. American Board of Psychiatry and Neurology
 6. American Board of Radiology; **or**
 - Successful completion of an AOA residency in one of the following programs:
 1. Anesthesiology
 2. Family Physicians
 3. Internal Medicine
 4. Physical Medicine & Rehabilitation; **or**
 - Successful completion of a Fellowship in pain management; **or**
 - Board Certification in Pain Management by the American Board of Pain Medicine.



- II. All physicians who do not meet requirements above will be reviewed at credentialing committee for further consideration.
- III. Physicians board certified in one of the above specialties, but without additional pain management fellowship training or certification will not be credentialed in pain management.
- IV. Primary Care physicians and specialists other than those listed above will not be credentialed as pain management physicians.
- V. Those physicians who receive additional training in pain management, and intend to do a non-interventional pain management practice:
 - A. Will not be credentialed or listed as pain management physicians.
 - B. Will be privileged to do pain management as part of their general medical practice depending on current level of training and experience.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATES		ACTION
Date Issued	05/12/2021	New policy
Date Revised		
Date Effective	09/01/2021	
Date Archived	09/30/2022	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. Specialty and Subspecialty Certificates. (2021). American Board of Medical Specialties. Retrieved 4/23/2021 from www.abms.org.
2. Specialties and Subspecialties. (2021). American Osteopathic Association Board Certification. Retrieved 4/23/2021 from www.certification.osteopathic.org.
3. Certification and American Board of Pain Medicine MOC® Examinations. (2021). American Board of Pain Medicine. Retrieved 4/23/2021 from www.abpm.org.

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