



Network Notification

Date: April 8, 2015

To: Ohio Health Partners- Ohio Medicaid and MyCare Providers

From: CareSource®

Subject: Prior Authorization for Pain Management and CPAPs

Effective Date: Pain Management and CPAPs – May 4, 2015

Pain Management Procedures PA Changes – Effective May 4, 2015:

Effective May 4, 2015, CareSource is implementing a policy change that will now require prior authorization for some interventional pain management procedures and CPAPs for dates of service May 4, 2015 and forward. CareSource uses MCG (Milliman Care Guidelines) and criterion for prior authorization medical necessity reviews. These criterion will be shared at a later date.

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### **Procedures and CPT Codes Affected by this Policy Change:**

**Facet Medial Branch Nerve Block Injections:** Each injection requires a prior authorization. The member should not receive any more than 6 injections in a 12 month period by the same or multiple providers.

**CPT Codes:** 64490, 64491, 64492, 64493, 64494, 64495

### **Epidural Steroid Injection (Interlaminar or Caudal) and Selective Transforaminal Epidural Injection:**

Each injection requires a prior authorization. Greater than 3 interlaminar or caudal epidural injections within a rolling 12 month period by the same or multiple providers will not be covered. Greater than 2 transforaminal epidural injections within a rolling 12 months by the same or multiple providers will not be covered.

**CPT Codes:** 62310, 62311, 64479, 64480, 64483, 64484

(over)

**Sacroiliac Joint Injection:** Each injection requires a prior authorization. Injections for diagnosis or treatment are given no less than two weeks apart, with no more than four injections total, 2 per side, in 12 months.

**CPT Codes:** 27096

**Neurotomy:** Each treatment requires a prior authorization. The member should not receive any more than 2 neurotomy treatments in a 12 month period.

**CPT Codes:** 64633, 64634, 64635, 64636

**Monitored Anesthesia:** Monitored anesthesia will not be authorized for any interventional pain management procedures listed above. Conscious sedation, if preferred, does not require prior authorization, but services will be considered part of the procedure and are not eligible for additional reimbursement.

**CPT Codes:** 01991, 01992, 01935, 01936

**For Ohio Medicaid Providers only:**

**Trigger Point Injections**

CareSource will reimburse ***up to a maximum of 8 trigger point injections of a local anesthetic or a steroid per 12 month period*** (consistent with OAC 5160-4-12) regardless of location, rendering provider, or interval between injections **with no prior authorization**. Use of trigger point injections should only be considered in patients with a new incidence of pain and repeated only with documented positive results. Because of insufficient evidence to document the effectiveness of trigger point injections for chronic pain management, greater than 8 trigger point injections within a 12 month period will be considered not medically necessary.