



Covered Benefit: Pain Management Services

CMP Published: Yes No

CMP Link: [Epidural Injections](#)
[Radio Frequency Facet Joint Denervation](#)
[Sacroiliac Joint Injections](#)

CPG Published: Yes No

Definition: Pain Management is the assessment of pain and, if appropriate, treatment in order to assure the needs of members who experience problems with pain are met. Treatment of pain may include the use of medications or application of other modalities and medical devices.

Pain management services can be provided across multiple settings; however, the services outlined below are restricted to the introduction/injection of anesthetic agents, facet joint injections, radio frequency facet joint denervation, and other covered medically necessary diagnostic or therapeutic services.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners

Coverage Limitations:

Pain management coverage limitations are outlined in the appropriate Clinical Medical Policies (CMP). See specific pain management limits in the comments section of Table 1 of this document.

Medical review and prior authorization are required for specific pain management services, see Authorization requirement for more detail.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package which does not include pain management services. For a comprehensive list of EFP covered services see the EFP Benefit Coverage Summary.

Pain management services do not include the standard use of anesthesia or analgesics during surgeries, labor and delivery and other procedures.

Coverage Includes:

- Pain Management
- Spinal Facet Joint Injections
- Sacroiliac Joint Injections
- Radiofrequency Facet Denervation
- Epidural Injections



Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

- Office (POS 11)
- Inpatient (POS 21)
- Outpatient (POS 22)
- Community Health Center (POS 50)

Pain Management Services

Description	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	CPT Code	HCPCS	Comments
Pain Management Other			“20552”, “20553”, “62292”, “64400” to “64450”, “64505” to “64530”		
Pain Management Spinal Facet Joint Injections			“64490”to“64495”		Auth Required Must have a minimum of 3 weeks between dates of service for spinal facet joint injections.
Pain Management Sacroiliac Joint Injections			“27096”		Auth Required
Pain Management Radio Frequency Facet Joint Denervation Outpatient			“64999”		Auth Required
Pain Management Epidural Injections Outpatient			62310, 62311, 62318, 62319, 64479 to 64484, 0228T to 0231T		Auth Required Must have a minimum of 3 weeks between dates of service for epidural injections. Benefit limit, up to 3 injections in 6 months. Additional authorization is required if patient requires additional injections after initial six months of therapy.
Pain Management Inpatient		03.91, 03.92, 03.96	62310, 62311, 62318, 62319, 64479 to 64484, 64999, 0228T to 0231T		

Non-Covered Pain Management

CPT Code	
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22505	Manipulation of spine requiring anesthesia, any region
64550	Application of surface (transcutaneous) neurostimulator

Notes:

Refer to Authorization Section for more detail on pain management authorization requirements.

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09/01/10

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