



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, Rhody Health Options Phase One.

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 Table 1.

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:



Notes:

See Radiology Benefit Coverage Summary for information regarding interventional radiology, including fluoroscopic guidance for pain management procedures.

See the Home Health Care Benefit Coverage Summary for information regarding covered IV infusion therapy services, including pain management.

See DME Benefit Coverage Summary for actual neurostimulator codes

See Outpatient Surgery and Procedures Benefit Coverage Summary for neurostimulator services

VERSION HISTORY:

Create Date: 06/04/10

Revision Dates:

CMC Review Dates: 1/10/11, 1/8/13

PEC Revision: 10/3/13