

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

<b>Policy/Procedure Number: MPCR13</b>		<b>Lead Department: Network Services</b> Business Unit: Credentialing	
<b>Policy/Procedure Title: Credentialing of Pain Management Specialist</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 01/15/2001</b>		<b>Next Review Date: 04/08/2027</b> <b>Last Review Date: 04/08/2026</b>	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input checked="" type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature: Mark Netherda, MD</b>		<b>Approval Date: 04/08/2026</b>	

**I. RELATED POLICIES:**

- A. MPCR300 – Physician Credentialing and Re-credentialing Requirements
- B. MCUP3049 – Pain Management Services

**II. IMPACTED DEPTS:**

- A. Provider Relations

**III. DEFINITIONS:**

- A. N/A

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

This policy defines the credentialing criteria for the Specialty of Pain Management.

**VI. POLICY / PROCEDURE:**

The specialist must meet all the criteria to be a Partnership HealthPlan of California (Partnership) contracted specialist, as stated in Policy MPCR300 – Physician Credentialing and Re-credentialing Requirements. In addition, the contracted specialist must meet the following criteria to be considered a Pain Management Specialist:

- A. The specialist must be board-certified or board-eligible by either the American Board of Physical Medicine and Rehabilitation, the American Board of Psychiatry and Neurology, the American Board of Family Medicine, the American Board of Emergency Medicine or the American Board of Anesthesiology and the specialist must have a Subspecialty in Pain Management conferred by one of these specialty boards OR
- B. The specialist must be board-certified or board-eligible by one of the aforementioned boards and must have been engaged at least 50% of the time for the previous two years in the practice of Pain Management OR
- C. The specialist must be board-certified or board-eligible by one of the aforementioned boards and must have completed 12 months of specialized post-graduate training in Pain Management OR
- D. The specialist must be board-certified or board-eligible in one of the aforementioned boards and must have completed a combination of the requirements in B. and C.

**VII. REFERENCES:**

- A. American Board of Physical Medicine & Rehabilitation
- B. American Board of Anesthesiology

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- C. American Board of Psychiatry & Neurology
- D. American Board of Family Medicine
- E. American Board of Emergency Medicine
- F. American Board of Anesthesiology
- G. Assembly Bill No. 1896 2011-2012 Session, Chapter 119, Section 719 (a)

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Director, Network Services

**X. REVISION DATES:**

2/14/2001, 4/10/2002, 3/12/2003, 3/10/2004, 2/9/2005 March 14, 2001, 2/8/2006, 7/12/2006, 5/9/2007, 7/9/2008, 7/8/2009, 7/14/2010, 7/13/2011, 8/8/2012, 9/11/2013, 8/13/2014, 02/10/2016, 02/08/2017, 02/14/2018, 08/08/2018, 04/10/2019, 04/08/2020, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024, 04/09/25, 04/08/26

**PREVIOUSLY APPLIED TO:**

N/A