

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MCUP3049 (previously UP100349)		<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Pain Management Specialty Services		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 12/20/2000		<b>Next Review Date:</b> 11/13/2025 <b>Last Review Date:</b> 11/13/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" 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 checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 11/13/2024

**I. RELATED POLICIES:**

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCUP3124 – Referral to Specialists (RAF) Policy
- C. MPCR13– Credentialing of Pain Management Specialist

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

N/A

**IV. ATTACHMENTS:**

- A. [Partnership Medical Necessity Criteria for Pain Management Procedures](#)

**V. PURPOSE:**

To describe the specialty of Pain Management, the practitioners eligible to provide services as a Pain Management Specialist, and the reimbursement mechanism for this specialty.

**VI. POLICY / PROCEDURE:**

- A. Partnership HealthPlan of California (Partnership) recognizes Pain Management as a specialty and will reimburse certain practitioners to perform services to Members as contracted Pain Management Specialists. These specialists are recognized by Partnership as experts in the medical management of acute and chronic pain, and may have expertise in the performance of invasive procedures designed to treat such conditions. Pain Management Specialists may also act as care coordinators for Partnership Members requiring a multi-disciplinary approach to their condition.
- B. In order to be considered as a Pain Management Specialist, the practitioner must be credentialed by the Partnership Credentials Committee as a Pain Management Specialist.
- C. The Primary Care Provider (PCP) must refer Members by submitting an electronic or hardcopy Referral Authorization Form (RAF). If the Pain Management Specialist wants the Member to see another specialist, the physician must ensure that the Member's PCP completes a referral authorization request (RAF) for the consultation.
- D. The specialty of Pain Management is to be reimbursed based on provisions in the specialist's contract. Medications dispensed or provided to Partnership Members as part of pain management services are

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reimbursed at the Medi-Cal rate. Revisions to the reimbursement schedule will be governed by the Specialty Contract of each provider.

**E. TAR Requirements**

1. The Pain Management Specialist must submit a Treatment Authorization Request (TAR) to Partnership for those procedures requiring a TAR. Please refer to policy MCUP3041 Treatment Authorization Request (TAR) Review Process - Attachment A ([Partnership TAR Requirements](#)) for a list of those pain management services that require a TAR.
2. Attachment A of this policy describes Partnership Medical Necessity Criteria for Pain Management Procedures.

**VII. REFERENCES:**

InterQual® Criteria

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual
- B. Partnership Department Directors

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:** 12/19/01; 05/21/03, 10/20/04; 10/19/05; 10/18/06, 03/19/08, 07/15/09; 05/18/11; 03/20/13 – effective 04/01/13; 05/20/15; 04/20/16; 03/15/17; \*06/13/18; 05/08/19; 05/13/20; 11/11/20; 10/13/21; 11/09/22; 11/08/23; 11/13/24

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:** N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.