

Pain Management for Non-Anesthesiologists

Policy

Harvard Pilgrim reimburses covered pain management services when the services are performed by contracted providers in a Harvard Pilgrim contracted facility or ambulatory surgical center (ASC).

Policy Definition

Pain Management is a discipline within the field of medicine that is concerned with the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain, or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.) If mental health services are required, the member or their PCP must call the Behavioral Health Access Center for authorization and direction to a participating provider.

Notification required for physical and occupational therapy.

Prior authorization may be required for some drugs related to pain management services (Refer to the *Medical Drug Prior Authorization* (CVS-Health-Novologix).

HMO/POS/PPO

A referral is required for outpatient specialist services for HMO and in-network POS members.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Outpatient pain management is reimbursed as follows:

- Botulinum Toxin Type A and Type B for specific conditions only. Botox A and B are on Harvard Pilgrim's Specialty Pharmacy Program and are available through CVS Health-Novologix.
- Central nervous system stimulators dorsal column brain depth stimulators.
- Destruction by neurolytic agent.
- Diagnostic testing.
- Drug therapy (self-administered drugs will be covered only if the member has a prescription drug rider).
- Fluoroscopic guidance and localization when appropriate
- Hydrotherapy
- Implanted peripheral nerve stimulators
- Outpatient evaluation and management codes
- Percutaneous electrical nerve stimulation (PENS)
- Physical and occupational therapy
- Regional/nerve blocks
- Structured progressive withdrawal from pain medications
- Therapeutic/diagnostic anesthetic agent injections
- Trigger point injections for specified indications
- Tendon sheath, ligament cyst, carpal/tarsal-tunnel injections for specified indications

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- Alternative treatments (e.g., hypnosis)
- Anesthesia and moderate sedation services (00300, 00400, 00600, 01935-01936, 01991-01992, 99152-99153, 99156-99157) when billed with pain management services and billed without a surgical code (10021-69990) by any provider for a member age 18 or older as of dates of service 07/01/2019.
- Comprehensive pain clinics. (Components of the program that would be covered on an individual basis under Harvard Pilgrim policies may be reimbursed.)
- Decompression treatments/therapies:
 - Nucleoplasty (decompression of herniated discs using radiofrequency and thermal energy)
 - Percutaneous laser disc decompression/laser discectomy
 - Percutaneous disc decompression (DeKompressor)
 - Dynesys® Dynamic Stabilization System
 - X-Stop Interspinous Process Decompression (IPD) System
- Other alternative back treatments:
 - IDET (Intradiscal Electrothermal Therapy)
 - Percutaneous lumbar discectomy/automated percutaneous lumbar discectomy (APLD)
- Massage therapy
- Occipital nerve stimulation
- Pulsed radiofrequency treatment
- Services provided between 10:00 pm and 8:00 am at a 24-hour facility in addition to the basic service
- Services provided in the office during regularly scheduled evening, weekend or holiday hours in addition to the basic service
- Services provided on an emergency basis in addition to the basic service

Member Cost-Sharing

Services are subject to member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable. Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits vary among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
511	Chronic pain center	CPT/HCPCS required
62324–62327	Injection, including catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid; cervical or thoracic, lumbar, sacral (caudal); with or without imaging guidance	Bill for catheter insertion for pain management when not used as the anesthetic; when catheter is placed as mode of anesthesia and retained for post-operative pain management use, this code is not reported; bill with anesthesia code procedure only
97124	Massage therapy	Not reimbursed
99051	Services provided in the office during regularly scheduled evening, weekend or holiday hours in addition to the basic service	Not reimbursed

PAYMENT POLICIES

Code	Description	Comments
99053	Services provided between 10 p.m. and 8 a.m. at a 24-hour facility in addition to basic service	Not reimbursed
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office visits in addition to the basic service	Not reimbursed

Moderate (Conscious) Sedation

Code	Description	Comments
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service (excluding biliary procedures) that the sedation supports (additional time may be reported with 99153, as appropriate)	Bill with CPT 43200-45398, HCPCS G0105 AND G0121
99151-99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status	CPT 99152 not reimbursed when billed with CPT 43200-45398, HCPCS G0105 AND G0121. (See G0500)
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Use in addition to G0500 or 99151,99152
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Use in addition to 99155-99156

Other Information

- Pain management services should not be reported with time/minutes.

Modifiers

- Only ASA codes (00100-01999) should be reported with an anesthesia specific modifier.
- Do not report evaluation and management codes or pain management procedures with an anesthesia specific modifier.
- Therapeutic/diagnostic/anesthetic injections reimbursed with ASA codes when procedure is separate and distinct and reported with the appropriate modifier.

If your primary specialty is:	And secondary/sub-specialty is, OR you are board-certified in anesthesia:	Anesthesia modifier required?
Pain Management	None	No modifier required
	Anesthesiology	Yes, modifier required for ASA codes only (refer to Anesthesia)
	Anything other than anesthesia	No modifier required

Related Policies
Payment Policies

- Acupuncture
- Anesthesia
- Bilateral Services and CPT Modifier 50
- Evaluation and Management
- Physical, Occupational, and Speech Therapy
- Surgery
- Tendon Sheath, Ligament Cyst, Carpal/Tarsal Tunnel Injections
- Trigger Point Injections

Clinical/Authorization Policies

- Implantable Neurostimulators

Medical Drug Prior Authorization (CVS Health-NovoLogix)

- Botox

Billing & Reimbursement

- Claims Submission Guidelines

PUBLICATION HISTORY

08/01/06	original documentation
04/30/08	annual review, removed chemodenervation of eccrine glands from "Does Not Reimburse;" added pulsed radiofrequency to "Does Not Reimburse"
01/01/09	added no anesthesia modifier requirement for non-ASA codes; added billing requirements for separate and distinct anesthetic injections
03/15/09	annual review; added no reimbursement for pudendal nerve decompression; clarified contact information for Botox criteria
03/15/10	annual review; added no reimbursement for occipital nerve stimulation; added related PT policy
01/15/11	annual coding update; added additional non-covered diagnosis to pudendal nerve decompression and occipital nerve stimulation
02/15/11	annual review; clarified non-reimbursed diags for pudendal nerve decompression; clarified non-reimbursed services
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; added new coding for injection of anesthetic agents; clarified covered services; update to related policies
04/15/13	annual review; added non-covered back treatments
01/15/14	annual coding update; added additional codes to the range for destruction by neurolytic agent

PAYMENT POLICIES

04/15/14	annual review; updated policy definition and specialty pharmacy
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
03/15/15	annual review; no changes
06/15/15	ICD-10 coding update
02/15/16	added Botulinum A and B toxin Medical Policy as a related policy
04/15/16	annual review; updated member cost-sharing statement, updated CPT 90101 as of 07/01/16
01/15/17	annual coding update
02/15/17	added moderate (conscious) sedation
04/15/17	annual review; added acupuncture and pudendal nerve as related policies
01/01/18	updated Open Access Product referral information under Prerequisites
05/01/18	annual review; removed Biofeedback from Harvard Pilgrim Does Not Reimburse; removed occipital nerve stimulation CPT and ICD codes; replaced vendor Accredo with CVS Health-Novologix; added prior authorization information for drugs related to pain management under Prerequisite(s); added biofeedback medical policy and medical review criteria implantable neurostimulators in related policy section
04/01/19	annual review; administrative edits, removed items from Harvard Pilgrim Does Not Reimburse and Harvard Pilgrim Reimburses sections; updated related policies
05/01/19	updated anesthesia and moderate sedation will no longer be reimbursed when billed with pain management services as of 07/01/19 for members age 18 or older
04/01/20	annual review; administrative edits; removed archived medical policies
04/01/21	annual review; updated Provider Billing Guidelines and Documentation section; removed the Biofeedback Medical Policy from the Related Policies section

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The tables may not include all provider claim codes related to pain management.