

Title	Description
Policy Name:	<b>Chronic Pain Management Programs</b>
Policy Number:	BRM-2018-07
Code/Rule Reference:	<a href="#">OAC 4123-6-02.2</a> ; <a href="#">OAC 4123-6-08</a> ; <a href="#">OAC 4123-6-10</a> ; <a href="#">OAC 4123-6-37.2</a> ; <a href="#">OAC 4123-6-37.1</a> ; <a href="#">OAC 4123-6-40</a>
Effective Date:	07/01/2018
Origin:	Medical Policy
Supersedes:	All medical policies, directives and memos regarding chronic pain management programs that predate the effective date of this policy.
History:	Revised
Review date:	07/01/2028

### I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to ensure that the Bureau of Workers' Compensation (BWC) provides direction for the billing of chronic pain management programs for Ohio's injured workers.

### II. APPLICABILITY

This policy applies to all actions relevant to the request, approval, and reimbursement of chronic pain management programs within the Ohio workers' compensation system.

### III. DEFINITIONS

There are no definitions for this policy.

### IV. POLICY

#### A. Chronic Pain Management Program Requirements

Chronic pain management programs must include a multidisciplinary, comprehensive treatment approach that addresses the physiological, psychological, social, and vocational aspects of chronic pain.

1. Chronic pain management program objectives shall include but are not limited to:
  - a. Maximize physical function (strength, stamina and flexibility) within the constraints of the injured worker's physical limitations;
  - b. Reduce or eliminate overuse of health services and invasive medical procedures relative to the primary pain complaints;
  - c. Reduce or eliminate the use of pain medications;

- d. Reduce the subjective pain intensity by relieving pain and/or modifying the injured worker's reaction to the pain;
  - e. Develop skills for self-management of chronic pain and related problems;
  - f. Improve emotional function and reduce harmful emotional states associated with chronic pain;
  - g. Improve interpersonal relationships;
  - h. Identify vocational goals, if applicable;
  - i. Return to work-readiness, if applicable.
2. Program services may include but are not limited to:
- a. Physician services;
  - b. Psychological services (individual and/or group);
  - c. Physical therapy;
  - d. Occupational therapy;
  - e. Group educational services;
  - f. Acupuncture;
  - g. Biofeedback;
  - h. Chiropractic treatment;
  - i. Diagnostic testing;
  - j. Laboratory testing, including drug testing;
  - k. Nutritional counseling;
  - l. Recreational therapy; and
  - m. Structured progressive withdrawal from pain medications.

**B. Chronic Pain Management Program Types**

- 1. Services may be provided by hospital or free-standing chronic pain program provider types.
- 2. Inpatient Programs (hospital provider types only)
  - a. Inpatient programs are appropriate only when injured worker's condition is such that a highly supervised and monitored program is essential for success. Inpatient programs are appropriate when one (1) or more of the following conditions are met:
    - i. The injured worker requires structured, progressive reduction of a prescribed medication before any possible benefit of the pain management program can be realized;
    - ii. The injured worker exhibits personality/behaviors such that effective participation would be unlikely in an unsupervised/unmonitored setting;
    - iii. The injured worker requires a structured environment for psychological support and/or medical monitoring;
    - iv. The injured worker's pain behavior is reinforced in the home to the point that it is necessary for the injured worker to be removed from

the home in order to succeed in a chronic pain management program.

- v. The injured worker will not be granted frequent off-site passes.
  - b. An inpatient program of three (3) to four (4) weeks is generally appropriate to modify pain behavior. On occasion, a program longer than four (4) weeks may be appropriate when substantiated by medical documentation.
3. Outpatient Programs (hospital provider types or free-standing chronic pain programs)
- a. Outpatient programs are appropriate when the injured worker's condition does not warrant the highly supervised environment of an inpatient program.
  - b. Half day programs are required to include a minimum of three and one half (3 1/2) hours of treatment, excluding break and mealtimes.
  - c. Full day programs are required to include a minimum of seven (7) hours of treatment, excluding break and mealtimes.
  - d. Treatment times (i.e. start and end time or service duration) for each service shall be documented in the injured worker's medical record to ensure compliance with the full or half day treatment requirements.

**C. Injured Worker Eligibility Requirements**

- 1. In order to be eligible for participation in a chronic pain management program, the injured worker must meet the following requirements:
  - a. The injured worker is symptomatic of excessive pain behaviors disproportionate to the compensable injury or condition;
  - b. The injured worker has not responded to traditional medical treatment;
  - c. The cause of the injured worker's pain is unknown or attributable to a physical cause (i.e. not purely psychogenic in origin);
  - d. The injured worker's pain has affected his/her level of function for activities of daily living;
  - e. The injured worker's current use/abuse of alcohol or drugs is not expected to interfere with full participation in the program;
  - f. The injured worker is not currently experiencing any acute medical problems, is not anticipating any medical or surgical intervention and is considered to be medically stable to participate in a multidisciplinary, physically challenging program;
  - g. The injured worker has previously completed no more than one (1) multidisciplinary pain management program;
  - h. The injured worker is demonstrating significant emotional distress (e.g., Depression, anxiety or impaired interpersonal, familial, occupational, or social functioning)
    - i. As a result of pain associated with the allowed injury; and

- ii. The injured worker is psychiatrically stable, such that they can actively and safely participate in the program.
- i. The injured worker has expressed interest and desire to participate in a chronic pain management program with a goal of returning to work, if appropriate;
- j. The injured worker has the cognitive ability to understand and carry out instructions.
- 2. The injured worker is not required to have a psychological allowance in his/her claim to be eligible for participation a chronic pain management program.

**D. Injured Worker Eligibility Evaluation**

- 1. When a physician of record (POR) or treating physician determines an injured worker may benefit from a chronic pain management program, the physician shall request prior authorization for a comprehensive, multidisciplinary chronic pain management program eligibility evaluation (i.e., pre-admission evaluation).
- 2. The evaluation shall be performed on an outpatient basis at the hospital or free-standing chronic pain management program facility.
- 3. The injured worker program eligibility evaluation shall include:
  - a. Medical history and physical/neuromuscular examination which includes review of medications;
  - b. Review of past, pertinent medical records;
  - c. Psychological and social evaluation;
  - d. Physical therapy evaluation;
  - e. Occupational therapy evaluation;
  - f. Cardiac stress test, if necessary; and
  - g. Specialist consultation(s), if necessary
- 4. Documentation from the injured worker eligibility evaluation shall be submitted to the MCO and shall include:
  - a. Indication if the injured worker meets each of the eligibility criteria listed in section IV.C.1. of this policy;
  - b. Identification of barriers, if any, preventing the injured worker from participating in the program;
  - c. Preliminary recommended treatment plan if injured worker meets eligibility requirements and no other barriers exist.

**E. Chronic Pain Management Program Authorization**

- 1. Following the injured worker eligibility evaluation, the POR or treating physician shall request prior authorization for the chronic pain management program. The request shall include:
  - a. Program type (inpatient or outpatient);
  - b. Frequency and duration of treatment (e.g., full day or half day request

for outpatient services).

**F. Billing and Reimbursement**

1. Injured worker eligibility evaluation
  - a. Services provided under section IV.D. of this policy shall be reported using BWC local level code for chronic pain program preadmission evaluation, per day, as listed in the hospital outpatient reimbursement rule ([OAC 4123-6-37.2](#)) and in the professional provider and medical services reimbursement rule ([OAC 4123-6-08](#)).
  - b. Hospitals shall submit bills for the injured worker eligibility evaluation on the CMS-1450 (UB-04 Uniform Bill form).
  - c. Free-standing chronic pain programs shall submit bills for the injured worker eligibility evaluation on the CMS-1500 (Health Insurance Claim Form).
  - d. Reimbursement for the injured worker eligibility evaluation is an all-inclusive rate for all professional provider and facility services.
2. Hospital-based inpatient chronic pain management services
  - a. Services provided by hospital-based inpatient programs shall be reported using ICD-10-CM and ICD-10-PCS Official Guidelines for Coding and Reporting for hospital inpatient services.
  - b. Bills shall be submitted on the CMS-1450 (UB-04 Uniform Bill form).
  - c. Services shall be reimbursed according to the hospital inpatient reimbursement rule ([OAC 4123-6-37.1](#)).
3. Hospital-based outpatient chronic pain management services
  - a. Full and half day outpatient per diem services provided by hospital-based outpatient programs shall be reported with chronic pain program per diem codes listed in the hospital outpatient reimbursement rule ([OAC 4123-6-37.2](#)).
  - b. The unbundling of services by reporting CPT and HCPCS codes in place of per diem codes is prohibited.
  - c. Bills shall be submitted on the CMS-1450 (UB-04 Uniform Bill form).
  - d. Reimbursement for chronic pain program services under the full or half day outpatient per diem rate is an all-inclusive rate for all professional provider and facility services.
4. Free-standing outpatient chronic pain management services
  - a. Full and half day outpatient per diem services provided by free-standing outpatient programs shall be reported with per diem codes listed in the professional provider and medical services reimbursement rule ([OAC 4123-6-08](#)).
  - b. The unbundling of services by reporting CPT and HCPCS codes in place of per diem codes is prohibited.
  - c. Bills shall be submitted on the CMS-1500 (Health Insurance Claim Form).

- d. Reimbursement for chronic pain program services under the full or half day outpatient per diem rate is an all-inclusive rate for all professional provider and facility services.
- 5. Professional provider chronic pain management services
  - a. Professional providers may not separately bill for services provided as part of chronic pain management program.
  - b. Reimbursement for services provided as part of a chronic pain management program are included in the hospital inpatient reimbursement rate or in the outpatient per diem rate (hospital outpatient or free-standing program).
- 6. Injured worker travel is reimbursed according to BWC's *Travel Reimbursement* policy and procedure (CP-20-01 and CP-20-01.PR1).