

## Pain Management Provider Guidelines

- 1) PCP issues referral for initial evaluation using procedure codes 99201-99205 and one follow-up visit using codes 99211-99215. The follow-up visit should be included with the evaluation request. Referral Authorizations issued will cover one (1) Evaluation Visit and (1) follow-up visit.
- 2) Pain Management Specialist evaluates patient, creates treatment plan, and enters initial proposed pain management treatment services in the KePRO system for authorization utilizing the procedure CPT codes and checklist for pain management procedures located on KePRO/HCHCP website
- 3) Pain Management Specialist reevaluates patient after initial treatment. If additional follow-up visits are required, the patient must be referred back to their PCP.
- 4) One additional follow-up visit may be requested and approved after the evaluation, initial follow-up visit and any procedure visit. Request must include code  
Range of 99211-99215, and the following information:
  - Proof that patient has been seen by PCP (need to provide date and should within 30 days) and recommendation of additional visit. Referral must come from PCP.
  - Clinical information included to support either New onset or different type of symptoms OR complication from previous pain management procedure.
  - OR active medication management or adjustment needed or weaning of medication.
- 5) Pain Management Specialist enters add'l proposed pain management treatment services in the KePRO system for authorization utilizing appropriate CPT codes understanding that these require a medical director's review.
- 6) Pain Management Specialist refers patient back to their PCP after authorized visits/treatments are completed.
- 7) An additional follow-up visit may be requested for patient who was on long term methadone and required adjustments or transitioning to substance abuse program using appropriate CPT Codes.
- 8) Client's receiving non-methadone Schedule II medications will be allowed 2 additional follow-up visits with pain management. The prior authorizations must include the documented weaning schedule to be completed over a 60 day period. This excludes clients with the diagnosis of cancer and those clients with implantable pain infusion pumps.

9) Clients receiving Schedule III medications are to be followed by the client's primary care physician.

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