

Chronic Pain Management

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4005

Recent review date: **10/2023**

Next review date: **2/2025**

Policy contains: Chronic pain.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment

Policy statement

AmeriHealth Caritas Louisiana covers the epidural injection of an anesthetic substance for the prevention or control of acute pain such as that which occurs during delivery or surgery. Billing of these procedures subsequently for pain management, pain control, or any another reason is not covered. AmeriHealth Caritas Louisiana does not cover spinal injections to alleviate chronic, intractable pain.

Coverage for chronic intractable pain is dependent on the clinical etiology and the type of service or treatment. AmeriHealth Caritas Louisiana's coverage policy shall include the provisions within this section.

If an enrollee requests treatment for chronic intractable pain, depending on the underlying cause or anatomical defect, the provider may determine treatment or management to include physical therapy, occupational therapy, medication therapy management, epidural steroid injection therapy, acupuncture, chiropractic, behavioral health and addiction medicine services in coordination with case management. These include some alternative treatments, and the inclusion of coverage on the Professional Services Fee Schedule will define covered treatments. AmeriHealth Caritas Louisiana may offer additional treatments via authorized in lieu of services or value-added benefits.

Certain Medicaid procedures or services may require prior authorization. CPT codes for the treatment of chronic intractable pain requiring PA can be identified on the Professional Services Fee Schedule. Note: Medical necessity for epidural steroid injection (ESI) shall be determined by the history of illness, physical examination, and concordant diagnostic imaging supporting radiculopathy, radicular pain, or

neurogenic claudication due to herniation, stenosis, and/or degenerative disease protracted and severe enough to greatly impact quality of life or function (Louisiana Medicaid Managed Care Organization Manual, 2023).

Physical medicine and rehabilitation consultations for chronic pain management are services covered by AmeriHealth Caritas Louisiana.

References

Louisiana Medicaid Managed Care Organization (MCO) Manual.
https://ldh.la.gov/assets/medicaid/Manuals/MCO_Manual.pdf. Issued September 28, 2023.

Louisiana Medicaid Professional Services Provider Manual. 2012. Ambulatory Surgical Centers (Non-Hospital). Chapter 5, Section 5.1. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ps/ps.pdf>. Issued February 1, 2012.

Louisiana Medicaid Professional Services Provider Manual. 2012. Anesthesia. Chapter 5, Section 5.1. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ps/ps.pdf>. Issued October 7, 2022.

~~Louisiana Medicaid Professional Services Provider Manual. 2012. Ambulatory Surgical Centers (Non-Hospital). Chapter 5, Section 5.1. Issued 02/01/12.~~

~~Louisiana Medicaid Professional Services Provider Manual. 2012. Anesthesia. Chapter 5, Section 5.1. 07/14/2016.~~

Policy updates

Initial review date: 3/1/2021

11/2023: Policy references updated.