

Disease Management for Pain (Pain Schools)

Date of Origin: 1/27/2021

Last Review Date: 10/25/2023

Effective Date: 11/1/2023

Dates Reviewed: 1/27/2021, 5/25/2022, 10/2022, 10/2023

Developed By: Medical Necessity Criteria Committee

I. Description

A disease management program for pain (also known as a pain school) is a holistic, organized course of treatment to help individuals manage chronic pain. Programs incorporate assessment, education, movement therapy and mindfulness training to change both the experience of pain and the patient's relationship with pain and help individuals with chronic pain improve their functioning.

II. Criteria: CWQI BHC-0015

- A. Authorization for **an initial evaluation** is indicated by a diagnosis of chronic pain.
- B. Authorization for **an initial course** (generally 10-16 weeks) is indicated by **ALL** of the following:
 - a. Program is directed and overseen by a qualified provider (either a licensed practitioner or a program with a Certificate of Approval from the Oregon Health Authority).
 - b. The program incorporates a multidisciplinary approach including at a minimum psychoeducation, movement, mindfulness training, and coordination with medical providers.
 - c. The patient has a documented chronic pain condition substantially interfering with functioning or quality of life.
 - d. Planned treatment interventions are geared toward assisting the patient to gain self-efficacy, increase knowledge of the dynamics of pain, and improve daily functioning.
- C. Authorization for **a subsequent course** (generally 10-16 weeks) is indicated by **ALL** of the following:
 - a. The patient has made documented progress in the initial course of treatment.
 - b. The patient has not fully resolved the issues leading to the initial course of treatment.
 - c. Continued treatment is reasonably expected to facilitate further clinical progress.
- D. **Termination of authorization** is indicated by **ANY** of the following:
 - a. Treatment has successfully completed, as evidenced by **ALL** of the following:
 - i. The problems necessitating treatment have been resolved or are managed successfully;
 - ii. The patient has developed strategies for ongoing management of chronic pain;
 - iii. Appropriate follow-up resources are in place.
 - b. The patient is not making progress and further participation is not expected to produce clinical improvement.

III. Information Submitted with the Prior Authorization Request:

1. For **initial evaluation**: Documentation of chronic pain diagnosis.
2. For **initial course of treatment**:

- a. Results of biopsychosocial assessment including at a minimum:
 - i. Medical issues contributing to pain;
 - ii. Relevant mental health concerns;
 - iii. Evaluation of substance use concerns.
 - b. Treatment plan including at a minimum:
 - i. Treatment goals
 - ii. Planned interventions
 - iii. Coordination of care with medical providers.
3. For **subsequent course of treatment**:
- a. Updated clinical summary including progress in treatment;
 - b. Treatment plan including at a minimum:
 - i. Treatment goals
 - ii. Planned interventions
 - iii. Coordination of care with medical providers.

IV. CPT or HCPC codes covered:

Codes	Description
S0315	Disease management program; initial assessment and initiation of the program
S0317	Disease management program; per diem

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
1/27/2021	New criteria	4/15/2021
5/25/2022	Annual review. No changes.	5/25/2022
10/2022	Semi-annual review. No changes.	11/1/2022
10/2023	Annual review. No changes.	11/1/2023

VII. References

1. Qaseem, A. et.al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017. 166:514-530.
2. McCarty D, Bovett R, Burns T, Cushing J, Glynn ME, Kruse SJ, Millet LM, Shames J. Oregon's strategy to confront prescription opioid misuse: a case study. *J Subst Abuse Treat.* 2015 Jan;48(1):91-5. doi: 10.1016/j.jsat.2014.07.012. Epub 2014 Aug 2. PMID: 25168199; PMCID: PMC4250344.
3. Chou R, Deyo R, Friedly J, et al. Noninvasive Treatments for Low Back Pain [Internet]. Rockville (MD): *Agency for Healthcare Research and Quality (US)*; 2016 Feb. (Comparative Effectiveness Reviews, No. 169.) Available from: <https://www.ncbi.nlm.nih.gov/sites/books/NBK350276/>
4. Chou R, Hoyt Huffman, L. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. *Ann Intern Med.*2007; 147:492-504. [Epub ahead of print 2 October 2007]. doi:10.7326/0003-4819-147-7-200710020-00007
5. Chaparro LE, Furlan AD, Deshpande A, Mailis-Gagnon A, Atlas S, Turk DC. Opioids compared to placebo or other treatments for chronic low-back pain. *Cochrane Database of Systematic Reviews* 2013, Issue 8. Art. No.: CD004959. DOI: 10.1002/14651858.CD004959.pub4. Accessed 15 January 2021.

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
G89.2x	Chronic Pain
G89.4	Chronic Pain Syndrome
R52	Pain, Unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

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Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC