OUTPATIENT HOSPITAL PAIN REHABILITATION PROGRAMS
(NCD 10.4)

Guideline Number: MPG228.03

Table of Contents

<table>
<thead>
<tr>
<th>Terms and Conditions</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERMS AND CONDITIONS</td>
<td>1</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>1</td>
</tr>
<tr>
<td>POLICY SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>2</td>
</tr>
<tr>
<td>GUIDELINE HISTORY/REVISION INFORMATION</td>
<td>2</td>
</tr>
</tbody>
</table>

Related Medicare Advantage Coverage Summaries

- **Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid**
- Pain Management and Pain Rehabilitation
- Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)
- Stimulators: Electrical and Spinal Cord Stimulators

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®**), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

**CPT® is a registered trademark of the American Medical Association.

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- **Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid**
- Pain Management and Pain Rehabilitation
- Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)
- Stimulators: Electrical and Spinal Cord Stimulators
• Medicare coding or billing requirements, and/or
• Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

POLICY SUMMARY

Overview
Pain rehabilitation programs are available in some hospitals as outpatient. In such programs, services frequently are provided in group settings even though they are being furnished pursuant to each patient’s individualized plan of treatment.

Guidelines
Coverage of services furnished under outpatient hospital pain rehabilitation programs, including services furnished in group settings under individualized plans of treatment, is available if the patient’s pain is attributable to a physical cause, the usual methods of treatment have not been successful in alleviating it, and a significant loss of ability by the patient to function independently has resulted from the pain. If a patient meets these conditions and the program provides services of the types discussed in §10.3, the services provided under the program may be covered. Non-covered services (e.g., acupuncture, vocational counseling or meals for outpatients) continue to be excluded from coverage, and UnitedHealthcare would not be precluded from finding, in the case of particular patients, that the pain rehabilitation program is not reasonable and necessary under §1862(a)(1) of the Social Security Act for the treatment of their conditions.

REFERENCES
CMS National Coverage Determinations (NCDs)
NCD 10.4 Outpatient Hospital Pain Rehabilitation Programs
Reference NCD: NCD 10.3 Inpatient Hospital Pain Rehabilitation Programs

CMS Local Coverage Determinations (LCDs)

<table>
<thead>
<tr>
<th>LCD</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33622 (Pain Management) NGS</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L35033 (Pain Management) Novitas Retired 02/01/2017</td>
<td>AR, CO, LA, MS, NM, OK, TX</td>
<td>AR, CO, LA, MS, NM, OK, TX</td>
</tr>
</tbody>
</table>

CMS Articles

<table>
<thead>
<tr>
<th>Article</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A52863 (Pain Management – Supplemental Instructions Article) NGS</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
</tbody>
</table>

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/14/2018</td>
<td>• Annual review</td>
</tr>
</tbody>
</table>