

Pain Management

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[Instructions for Use](#)

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| Related Benefit Interpretation Policies |
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| <ul style="list-style-type: none"> Biofeedback Complementary and Alternative Medicine Hospice Rehabilitation Services (Physical, Occupational, and Speech Therapy) |

| Related Medical Policies |
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| <ul style="list-style-type: none"> Ablative Treatment for Spinal Pain Discogenic Pain Treatment Epidural Steroid Injections for Spinal Pain Facet Joint and Medial Branch Block Injections for Spinal Pain |

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California

California Health and Safety Code (HSC) Section 1256.2

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1256.2&lawCode=HSC

- (a) (1) No general acute care hospital may promulgate policies or implement practices that determine differing standards of obstetrical care based upon a patient's source of payment or ability to pay for medical services.
- (2) Each hospital holding an obstetrical services permit shall provide the licensing and certification division of the department with a written policy statement reflecting paragraph (1) and shall post written notices of this policy in the obstetrical admitting areas of the hospital by July 1, 1999. Notices posted pursuant to this section shall be posted in the predominant language or languages spoken in the hospital's service area.
- (b) It shall constitute unprofessional conduct within the meaning of the Medical Practice Act, Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, for a physician or surgeon to deny, or threaten to withhold pain management services from a woman in active labor, based upon that patient's source of payment, or ability to pay for medical services.

HSC Section 1367.215

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.215&lawCode=HSC

- (a) Every health care service plan contract that covers prescription drug benefits shall provide coverage for appropriately prescribed pain management medications for terminally ill patients when medically necessary. The plan shall approve or deny the request by the provider for authorization of coverage for a member who has been determined to be terminally ill in a timely fashion, appropriate for the nature of the member's condition, not to exceed 72 hours of the plan's receipt of the information requested by the plan to make the decision. If the request is denied or if additional information is required, the plan shall contact the provider within one working day of the determination, with an explanation of the reason for the denial or the need for additional information. The requested treatment shall be deemed authorized as of the expiration of the applicable timeframe. The provider shall contact the plan within one business day of proceeding with the deemed authorized treatment, to do all of the following:
 - (1) Confirm that the timeframe has expired.

- (2) Provide enrollee identification.
- (3) Notify the plan of the provider or providers performing the treatment.
- (4) Notify the plan of the facility or location where the treatment was rendered.
- (b) This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration. Coverage for different-use drugs is subject to Section 1367.21.
- (c) Nothing in this section shall be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter when a plan provides coverage for prescription drugs.

HSC Section 1746

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1746&lawCode=HSC

For the purposes of this chapter, the following definitions apply:

- (j) "Palliative care" means patient and family-centered care that optimizes quality of life of a patient with a terminal illness by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

HSC PART 4.5. Pain Patient's Bill of Rights

Section 124960

[Law section \(ca.gov\)](#)

The Legislature finds and declares all of the following:

- (a) The state has a right and duty to control the illegal use of opiate drugs.
- (b) Inadequate treatment of acute and chronic pain originating from cancer or noncancerous conditions is a significant health problem.
- (c) For some patients, pain management is the single most important treatment a physician can provide.
- (d) A patient suffering from severe chronic intractable pain should have access to proper treatment of his or her pain.
- (e) Due to the complexity of their problems, many patients suffering from severe chronic intractable pain may require referral to a physician with expertise in the treatment of severe chronic intractable pain. In some cases, severe chronic intractable pain is best treated by a team of clinicians in order to address the associated physical, psychological, social, and vocational issues.
- (f) In the hands of knowledgeable, ethical, and experienced pain management practitioners, opiates administered for severe acute and severe chronic intractable pain can be safe.
- (g) Opiates can be an accepted treatment for patients in severe chronic intractable pain who have not obtained relief from any other means of treatment.
- (h) A patient suffering from severe chronic intractable pain has the option to request or reject the use of any or all modalities to relieve his or her severe chronic intractable pain.
- (i) A physician treating a patient who suffers from severe chronic intractable pain may prescribe a dosage deemed medically necessary to relieve severe chronic intractable pain as long as the prescribing is in conformance with the provisions of the California Intractable Pain Treatment Act, Section 2241.5 of the Business and Professions Code.
- (j) A patient who suffers from severe chronic intractable pain has the option to choose opiate medication for the treatment of the severe chronic intractable pain as long as the prescribing is in conformance with the provisions of the California Intractable Pain Treatment Act, Section 2241.5 of the Business and Professions Code.
- (k) The patient's physician may refuse to prescribe opiate medication for a patient who requests the treatment for severe chronic intractable pain. However, that physician shall inform the patient that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.

Section 124961

[Law section \(ca.gov\)](#)

Nothing in this section shall be construed to alter any of the provisions set forth in the California Intractable Pain Treatment Act, Section 2241.5 of the Business and Professions Code. This section shall be known as the Pain Patient's Bill of Rights.

- (a) A patient suffering from severe chronic intractable pain has the option to request or reject the use of any or all modalities in order to relieve his or her severe chronic intractable pain.
- (b) A patient who suffers from severe chronic intractable pain has the option to choose opiate medications to relieve severe chronic intractable pain without first having to submit to an invasive medical procedure, which is defined as surgery, destruction of a nerve or other body tissue by manipulation, or the implantation of a drug delivery system or device, as long as the prescribing physician acts in conformance with the provisions of the California Intractable Pain Treatment Act, Section 2241.5 of the Business and Professions Code.

- (c) The patient's physician may refuse to prescribe opiate medication for the patient who requests a treatment for severe chronic intractable pain. However, that physician shall inform the patient that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
- (d) A physician who uses opiate therapy to relieve severe chronic intractable pain may prescribe a dosage deemed medically necessary to relieve severe chronic intractable pain, as long as that prescribing is in conformance with the California Intractable Pain Treatment Act, Section 2241.5 of the Business and Professions Code.
- (e) A patient may voluntarily request that his or her physician provide an identifying notice of the prescription for purposes of emergency treatment or law enforcement identification.
- (f) Nothing in this section shall do either of the following:
 - (1) Limit any reporting or disciplinary provisions applicable to licensed physicians and surgeons who violate prescribing practices or other provisions set forth in the Medical Practice Act, Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, or the regulations adopted thereunder.
 - (2) Limit the applicability of any federal statute or federal regulation or any of the other statutes or regulations of this state that regulate dangerous drugs or controlled substances.

Business and Professions Code "Intractable Pain Law", Section 2241.5

[Law section \(ca.gov\)](#)

- (a) A physician and surgeon may prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including but not limited to intractable pain.
- (b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances in accordance with this section.
- (c) This section shall not affect the power of the board to take any action described in Section 2227 against a physician and surgeon who does any of the following:
 - (1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross negligence, repeated negligent acts, or incompetence.
 - (2) Violates Section 2241 regarding treatment of an addict.
 - (3) Violates Section 2242 or 2525.3 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs or recommending medical cannabis.
 - (4) Violates Section 2242.1 regarding prescribing on the Internet.
 - (5) Fails to keep complete and accurate records of purchases and disposals of substances listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) or controlled substances scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Sec. 801 et seq.), or pursuant to the federal Comprehensive Drug Abuse Prevention and Control Act of 1970. A physician and surgeon shall keep records of his or her purchases and disposals of these controlled substances or dangerous drugs, including the date of purchase, the date and records of the sale or disposal of the drugs by the physician and surgeon, the name and address of the person receiving the drugs, and the reason for the disposal or the dispensing of the drugs to the person, and shall otherwise comply with all state recordkeeping requirements for controlled substances.
 - (6) Writes false or fictitious prescriptions for controlled substances listed in the California Uniform Controlled Substances Act or scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.
 - (7) Prescribes, administers, or dispenses in violation of this chapter, or in violation of Chapter 4 (commencing with Section 11150) or Chapter 5 (commencing with Section 11210) of Division 10 of the Health and Safety Code.
- (d) A physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including but not limited to a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.
- (e) Nothing in this section shall prohibit the governing body of a hospital from taking disciplinary actions against a physician and surgeon pursuant to Sections 809.05, 809.4, and 809.5.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Pain management services are covered for the treatment of long term and acute pain only when they are received from a network provider and authorized by UnitedHealthcare or its designee.

Example includes but is not limited to:

- Epidural injections when determined to be medically necessary

Refer to the following Medical Policies for additional information:

- [Ablative Treatment for Spinal Pain](#)
- [Discogenic Pain Treatment](#)
- [Epidural Steroid Injections for Spinal Pain](#)
- [Facet Joint and Medial Branch Block Injections for Spinal Pain](#)

Refer to the following Benefit Interpretation Policies for additional information:

- [Biofeedback](#)
- [Complementary and Alternative Medicine](#)
- [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)

Pain management is also covered for palliative care.

California Small Groups Only: Acupuncture is typically covered for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain. Refer to the Schedule of Benefits for more information.

Not Covered

The following are not covered for pain management:

- Acupuncture unless member has supplemental acupuncture benefit (not applicable to California Small Groups).
- Massage therapy is not covered except if it is part of an authorized physical therapy treatment plan.
- Recreational, lifestyle, or hypnotic services, and related testing are not covered. Recreational therapy services are only covered when they are authorized, part of a medically necessary treatment plan, provided by a network provider who is a registered physical, speech or occupational therapist or a health care professional under the direct supervision of a licensed physical therapist acting within the scope of his or her license or as authorized under California law.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 01/01/2025 | Template Update <ul style="list-style-type: none">• Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines) |
| 11/01/2024 | <ul style="list-style-type: none">• Routine review; no change to coverage guidelines• Archived previous policy version BIP125.M |

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.