PAIN MANAGEMENT

Policy Number: BIP125.H
Effective Date: January 1, 2019

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Related Benefit Interpretation Policies:

- Biofeedback
- Complementary and Alternative Medicine
- Hospice
- Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Related Medical Management Guidelines:

- Ablative Treatment for Spinal Pain
- Discogenic Pain Treatment
- Epidural Steroid and Facet Injections for Spinal Pain

Covered benefits are listed in three (3) Sections - A, B and C. 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.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific plan document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS


(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

Pain Management: Benefit Interpretation Policy (Effective 01/01/2019)

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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:

a. Confirm that the timeframe has expired.

b. Provide enrollee identification.

c. Notify the plan of the provider or providers performing the treatment.

d. 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.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

1. 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 Management Guidelines for additional information:

a. Ablative Treatment for Spinal Pain

b. Epidural Steroid and Facet Injections for Spinal Pain

c. Discogenic Pain Treatment

Refer to the following Benefit Interpretation Policies for additional information:

a. Biofeedback

b. Complementary and Alternative Medicine

c. Rehabilitation Services (Physical, Occupational, and Speech Therapy)


3. Pain Management is also covered for palliative care. Please see the Benefit Interpretation Policy titled Hospice for additional information.

D. NOT COVERED

1. The following are not covered for Pain Management:

- Acupuncture unless member has supplemental acupuncture benefit (not applicable to small groups or UnitedHealthcare Benefits Plan of California):
a. Massage therapy is not covered except if it is part of an authorized physical therapy treatment plan.
b. 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.

E. POLICY HISTORY/REVISION INFORMATION

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| 01/01/2019| **Federal/State Mandated Regulations**  
- Replaced reference to “member” with “enrollee”  
**Covered Benefits**  
- Replaced reference to:  
  - “Chronic pain” with “long term pain”  
  - “Participating Provider” with “Network Provider”  
**Not Covered**  
- Replaced reference to “Participating Provider” with “Network Provider”  
- Archived previous policy version BIP125.G |