

Chronic Pain Management

Reimbursement Policy ID: RPC.0034.7700

Recent review date: 01/2025

Next review date: 08/2025

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement of neurostimulators, epidural steroid injections and trigger point injections for chronic pain. Chronic pain is pain lasting three months or longer. Examples include arthritis (knees, back and neck), back and neck injuries and fibromyalgia. There are a number of non-invasive treatments also provided to patients with chronic pain, including but not limited to physical therapy, acupuncture, low-impact exercise and transcutaneous electrical nerve stimulation.

Spinal cord stimulation is a pain relief technique that delivers a low-voltage electrical current to the spinal cord to block the sensation of pain. Physicians who specialize in pain management, for example, an anesthesiologist, physiatrist or neurosurgeon may implant spinal cord stimulators. A temporary percutaneous implant of a neurostimulator can be performed under light sedation in an office setting if the sterility, equipment, professional training and support personnel required for surgery and follow-up services are available. If at least 50% (fifty percent) pain relief is achieved during the trial phase, a permanent neurostimulator may be placed. This would be performed in an ambulatory surgical center (ASC) or hospital.

Epidural steroid injections (ESIs) deliver anti-inflammatory medication directly into the epidural space, which is the region outside the sac of fluid surrounding the spinal cord. Lumbar epidural injections treat back pain and radicular pain resulting from chemical irritation of nervous tissue by eliminating the inflammatory compounds mediating nervous tissue irritation in the epidural space. These procedures may be performed in a provider's office. ESIs are one of the most common procedures in pain management and, in well-selected patients, can provide significant pain relief as part of a pain management plan.

Myofascial trigger points are self-sustaining hyper-irritative foci in any skeletal muscle, often occurring in response to strain produced by acute or chronic overload. The purpose of a trigger-point injection is to treat not only the symptom but also the cause through the injection of a single substance (e.g., a local anesthetic) or a mixture of substances (e.g., a corticosteroid with a local anesthetic) directly into the affected body part in order to alleviate inflammation and pain. This would be performed in a provider office.

Exceptions

N/A

Reimbursement Guidelines

The implantation of a neurostimulator is used only as a last resort for patients with chronic intractable pain. If at least 50% pain relief is achieved during the trial phase, the temporary system may be transitioned to a permanent system. If the percutaneous neurostimulator electrode array (63650) has been billed initially, a subsequent claim will be denied if (63650) is billed a second time with laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural (63655).

The maximum number epidural injections of all types a member can receive in a rolling twelve (12) months is a six (6), regardless of the number of levels involved. As with all procedures, medical record documentation must include history of the illness, treatment provided, response to treatment and additions plans as needed.

Trigger-point injection procedure codes specify the number of injection sites. Multiple injections per day, at the same site, are considered one injection and should be coded with one unit of service. Payment may be made for one unit of service of the appropriate procedure code reported on a claim for service rendered to a particular patient on a particular date. A trigger-point injection is normally considered to be a stand-alone service. No additional payment will be made for an office visit on the same date of service unless there is an indication on the claim (e.g., in the form of a modifier appended to the evaluation and management procedure code) that a separate evaluation and management service was provided. For trigger-point injections of a local anesthetic or a steroid, payment will be made for no more than eight dates of service per calendar year per patient.

Definitions

Neurostimulator

Devices for chronic pain are implantable, programmable medical devices that deliver electrical stimulation to the spinal cord or peripheral nervous system to help treat chronic pain.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36035&ver=26>
- VI. The National Correct Coding Initiative (NCCI) in Medicaid.
- VII. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-4-12>.
- VIII. Ohio Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section