Medicare Coverable Services for Integrative and Non-pharmacological Chronic Pain Management

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This MLN Matters Article is for physicians, non-physician practitioners (NPPs), hospitals, and other providers furnishing and billing Medicare Administrative Contractors (MACs) for chronic pain management services for Medicare beneficiaries.

WHAT YOU NEED TO KNOW

Given the issues associated with using opioids for acute and chronic pain, this article summarizes some other treatment options to consider when you treat Medicare patients for chronic pain. This article is informational only and does not convey any new or revised Medicare policies.

BACKGROUND

The Health and Human Services (HHS) Pain Management Best Practices Inter-Agency Task Force Report states, "The experience of pain has been recognized as a national public health problem with profound physical, emotional, and societal costs. Although estimates vary depending on the methodology used to assess pain, it is estimated that chronic pain affects 50 million U.S. adults, and 19.6 million of those adults experience high-impact chronic pain that interferes with daily life or work activities." In addition to opioids and other prescription medications, there are non-pharmacologic treatment options for pain. The Food and Drug Administration (FDA) approved several drug treatments that beneficiaries enrolled in Medicare Part D plans may use alone or as part of an integrative and comprehensive pain management plan. Medicare also covers certain non-pharmacologic options for pain management. Consider the following treatments and services to help treat patients who have chronic pain.

National Coverage Determinations

National Coverage determinations (NCDs) are policies CMS issues that cover, noncover, or limit coverage of items, new technologies or services on a national basis. CMS develops NCDs through an evidence-based process. The evidence must show the services meaningfully improve health outcomes for Medicare beneficiaries. The process developing NCDs encourages public participation.

Medicare has issued NCDs for the following chronic pain treatment services:

- Electrical nerve stimulation (NCD 160.7 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf)
- Induced lesions of nerve tracts (NCD 160.1 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf)
- Inpatient hospital pain rehabilitation (NCD 10.3 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf)
- Outpatient hospital pain rehabilitation (NCD 10.4 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf)
- Supervised exercise therapy for symptomatic peripheral artery disease (NCD 20.35 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf)
- Screening for depression (NCD 210.9 at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf)

Each of these nationally covered services has some coverage limitations based on beneficiary criteria. Some of the longer-standing NCDs have complementary LCDs, which clarify coverage. Find all NCDs at https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. You may search for NCDs using our Medicare Coverage Database at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

<u>Local Coverage Determinations (LCDs)</u>

MACs develop LCDs through a process similar to NCDs, but with LCDs, MACs determine whether to cover a particular item or service within their geographic region (as opposed to a national basis). To find the MAC for your state, please see http://go.cms.gov/MAC-website-list.

While local coverage may differ slightly from state to state, there are also many similarities around covered services. Here are some examples of local coverage of services to treat chronic pain that may be available in your geographic area:

- Lumbar epidural injections
- Nerve blockade for chronic pain and neuropathy
- Spinal cord stimulators
- Peripheral nerve stimulation
- Facet join injections
- Physical or occupational therapy
- Injections – tendons, ligaments
- Psychiatry and psychology services for pain disorders related to psychological factors

These are general examples. Each LCD has detailed information and may include a description of covered indications, related coding information and any coverage restrictions. See all LCDs at https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. You may search for LCDs using our Medicare Coverage Database at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

As with NCDs, each of these services has some limitations to coverage. Be sure to review LCDs completely. If you have questions about an LCD, your MAC can help.

Additional National Policies to Care for Medicare Beneficiaries with Chronic Pain

Beneficiaries with multiple (two or more) chronic conditions that you expect will last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline can get Chronic Care Management (CCM) services, or Complex CCM services. An MLN booklet is available at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf.

CCM services are extensive and include:

- Structured recording of patient health information, including recording the patient's demographics, problems, medications, and medication allergies using certified Electronic Health Record (EHR) technology.
- Maintaining a comprehensive electronic care plan
- Managing transitions of care and other care management services
- Coordinating and sharing patient health information timely within and outside the practice

Medicare also covers Behavioral Health Integration Services for treatment of behavioral health, or psychiatric conditions, including substance use disorders. These services use a care team approach to facilitate and coordinate behavioral health treatment regardless of if the diagnosis or diagnoses are pre-existing or newly diagnosed. These services may benefit some beneficiaries who have a co-occurring behavioral health condition(s). Please see https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf for more information.

These and other care management services can give your patients the medical care and coordination services they need to help manage their pain, and other chronic conditions.   You can bill these services for 30-day or one month periods and may include activities you or your clinical staff perform. You can get more information at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html.

Preventive Services

You can use Medicare's Initial Preventive Physical Exam (IPPE) and subsequent Annual Wellness Visits (AWV) to help detect illnesses in the earliest stages to evaluate your patients' pain severity, and to review the current treatment plan. If your patient is using prescription opioids, you can assess the benefit of other, non-opioid pain treatments and therapies that could be used in conjunction with, or in lieu of opioid medication, review with patients the benefits and risks of continuing opioid treatment, provide your interested and motivated patients with support to slowly taper opioid dosages, mitigate overdose risk for patients who take high-dose opioids, and offer or arrange for medication-assisted treatment when opioid use disorder is identified.

Reviewing opioid use is an important and routine part of your patient's medical history, and it is helpful to diagnose and then treat patients with pain, patients with a substance use disorder including opioid use disorder, and those who may have both. You can refer your patients, as appropriate, under the IPPE and AWV based on information you discussed as part of the visit. While Medicare works toward implementing some additional services (such as from the SUPPORT for Patients and Communities Act), many are already available through the IPPE and AWV. Read more about coverage of these services at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18004.pdf.

ADDITIONAL INFORMATION

If you have questions, your MAC may have more information. Find a list of MAC websites at http://go.cms.gov/MAC-website-list.

Review CMS' list of opioid resources at https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page.html.

Also, consider the following:

<u>Technical Assistance for providers</u>

- CMS Quality Improvement Organization: https://qioprogram.org/locate-your-qio?map=qin
- CMS Hospital Innovation and Improvement Network: https://partnershipforpatients.cms.gov/wherepartnershipsareinaction/wherepartnershipsareinaction.html#HIINs
- Transforming Clinical Practice Initiative: https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices

<u>Other relevant MLN Matters Articles and Publications</u>

- AWV MLN article - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18004.pdf)
- IPPE MLN article - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18004.pdf)
- Substance abuse MLN article - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1604.pdf)
- Transitional Care services fact sheet - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf
- Telehealth services fact sheet -https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf
- DME fact sheet - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DME_Physicians_Other_Pract_Factsheet_ICN900926.pdf

- Eldercare locator - https://eldercare.acl.gov/Public/Index.aspx

Other Background References

1. Institute of Medicine. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington (DC): National Academies Press (US); 2011. http://www.ncbi.nlm.nih.gov/books/NBK91497/. Accessed January 7, 2018.

2. Dahlhamer J, Lucas J, Zelaya C, et al. Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults - United States, 2016. MMWR Morb Mortal Wkly Rep. 2018;67(36):1001-1006. doi:10.15585/mmwr.mm6736a2

3. National Academies. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. Washington DC: National Academies of Sciences, Engineering, and Medicine; 2017.

4. Pain Management Best Practices Inter-Agency Task Force final report - https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

5. CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain: https://www.cdc.gov/media/releases/2019/s0424-advises-misapplication-guideline-prescribing-opioids.html

DOCUMENT HISTORY

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