

PacificSource Community Solutions (Medicaid) Pain Management Visits FAQ

1. What is Pain Management and how have we covered it in the past?

PacificSource Community Solutions has allowed four office visits to a variety of specialists to address pain management without review or considering whether the patient's diagnosis is covered under the Oregon Health Plan (OHP). The prior medical director made this decision two years ago.

2. What is changing?

We will no longer be automatically approving pain management visits without review. Many diagnoses for which these visits have been allowed are not covered under OHP (below the line). In addition, pain management per se is not a covered benefit under the OHP. Therefore, we have been paying for services for which the Coordinated Care Organization (CCO) does not receive funding from the state.

3. When is this changing?

- Review of all requests for pain management for diagnosis and appropriateness will begin July 27, 2015.
- Approved visits in place July 27, 2015 will be honored until the end of 2015.

4. Why is it changing?

- We have been unable to show significant benefit to our members from this policy.
- We are striving for greater alignment with our provider partners, who do not allow these visits.

5. What is the new process?

On or after July 27, 2015, a referral should be made from the member's PCP to PacificSource (via InTouch) requesting one visit to the pain specialist. The visit will be approved regardless of submitted code to allow for establishment of the diagnosis. If additional visits are needed, the specialist may request for an exception request via our preapproval process. The additional requests will be subject to the member's benefit coverage and medical necessity.

6. What can you offer your patients?

- A broad range of services will remain covered for patients with diagnoses above the line.
- Chemical dependency treatment remains available.
- We will consider, *on an exception basis*, specific pain management services for below the line conditions, given the limits of the benefit package.
- On January 1, 2016, the Prioritized List will change significantly with regard to back pain. Acute and chronic low back pain will be in the funded region of the list, regardless of whether the patient has radiculopathy. We will send additional information on these changes once finalized.

Please contact your PacificSource Provider Service Representative with questions related to this process.