

## **Pain management request update**

**Summary of change:** Effective June 1, 2017, Amerigroup will require all pain management requests to include current clinical documentation. This must include documentation of a formal physical therapy (PT) course of treatment and other prior conservative treatments.\*

**What this means to you:** Requests for pain management services cannot be processed without the required documentation listed below. Requests without this documentation will be returned as incomplete.

### **What is the impact of this change?**

Required documentation for epidural steroid injections of the cervical or lumbar spine must include:

- Location and type of pain.
- How the pain interferes with activities of daily living.
- Documentation of formal PT with dates of service.
- Dates of prior injections with documentation of response to injections.

Required documentation for facet injections of the cervical, thoracic and lumbar spine must include:

- Location and type of pain.
- How the pain interferes with activities of daily living.
- Documentation of formal PT with dates of service.
- Factors which exacerbate or alleviate pain.
- Documentation of any spinal surgeries and dates of service.
- Documentation of history of coagulopathy, systemic or local infection.
- Whether the injection is diagnostic or therapeutic in nature.
- Dates of prior injections with documentation of response to injections.

Required documentation for initial radiofrequency (RF) neurolysis for chronic cervical facet pain (C2-C3 through C7-T1 vertebrae) or chronic lumbosacral facet pain (T12-L1 through L5-S1 vertebrae) must include:

- Documentation of prior spinal surgery (provide spinal levels).
- Location and type of pain.
- Documentation of diagnostic evaluations and medical record with history and physical.
- Documentation of formal PT with dates of service.
- Documentation of prior facet joint (medial branch block) injection and therapeutic response.
- Documentation that a minimum time of six months has elapsed since prior RF treatment (per side, per anatomical level of the spine).

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

\* Conservative therapy consists of an appropriate combination of medication (e.g., nonsteroidal anti-inflammatory drugs, analgesics, etc.) in addition to PT, spinal manipulation therapy, cognitive behavioral therapy or other interventions based on the individual's specific presentation, physical findings and imaging results.

**What authorization form do I use?**

The *Prior Authorization Form* is located on our provider website and must be used for service requests. It is important that the form is fully completed with all supporting clinical documentation provided. Requests without the required documentation cannot be processed and will be returned as incomplete. This information can be submitted electronically on the provider website or via fax at 1-866-249-1271.

**What will I receive from Amerigroup after I submit the request?**

Amerigroup will fax responses to requests with an authorization number included to the requesting provider. The response will provide information on services fully approved or denied.

**What if I have questions related to this change?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.