How to Use This Document
This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts uses to determine coverage for outpatient pediatric pain rehabilitation centers. Please be sure to check member benefits and eligibility before rendering services. Outpatient pediatric pain rehabilitation center services are covered to the extent that these types of services are generally covered by each Blue Cross member’s benefit design.

Description

Level-of-Care Note
A Pediatric Pain Rehabilitation Center is a facility where patients undergo intensive treatment for chronic pain. An interdisciplinary approach to pain management is used, which includes physical therapy, occupational therapy, cognitive/behavioral therapy, and medication management.

Complex Regional Pain Syndrome (CRPS), formerly known as Reflex Sympathetic Dystrophy (RSD), is a condition characterized by intense, burning pain that can affect multiple areas of the body, but most often affects the hands, arms, legs, and feet. Other characteristics include stiffness, swelling, and discoloration of the affected body part. There are two types of CRPS. Type 1 follows an illness or injury that doesn’t directly damage the nerve area. Type 2 follows an illness or injury with distinctive nerve damage. The exact cause of CRPS is unknown.

Chronic Daily Headache is a condition when headaches occur for more than four hours per day, with 15 headache days per month, over a period of three consecutive months without an underlying illness or disease causing the headache. Headache pain is generally severe, intermittent, and migraine-like. There are four diagnostic categories: transformed migraine; chronic tension-type; new daily, persistent headache; and hemicranias continua. Associated symptoms include sleep disturbance, pain at other sites, dizziness, and psychiatric comorbidity. Medication overuse is often a contributor.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

“Yes” indicates that prior authorization is required.

“No” indicates that prior authorization is not required.

<table>
<thead>
<tr>
<th>Product</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Yes</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>Yes</td>
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<tr>
<td>Medicare HMO Blue™</td>
<td>Yes</td>
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<tr>
<td>Medicare PPO Blue™</td>
<td>Yes</td>
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Coverage Guidelines

Outpatient Pediatric Pain Rehabilitation Centers services are covered as outlined by each Blue Cross benefit design or subscriber certificate when the following are met:

**Initial Review, All:**
(New episode, initial 15-day treatment)

+ **Clinical presentation, One:**
  - Complex Regional Pain Syndrome (CRPS)/Reflex Sympathetic Dystrophy (RSD), **All:**
    » Failed an outpatient program consisting of pain medication management, physical and/or occupational therapy, and cognitive/behavioral therapy for a minimum of 90 days
    » Persistent pain and neurovascular symptoms that interfere with activities of daily living
  - Chronic Daily Headaches, **All:**
    » Chronic headache lasting hours, or continuous
    » Headaches are of long duration (three months or longer)
    » 15 or more headache days per month
    » Headaches are not related to a specific underlying illness
    » Member has been treated by a pediatric neurologist and has not improved after at least eight weeks of outpatient pharmacotherapy
    » Able to tolerate >3 hours per day of therapy, five days per week.

+ **Age ≥7, ≤18**

+ **Patient agrees and is able to participate in program**

+ **Progressive therapy program, All:**
  - Interdisciplinary program
  - Multiple treatment modalities for pain and functional restoration
  - Includes physical, occupational, and cognitive/behavioral therapy

+ **Goals, All:**
  - Improve function and reduce limitation
  - Consistent follow-through with home treatment program

**Ongoing Review, All:**

+ **Clinical presentation, One:**
  - Confirmed diagnosis of Complex Regional Pain Syndrome (CRPS)/Sympathetic Dystrophy (RSD)
  - Confirmed diagnosis of Chronic Daily Headaches

+ **Rehab potential based on prior level of function, with expectation for clinical or functional improvement**

+ **Patient or caregiver is committed to program participation**

*Continued*
Continue teaching and evaluate knowledge retention for home Rx program

Partial progress made in meeting treatment goals, both:
- Improvement in function and reduction in limitations
- Documented patient or caregiver adherence to home exercise program

Discharge Review, **One:**

- New onset, or worsening of Sx (symptoms) or findings, requires reassessment before continuing outpatient rehabilitation program
- Further improvement or integration of skills expected with patient or caregiver adherence to home Rx program

Goals met, **All:**
- Sx (symptoms) or findings, ≥ **One:**
  - No longer present or new skill acquired
  - Improved ability to manage limitations
- Independent with home treatment program

Functional plateau reached since last authorization

Rehabilitation potential poor, ≥ **One:**
- Chronic functional loss and maximal functional ability achieved
- Lack of motivation or refusal to continue home therapy program
- Unable to learn or participate in a home therapy program

How to Submit an Authorization Request

Providers may send relevant clinical information to:

**For services already billed**
Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

**Before services are rendered**
Blue Cross Blue Shield of Massachusetts
Clinical Intake/Medical Policy
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 1-888-282-0780
References

Clinical Reference


