

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.

Product	Outpatient
Commercial Managed Care (HMO and POS)	Yes
Commercial PPO and Indemnity	Yes
Medicare HMO Blue SM	Yes
Medicare PPO Blue SM	Yes

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

+ 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, \geq **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, \geq **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

1. Moore, Allison and Shevell, Michael; "Chronic Daily Headaches in Pediatric Neurology Practice;" *Journal of Child Neurology*. 2004, 19:925.
2. Pakalnis A, Butz C, Splaingard D, Kring D, Fong JJ "Emotional problems and prevalence of medication overuse in pediatric chronic daily headache," *Child Neurology*, 2007 Dec; 22(12):1356-9. doi:10.101177/0883073807307090.
3. Freedman M, Greis AC, Marino L, Sinha AN, Henstenburg J. "Complex Regional Pain Syndrome: diagnosis and treatment." *Phys Med Rehabil Clin N Am*. 2014 May; 25(2):291-303. doi: 10.1016/j.pmr.2014.01.003. Epub 3/14/2014.
4. Dhanalakshmi Koyyalagunta, MD; Gulshan Doulatram, MD; "Diagnosis and Management of Complex Regional Pain Syndrome I and II." *Orthopaedic Knowledge Online Journal Subspecialty: Pain Management*, Published 5/1/2012. http://orthoportal.aaos.org/oko/article.aspx?article=OKO_PA1015#article
5. Cuvellier JC, Cuisset JM, Vallée L. "Chronic daily headache in children and adolescents." *Arch Pediatr*. 2008 Dec; 15(12):1805-14. doi: 10.1016/j.arcped.2008.09.017. Epub 11/1/2008.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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