Priority Health	BILLING POLICY No. 049
CHRONIC PAIN CARE MANAGEMENT SERVICES	
Date of origin: Jan. 2023	**Review dates: 2/2025**

APPLIES TO

- Commercial & individual / ACA
- Medicare, including D-SNP

DEFINITION

Priority Health will cover monthly services for people living with chronic pain (persistent or recurring pain lasting longer than three months). Services may include pain assessment, medication management and care coordination and planning.

POLICY SPECIFIC INFORMATION

Coding specifics

Any provider helping a Priority Health member manage their chronic pain through the services listed below may use these codes.

G3002

- Chronic pain management and treatment, monthly bundle including:
- Diagnosis
- Assessment and monitoring
- Administration of a validated pain rating scale or tool
- Development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes
- Overall treatment management
- Facilitation and coordination of any necessary behavioral health treatment
- Medication management
- Pain and health literacy counseling
- Any necessary chronic pain related crisis care
- Ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate

G3002 requires an initial visit at least 30 minutes in length provided by a physician or other health care professional able bill Priority Health, per calendar month. When using G3002, 30 minutes must be met or exceeded.

G3003

Each additional 15 minutes of chronic pain management and treatment by a physician or health care professional able bill Priority Health, per calendar month. List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded.

Below are a few important billing details related to these new codes:

- Both codes can be billed virtually
- G3002 can be billed once per calendar month

- G3003 can be billed as many times per calendar month as medically necessary once G3002 is billed
- Both codes can be billed with other codes, including procedure codes, E/M codes and other care management codes

Documentation requirements

Document the specific services provided as part of the chronic pain management and treatment bundle, including details of the diagnosis, assessment and monitoring, administration of pain rating scales, development and implementation of the care plan, treatment management, coordination of behavioral health treatment, medication management, pain and health literacy counseling, crisis care and care coordination with other practitioners.

DISCLAIMER

Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Feb. 14, 2025	Added "Disclaimer" section