ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS
ADMINISTRATIVE CODE

RULE

Division: Workers' Compensation
Chapter: Utilization Management and Bill Screening

480-5-5-.31 **PAIN MANAGEMENT PROGRAM.**

(1) Pain management program services shall receive authorization from the employer/agent prior to providing services. No health care provider may refer the employee to another pain management program without prior authorization from the employer/agent.

(2) **BILLING INFORMATION**

(a) Pain management programs shall use the appropriate billing forms as stated in Rule 480-5-5-.22 to bill for services rendered. Any attachment to billing forms shall be labeled with the claimant's name, social security number and date of accident prior to submission to the carrier.

(b) Pain management program services shall be billed using a total or global charge concept. The bill shall include charges for the performance of the basic professional service and the normal range of essential, associated services provided to achieve the objective of the program. Licensed personnel, including physicians, serving as part of the interdisciplinary team, shall not bill separately for their services.

(c) Any physician or other provider serving on a consulting basis to the pain management program, whose services have been authorized by the employer/agent in addition to the interdisciplinary team's services, shall bill on the appropriate form as defined in Rule 480-5-5-.22.

(3) If a Pain Management Program is utilized it shall follow the guidelines of the Commission of Accreditation of Rehabilitation Facilities and shall include, but not be limited to, one or more of the following programs:

(a) Relaxation Response Training. Activity or exercise group;

(b) Neuromuscular Training/Motor Education. Instruction and/or experiential activities designed to enhance the individual's use of the body, with emphasis on function and movement;

(c) Behavioral Counseling. Clinical interaction aimed at enhancing the individual's perceptual, emotional and cognitive framework as it relates to the present level of dysfunction and thereby minimizes its influence as an obstacle to rehabilitation;

(d) Job Simulation. The use of real or simulated work tasks to progressively improve the biomechanical, neuromuscular, cardiovascular/metabolic and psychosocial functions of the individual in preparation for return to competitive employment; and/or

(e) Musculoskeletal Management. Specific clinical intervention of dysfunctions relevant to the individual's clinical picture. Emphasis should be on those aspects of dysfunction that are either impractical to self correct, or that the individual is unable to self correct through exercise, instruction, or other independent means.

Author: Workers' Compensation Medical Services Board
Statutory Authority: Code of Alabama, 1975, §25-5-293
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