

Medicare Billing for Chronic Pain Management: Best Practices and Guidelines

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**MEDICARE BILLING
FOR CHRONIC PAIN
MANAGEMENT:
BEST PRACTICES AND
GUIDELINES**



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Chronic pain is one of the most severe health issues in the United States, costing the country billions of dollars in lost work time and productivity, as well as a lower quality of life. It is estimated that between 11% and 40% of persons in the United States suffer from chronic pain. As pain medicine specialists focus on providing patient-centered and coordinated care, they must also deal with growing insurance company scrutiny, expanding prior authorization requirements, changing codes, fee schedule decreases, and more patient financial responsibility. Let's have a glimpse of the best practices and guidelines for chronic pain management billing:

Best Practices for Chronic Pain Management Billing:

- Stay Updated:

When submitting medical claims for chronic pain management, practices must use the correct codes and follow the proper rules. Applying Medicare standards to all payers is a fundamental blunder that practices can make. As Medicare and private payer reporting criteria differ, practices must remain up-to-date. Private payers may have different requirements for globals, coverage, bundling, and modifier usage than Medicare. Payment policies and provider guides are available on private payer websites. The Medicare Claims Processing Manual, National Coverage