



Specialty Supplemental Application – Pain Management/Medicine

IMPORTANT NOTICE

This is a SUPPLEMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

PAIN MANAGEMENT/MEDICINE

A. Please describe the makeup of your pain management practice:

- Medication management [] No [] Yes _____ % of practice
Interventional pain management [] No [] Yes _____ % of practice
Other _____ [] No [] Yes _____ % of practice

B. Check all procedures/categories that you perform or apply to your practice

Basic procedures:

- [] Facet Blocks
[] Nerve Root Blocks
[] Diagnostic & Therapeutic Nerve Blocks
[] Discograms
[] Epidurals
[] Facet blocks
[] Neurolytic blocks
[] Radio Frequency ablation of nerves
[] Stellate ganglion blocks
[] Sympathetic Blocks
[] Trigger Point Injections

Intermediate procedures:

- [] Epidural stimulators
[] Intrathecal pain pumps
[] Intrathecal pumps for spasticity
[] Nucleoplasty
[] Vertebroplasty
[] Dorsal Root gangliotomies

Advanced procedures:

- [] Cordotomies
[] Rhizotomy
[] Trigeminal Lesioning

C. Do you treat patients for chronic or intractable pain* with Schedule II to V medications? [] No [] Yes

*pain that is not relieved by usual measures of treatment and that lasts 3 months or longer

If yes, please send us a copy of the pain management agreement you ask patient to sign

D. Under what circumstances are narcotic refills provided without seeing the patient? _____

E. Do you take a substance abuse history? [] No [] Yes

F. Do you supervise any PAs or NPs who prescribe pain medication? [] No [] Yes

G. Do you manage any chronic pain with medical marijuana? [] No [] Yes _____ % of practice

H. Do you manage any opiate dependent patients with suboxone? [] No [] Yes _____ % of practice

I. How often do you review or revise your treatment plan? [] Every 6 months? [] Every 12-18 months? [] Longer than 18 months?

J. Do you work in conjunction with other clinicians to reduce reported pain?

- Clinical psychologist [] No [] Yes
Physiotherapist [] No [] Yes
Orthopedist [] No [] Yes
Physiatrist [] No [] Yes
Occupational therapist [] No [] Yes
Neurologist [] No [] Yes

K. For practices NOT specializing in pain management, given the addictive nature of narcotic medications, at what point do you refer patients who show slow or unimproved pain relief?

SIGNATURE

Signature

Date