



TEXAS MEDICAL BOARD
Pain Management Gold Designation Application

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Pain Management Gold Designation Web Page:

<https://www.tmb.state.tx.us/page/PMC-Gold-Designated-Practice>

In order to be eligible for a "Gold Designated Practice" status, one of the following must be true:

- **If a clinic is exempt from PMC registration under TOC 168.002(7), the clinic must**
 - be operated by a majority of physicians who currently hold or previously held ABMS or AOA Board-certification with a subspecialty certification in pain medicine, and
 - have a majority of physicians perform or properly supervise delegates that provide other forms of treatment besides qualifying pain management prescriptions to a majority of the patients at the clinic; and
 - the clinic's providers utilize a Medical Home Agreement signed by the primary prescriber and the patient; or
 - have a written collaborative, coordinated care agreement or a memorandum of understanding with the patient's primary physician for treating and managing the patient.

OR

- **If a clinic is currently certified by TMB as a Pain Management Clinic, the clinic must**
 - be operated by physicians who currently hold or previously held an ABMS or AOA Board-certification with a sub-specialty in pain medicine or hold a ABMS or AOA Board-certification in an area that is eligible for a pain medicine subspecialty, and
 - have a Medical Home Agreement signed by the primary prescriber and the patient; or
 - a written collaborative coordinated care agreement or memorandum of understanding providing that each physician who prescribes qualifying prescriptions will consult with a pain specialist for the patient.

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Instructions

The following documents must be submitted with your Gold Designation Application:

- **Medical Home Agreement** – provide a copy of the Medical Home Agreement, written collaborative, coordinated care agreement or memorandum of understanding to provide management and treatments of pain, that describes measures that it provides and may be used for reduction of pain such as, but not limited to:
 - multimodal treatment such as surgery, injections, pain pumps, osteopathic manipulation, epidurals, trigger point injections, dry needling, and topical creams or patches;
 - multi-disciplinary practices such as medication assisted tapering and weaning, computer-based training pain coaching, acupuncture, chiropractic, physical therapy, massage, and exercise/movement; or
 - collaborative care or other behavioral health integration services such as evidenced-based cognitive behavioral therapy interventions for mental health and pain reduction, medication management and opioid weaning, patient-centered education, regular monitoring and assessments of clinical status using validated tools, assessment of treatment adherence, motivational interviewing, and a structured approach to improving the biopsychosocial aspects of pain management.

- **Board Certification** - Copy of most recent Board certification for each operating physician.

Normal initial processing time is 30 days from the date of receipt of the form. After 30 days, you should be contacted and notified if you are eligible to move forward and schedule the audit.

An initial audit is valid for five years. Audits are non-disciplinary reviews and are conducted as an off-site document review.

Once approved, no further audits or inspections will be conducted during the clinic's five-year "Gold Designated Practice" period, unless:

- a complaint is received or initiated by the Board concerning operation of the clinic or operators at the clinic;
- the clinic changes location; or
- the clinic's ownership structure changes to a majority of new owners.

A list of the current "Gold Designated Practices" will be provide on the TMB website.

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CLINIC INFORMATION (PLEASE PRINT)

Clinic Name

Address (PO Box not allowed)

City **State** **Zip Code**

State Franchise Tax ID Number **Federal Employer Identification Number (EIN)** **Clinic Website**

Point of Contact for application: _____
TMB Certification Number (if applicable)

Name

Phone Number **Fax Number** **Email address**

PHYSICIAN OWNER AND OPERATOR INFORMATION (PLEASE PRINT)

PLEASE PROVIDE A COMPLETE LIST OF CURRENT PHYSICIAN OWNER AND OPERATORS, (INCLUDING CONTRACT PHYSICIANS) AND THEIR APPLICABLE BOARD CERTIFICATION AND DEA INFORMATION. ATTACH ADDITIONAL PAGES AS NEEDED.

NAME	TX LICENSE NUMBER	BD CERTIFICATION	BD CERT EXP DATE	DEA CSR NUMBER	DEA EXP DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note – Please refer to instructions for additional items you must submit with this registration application.

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Pain Management Clinic Name: _____
(Print name here)

Primary Physician Owner/Medical Director Name: _____
(Print name here)

I certify that:

- I am the person named in this document, and all statements I have made are true;
- All information provided in this application is correct;
- I meet the requirements as set out in Section 168.002(7) of the Texas Occupations Code to be exempted from registering this location as a PMC clinic; or
- The above-mentioned clinic is currently registered as a PMC with the Texas Medical Board
- If the clinic location is not registered as a PMC with the TMB, a majority of the patients seen at the above-mentioned clinic receive treatment besides qualifying pain management prescriptions from a physician or delegate practicing at the clinic location;
- The clinic location utilizes a Medical Home Agreement signed by the primary prescriber and each patient; or
- The clinic's providers have a written collaborative care agreement or memorandum of understanding with the patient's primary physician for treating and managing the patient.

I understand that it is a violation of the Medical Practice Act, Tex. Occ. Code Ann. §164.051(a)(1) and §164.052(a)(2) and the Tex. Pen. Code Ann. §37.10 to submit a false or misleading statement to a governmental agency. I acknowledge that the Texas Medical Board (TMB) is not authorized to register my location as a "Gold Designated Practice" if I do not provide all requested information.

Primary Physician Owner/Medical Director Signature

Date