

★ Clinical review is required for cervical or lumbar epidural injections and for facet joint injections.^(a)

- This applies to dates of service on or after April 4, 2011, for BCN HMOSM commercial members (including those in self-funded groups) and BCN Advantage HMO-POSSM members.
- The services must be authorized by BCN prior to their delivery.

^(a) Information that applies to facet joint injections (sometimes called zygapophysial joint injections) also applies to medial branch blocks.

★ Providers must submit requests for clinical review using BCN's e-referral system.^(b)

- Users will enter the number of units and will be prompted to complete a questionnaire about the appropriateness of the services.

Note: A "unit" is, essentially, a trip to the fluoroscopy suite during which one or more spinal injections for pain management may be administered. See Question 4, later in this document, for more details on units.

- If the criteria are met, the request will automatically be approved.
- If the criteria are not met, additional review will be required.

- Sample questionnaires are available at ereferrals.bcbsm.com. Click on *Clinical Review & Criteria Charts*. Look under the heading "Medical necessity criteria / benefit review requirements."

Note: Refer to questions later in this document for more information on units and questionnaires.

^(b) If you cannot access e-referral or have difficulty completing the questionnaire, call BCN Care Management at 1-800-392-2512.

★ Q&A about pain management

- **QUESTION 1: *Exactly* which procedures require clinical review prior to services being rendered?** You can determine which procedures require clinical review by looking at the questionnaires. Here are the guidelines:

- Clinical review **is required** when the diagnosis code and procedure code that apply to the member are both listed on the questionnaire.
- Clinical review **is not required** if neither is listed or if only one is listed on the questionnaire.

EXAMPLE A

Both the procedure code and dx code are listed on the questionnaire.

Is clinical review required? **YES**

EXAMPLE B

The procedure code is listed on the questionnaire but the member's dx code is not.

Is clinical review required? **NO**

EXAMPLE C

The member's dx code is listed but the procedure code is not.

Is clinical review required? **NO**

4483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, lumbar or sacral, single level								
* 64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (list separately in addition to code for primary procedure)								
Diagnosis Codes:									
	353.0	353.1	353.2	353.4	355.0	722.0	722.10	722.2	722.4
	722.52	722.6	722.81	722.8					
	723.8	723.9	724.00	724.0					
	728.85	728.9	729.1	738.					



Q&A about pain management (*continued*)

- **QUESTION 2: Where can I find the questionnaires?** The questionnaires are electronic forms you complete while you're in the e-referral system. You can see [sample](#) questionnaires at ereferrals.bcbsm.com on the *Clinical Review & Criteria Charts* Web page. On the e-referral Web pages, you can also find the following information:

- *Pain Management Quick Reference Guide*
- e-referral *User Guide* (instructions on how to use the e-referral system)

TIP: Print the sample questionnaire and place it in the member's chart for the physician to check off. Use the physician's answers to guide you in completing the questionnaire on the e-referral system.

- **QUESTION 3: Is a global referral required?** A valid global referral must be in the system before the specialist can request clinical review and perform the service. We suggest loading the referral for one year. Requests must be made **prior** to the end of the global referral time.

Note: This does not apply in the Mid and West regions or to BCN Advantage HMO-POSSM members. In those cases, no global referral is required.

- **QUESTION 4: What about quantity limits?** Quantity limits apply, as follows:

- A "unit" is, essentially, a trip to the fluoroscopy suite during which one or more spinal injections for pain management may be administered.
- For epidural injections, the maximum number of units is four visits in one year.
- For facet joint injections, the maximum number of units for the initial treatment is nine visits in one year. After the first year, the maximum number is three visits in a six-month period.

Note: Compliance with quantity limits is monitored retrospectively.

- **QUESTION 5: Does a questionnaire display after the maximum number of units is used?** In general, a questionnaire displays every time a service is requested. The current system cannot look back to see how many units a member has already had. Future systems may have this capability. When submitting a specific request, if you enter a number greater than the maximum, the request will pend, the questionnaire will not display and you will receive a message that the limit has been exceeded. When you modify the request, the questionnaire will display.

- **QUESTION 6: On the epidural injection questionnaire, do the questions about moderate or severe pain have to be completed when they do not apply? When calling requests in, BCN's staff sometimes ask that all the questions to be completed. What's the right way to handle this?** The questionnaires are designed so that only the pertinent questions have to be completed. You do not have to answer all the questions. The best approach is to answer the questions that apply and submit the request via the e-referral system. If you miss completing any questions that are required, the system will not let you finish the submission. If the criteria are not met or the pain is not moderate or severe, the BCN Care Management staff may ask you all the questions. This is so they can determine what treatments the member has had, what the member's response was and what additional clinical information (for example, symptoms) will be considered. The staff can check "no" to the questions that do not apply.

- **QUESTION 7: What if more units are needed in addition to the maximum number allowed within the period covered by the existing authorization?** If more than the maximum number of units are needed within the existing authorization, call BCN Care Management at 1-800-392-2512 to discuss the case.



Q&A about pain management (*continued*)

- **QUESTION 8: For requests for units over the maximum number allowed within the period covered by the existing authorization, what information will I need to supply to BCN Care Management?** In order to consider a request for more than the maximum number of units allowed within the existing authorization, Care Management will need the following information:
 - What levels of the spine are being injected?
 - How many visits to the fluoroscopy suite has the member already completed for this condition?
 - What is the total amount of steroid that the member has received within the past 12 months?
 - What was the member's response to the previous (most recent) injection(s) in terms of percent of pain reduction and duration (for example, 50 percent reduction for six weeks)?
 - What is the amount of steroid you anticipate injecting with the current request?

Note: You can enter this information into the e-referral "Comments" area.
- **QUESTION 9: What if more units are needed after the period covered by the existing authorization?** If more units are needed after the period covered by the existing authorization, load a new referral and complete another questionnaire.
- **QUESTION 10: If BCN approves a certain number of units on an authorization request, will that approval be upheld during the clinical editing process – or might it run into problems?** Claims are subject to clinical editing. Payment is made after edits have been performed.
- **QUESTION 11: Is the member required to have an MRI before a service can be authorized?** For epidural injections, cord compression is an indicator of the appropriateness of this treatment. Cord compression is generally identified by imaging using MRI, CT scan or CT myelogram. For facet joint injections, the following must be determined: (a) that the cause of the back pain is related directly to the facet joint and (b) that there is not another treatable cause for the back pain. To establish these, an MRI or CT scan would be required.
- **QUESTION 12: How much time can have elapsed since the MRI/CT for the report to be accepted?** Imaging guidelines and time frames will depend on the member's condition and clinical status. For example, if there has been a change in the member's condition since the last MRI or CT, a repeat MRI or CT may be needed to determine the current status of the member's spine.
- **QUESTION 13: Did something change? When procedure code^(c) 62311 is entered with a diagnosis shown on the epidural injection questionnaire, there is an automatic approval – but – shouldn't the questionnaire display when both the procedure code and diagnosis are shown on the questionnaire?** Nothing has changed. Procedure code 62311 still requires clinical review. In situations such as these, we ask that you send us examples of procedures that are getting automatic approval so we can make corrections to our system.

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- **QUESTION 14: Have members been informed of the clinical review requirements for pain management services?** As with other services that require clinical review, BCN communicates the requirements to providers, not to members. It is your responsibility as a provider to be aware of the requirements.