



Blue Care Network Spine Care Referral Program

Effective December 1, 2010

The Blue Care Network Spine Care Referral Program is designed to ensure that all members with ongoing low back pain appropriately receive comprehensive and timely nonsurgical evaluation of their symptoms and condition prior to surgical evaluation.

Background: Pain in the lower back and related leg pain have multiple causes. Most low back pain is caused by overuse, strain or injury. Most back pain resolves within a few weeks with basic self care, but pain that persists may need treatment by a physician. Other causes for low back pain include, but are not limited to, degenerative and structural abnormalities.

Despite claims that invasive surgery to treat back pain is a last resort or is used more selectively today than in the past, the rate of spine surgery continues to steadily increase. Studies demonstrate that most patients with persistent back pain who do not have major neurologic deficits recover spontaneously with conservative treatment. Imaging studies indicate that most herniated discs improve and shrink over time. After a year, recovery is about the same for those who received surgery as compared to those who received nonsurgical care. For patients without major neurologic deficits, referrals to neurosurgeons and orthopedic surgeons should be considered only if conservative treatment fails.

A complete assessment of back pain is instrumental in determining the course of treatment. This includes assessing whether there was an injury, the patient's functional status, pain rating, history of previous treatment and response, employment and the presence or absence of a serious underlying condition.

Most back pain improves significantly in four to six weeks; a conservative approach is considered first-line treatment for back pain not associated with major neurologic deficits. Emphasis should be on patient education. Research shows that information and advice about back pain, when given to patients with subacute or chronic back pain, can have a positive effect on their knowledge, satisfaction and clinical outcomes. Patients should be advised of conservative home self-care including limited bed rest (full bed rest should be avoided), early ambulation, use of proper body mechanics, safe back exercises, resuming light-duty activities, application of ice and heat, and anti-inflammatory or analgesic medications with the goal of early return to work or activities.

Staying active and continuing normal daily activities within limits permitted by the pain is essential for patients with acute low back pain. For those with chronic back pain, there is evidence that nonprocedural therapy (e.g., exercise, physical therapy, cognitive behavioral therapy, etc.) is effective.

Blue Care Network Spine Care Referral Program

Approved Sept. 15, 2010 by Blue Care Network Clinical Quality Committee

For persistent pain after two weeks, referrals to a physical medicine and rehabilitation specialist should be considered. For continued pain after six weeks, imaging procedures should be considered.

If conservative measures have been tried and have not been successful, a referral to a neurosurgeon or orthopedic surgeon may be appropriate.

Program components:

- Applies to nonemergent and nonurgent requests for referral and consultation to a neurosurgeon or orthopedic surgeon for the purpose of evaluation of low back pain. This includes global referrals, and excludes consults done during an emergency department visit or during an inpatient admission.
- All members age 18 or older with low back pain must be seen by a PM&R provider prior to referral to a neurosurgeon or orthopedic surgeon for select conditions, as defined by the specified diagnosis codes.
- Requests can be submitted electronically using e-referral. Providers will be prompted to answer questions about the member's condition, when the member was seen by a PM&R specialist, the PM&R specialist's name and the date of that visit.
- If a member has not been seen by a PM&R specialist, the referring provider will be prompted to provide the rationale for the referral to the neurosurgeon or orthopedic surgeon.
- All requests for members without a "red flag" condition, who have not been evaluated by a PM&R specialist recommending a surgical evaluation and have not failed conservative treatment, will pend for clinical review.
- BCN clinical staff will review the information provided for appropriateness and make a determination on the request for the office visit or consultation, or send to the plan physician for review and determination.

Members appropriate for *consultation* to a neurosurgeon or orthopedic surgeon without a referral to a PM&R specialist must meet one of the following conditions based on "red flags" indicating serious disease as found in the Michigan Quality Improvement Consortium Guidelines — MQIC Management of Acute Low Back Pain:

- Cauda Equina Syndrome
 - Severe progressive neurologic deficit (for example, numbness or weakness spreading to one or both legs causing difficulty with ambulation)
 - Recent bowel or bladder dysfunction
 - Saddle anesthesia (altered sensation over the "saddle area" of the hips, buttocks and inner thigh)
- Space occupying lesions
- Fracture
- Infection

Referral to PM&R provider should include the following information:

- Request for evaluation and recommendations by PM&R specialist, or request for evaluation and treatment by the PM&R specialist.

Blue Care Network Spine Care Referral Program

Approved Sept. 15, 2010 by Blue Care Network Clinical Quality Committee

- Any diagnostic or imaging test result should accompany the member to the visit.
- Current and pertinent medical history.
- Other consultant findings and treatment, or other interventions for the treatment of this condition.
- Prior therapy and specialist consultant names.

Compliance with this program will be monitored retrospectively.

Coding information

Prior authorization will be required for referrals to neurosurgeons or orthopedic surgeons for the CPT codes of *99201-99205, *99211-99215 and *99241-99245 for the following ICD9 diagnosis codes for use with dates of service before 10/1/15 and ICD10 diagnosis codes for use with dates of service on or after 10/1/15 :

ICD9 Codes:

- 721.3 LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
- 722.10 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
- 722.52 DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
- 722.6 DEGENERATION OF INTERVERTEBRAL DISC, SITE UNSPECIFIED
- 722.73 INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY, LUMBAR REGION
- 722.83 POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
- 722.93 OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION
- 724.02 SPINAL STENOSIS OF LUMBAR REGION
- 724.2 LUMBAGO
- 724.3 SCIATICA
- 724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
- 724.5 BACKACHE, UNSPECIFIED
- 724.6 DISORDERS OF SACRUM
- 724.70 UNSPECIFIED DISORDER OF COCCYX
- 724.71 HYPERMOBILITY OF COCCYX
- 724.79 OTHER DISORDERS OF COCCYX
- 846.0 LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN
- 846.1 SACROILIAC (LIGAMENT) SPRAIN
- 846.2 SACROSPINATUS (LIGAMENT) SPRAIN
- 846.3 SACROTUBEROUS (LIGAMENT) SPRAIN
- 846.8 OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
- 846.9 UNSPECIFIED SITE OF SACROILIAC REGION SPRAIN
- 847.2 LUMBAR SPRAIN
- 847.3 SPRAIN OF SACRUM
- 847.4 SPRAIN OF COCCYX
- 847.9 SPRAIN OF UNSPECIFIED SITE OF BACK

ICD10 Codes:

- M46.46 DISCITIS, UNSPECIFIED, LUMBAR REGION
- M46.47 DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION

Blue Care Network Spine Care Referral Program

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M47.816 SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION
M47.817 SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION
M47.818 SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M47.896 OTHER SPONDYLOSIS, LUMBAR REGION
M47.897 OTHER SPONDYLOSIS, LUMBOSACRAL REGION
M47.898 OTHER SPONDYLOSIS, SACRAL AND SACROCOCCYGEAL REGION
M48.06 SPINAL STENOSIS, LUMBAR REGION
M48.07 SPINAL STENOSIS, LUMBOSACRAL REGION
M51.06 INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION
M51.26 OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION
M51.27 OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION
M51.36 OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION
M51.37 OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION
M51.86 OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION
M51.87 OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION
M54.14 RADICULOPATHY, THORACIC REGION
M54.15 RADICULOPATHY, THORACOLUMBAR REGION
M54.16 RADICULOPATHY, LUMBAR REGION
M54.17 RADICULOPATHY, LUMBOSACRAL REGION
M54.30 SCIATICA, UNSPECIFIED SIDE
M54.31 SCIATICA, RIGHT SIDE
M54.32 SCIATICA, LEFT SIDE
M54.40 LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE
M54.41 LUMBAGO WITH SCIATICA, RIGHT SIDE
M54.42 LUMBAGO WITH SCIATICA, LEFT SIDE
M54.5 LOW BACK PAIN
M54.89 OTHER DORSALGIA; PSYCHOGENIC DORSALGIA
M54.9 DORSALGIA, UNSPECIFIED; BACKACHE NOS
M96.1 POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED
M99.23 SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.33 OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.43 CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.53 INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.63 OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M99.73 CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSPECIFIED PARTS OF NECK, INITIAL ENCOUNTER
S23.9XXA SPRAIN OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER
S33.5XXA SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER
S33.6XXA SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER
S33.8XXA SPRAIN OF OTHER PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER
S33.9XXA SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER

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Blue Care Network Spine Care Referral Program

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