

BCN Spine Care Referral Program

Blue Care Network adult members 18 and older with low back pain must be seen by a physical medicine and rehabilitation provider prior to referral to a neurosurgeon or orthopedic surgeon for select conditions, as defined by specified diagnosis codes. Global referrals to an orthopedic surgeon or neurosurgeon will pend for review. The statewide program applies to Blue Care Network commercial (including self-funded groups) and BCN AdvantageSM HMO members.

Clinical review requests should be submitted through e-referral and the questionnaire should be completed to determine appropriateness of the service. The questions are listed below. If all questions are answered, e-referral either approves or pends the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Applicable CPT codes: *99201-*99205, *99211-*99215, *99241-*99245

Applicable ICD-9 diagnosis codes: 721.3, 722.10, 722.52, 722.6, 722.73, 722.83, 722.93, 724.02, 724.2, 724.3, 724.4, 724.5, 724.6, 724.70, 724.71, 724.79, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2, 847.3, 847.4, 847.9

Applicable ICD-10 diagnosis codes: M46.46, M46.47, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.07, M51.06, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M54.14, M54.15, M54.16, M54.17, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M96.1, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, S13.9XXA, S23.9XXA, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA.

Applicable Specialists: Neurosurgeons and Orthopedic Surgeons

<p>1. Did the patient have an evaluation or treatment for low back pain by a Physical Medicine and Rehabilitation (PM&R) provider in the last 6 months? NOTE: If "Yes", complete questions 2 and 3 and submit request. If "No," proceed to question 4.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Date of Evaluation (MM/DD/YYYY)?</p>	<p>Date Text Field</p>
<p>3. Name (first and last) of PM&R provider?</p>	<p>Text</p>
<p>4. Age < 18 (Pediatric age)? NOTE: If "Yes," complete question and submit request. If "No," proceed to question 5.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Is this an office visit for post-surgical follow up care? NOTE: If "Yes," complete question 6 and submit request. If "No," proceed to question 7.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. What was the date of low back surgery (MM/DD/YYYY)?</p>	<p>Text Field</p>

7. Suspected Cauda Equina Syndrome: New or sudden onset of bowel or bladder dysfunction that may also be associated with: "saddle anesthesia" (numbness in groin area), severe or progressive weakness and/or sensory loss in one or both legs	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Evidence of one of the following from imaging studies or lab work? Select the ONE that applies.	<input type="checkbox"/> Tumor <input type="checkbox"/> Infection <input type="checkbox"/> Recent Fracture <input type="checkbox"/> NONE of the above apply
9. Acute weakness in one or BOTH legs AND ANY of the following: a. Upper motor neuron signs (Babinski, clonus, hyperreflexia) b. Loss bladder or bowel control c. Cord compression established by MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Follow up of a low back pain inpatient admission that occurred within the past 30 days? NOTE: If "Yes," complete question 12 and submit request. If "No," proceed to question 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If you responded "Yes" to question #10 above, please provide the date of the admission (MM/DD/YYYY).	Date Text Field
12. Approximately how long (# of months) has this patient had low back pain for? Note: Please indicate # of months, not weeks or years.	
For patients who have not been evaluated and/or referred by a physiatrist/PM&R provider, document in CareAdvance Provider Communications section reason for referral to surgeon, previous treatment and response and previous imaging procedures and results.	

Reference:

BCN Spine Care Referral Program Description

***CPT codes, descriptions and two-digit numeric modifiers only are copyright 2014 American Medical Association. All rights reserved.**