



Spine Care Referral Process

Effective December 1, 2010

This process is applicable for members statewide with BCN HMO and BCN AdvantageSM HMO-POS coverage.

Referrals are required for members with a low back pain diagnosis to see an orthopedic or neurosurgeon beginning Dec. 1, 2010. If a referral is not obtained, the claim will deny for no referral.

The following diagnosis codes require a referral to an orthopedic surgeon or neurosurgeon (for dates of service prior to Oct. 1, 2015):

721.3	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
722.10	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATH
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

The following diagnosis codes require a referral to an orthopedic surgeon or neurosurgeon (for dates of service Oct. 1, 2015 or later):

M46.46	DISCITIS, UNSPECIFIED, LUMBAR REGION
M46.47	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION
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
M51.26	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, PSYCHOGENIC DORSALGI
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
S33.8XXA	SPRAIN OF OTHER PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER
S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER
S33.8XXA	(NOTED AS ABOVE)
S33.9XXA	SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER
S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER
S13.9XXA	SPRAIN OF JOINTS AND LIGAMENTS OF UNSPECIFIED PARTS OF NECK, INITIAL ENCOUNTER
S23.9XXA	SPRAIN OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER
S33.9XXA	SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER

Steps to obtaining a referral to an orthopedic surgeon or neurosurgeon

The primary care physician refers the member to an orthopedic surgeon or neurosurgeon. The PCP submits a global referral to the orthopedic surgeon or neurosurgeon:

1. E-referral is the *preferred method of submission*. Request a global referral. This will prompt e-referral to bring up a questionnaire for online completion. If the conditions are met, the case will automatically approve.

Pended Case: If the case does not automatically approve, the rationale for the referral to the neurosurgeon can be documented in the I-Exchange *Case Comment* section. If there is no information documented in I-EXCHANGE case comments, BCN Care Management will request information and send for clinical review when received.

2. You may submit your referral by phone. PCPs can call Care Management to request a global referral. Care Management staff will administer the questionnaire and, if the conditions are met, the case will be approved.

Pended Case: If Care Management cannot approve the case, we will request information and send for clinical review.

3. The least efficient option is to submit your referral via EDI. Because

EDI is unable to administer a questionnaire, every global referral to an orthopedic surgeon or neurosurgeon will pend.

- a. Care Management will make an outbound call to administer the questionnaire. If the score is met, the case will be approved.
- b. **Pended Case:** If the case does not score appropriately, Care Management will request documentation and send for clinical review.

Recommendations

- Set up global referrals for a reasonable period of time, but not exceeding six months. This will decrease the number of future updates that might be required.
- Submit requests to extend the global referral period of *approved requests* by extending the date of the *original case*. By extending the date on e-referral, the case will pend and allow BCN Care Management staff to see the previous status of the case and information submitted. Additional information may not be required for referrals originally authorized by BCN that have not exceeded the six-month time frame.
- For requests for services beyond six months, provide information to support the need for an extension in I-EXCHANGE *Case Comments* within the case on e-referral.
- Extend an existing case where applicable. If a new case is entered, BCN will consider this a new request and apply the questionnaire.

Transition Plan for Members

	Referral Scenario	Referral Requirements
A.	Member has an appointment scheduled after Dec. 1, 2010, and has not established care with the orthopedic or neurosurgeon.	A referral is required. The PCP must submit and complete the questionnaire. If the case pends, the PCP or the orthopedic or neurosurgeon should provide information to support the referral request.
B.	Member is established with an orthopedic or neurosurgeon and has an appointment after Dec. 1, 2010.	A referral is required. The PCP must submit and complete the questionnaire. If the case pends, the PCP or the orthopedic or neurosurgeon should provide information to support the clinical review.
C.	Member is established with an orthopedic or neurosurgeon and has a surgery scheduled after Dec. 1, 2010.	A referral is required. The PCP must submit and complete the questionnaire. If the case pends, the PCP or the orthopedic or neurosurgeon should provide information to support the clinical review.
D.	Member is established with an orthopedic or neurosurgeon, had a surgery prior to Dec. 1, 2010, and requires follow-up care outside of the global surgery period.	A referral is required. The PCP must submit and complete the questionnaire. If the case pends, the PCP or the orthopedic or neurosurgeon should provide information to support the clinical review. Information should reflect that the member had previous surgery.