

Pain Management with Epidural and Facet Joint Injection Process – Quick Reference Guide

This quick reference process is applicable for referral requests of pain management services. The following scenarios and examples are designed to help guide providers through the referral authorization process for pain management services and help facilitate the timeliness of claims payment. **Global referrals do not apply to the Mid and West regions or BCN Advantage HMO-POSSM members.**

Scenario #1

If the diagnosis **and** procedure code are listed on the questionnaire, authorization is required.

Example:

- Diagnosis code: 353.0
- Procedure code: **62281
- *Both codes are listed on the questionnaire.*
- Outcome: Authorization is required. A valid global referral must be in the system if the service is requested by the specialist.*

Scenario #2

The diagnosis code is on the questionnaire but the procedure code is not. No authorization is required. Any other pain injections performed in the **specialist office** will pay off a valid existing global referral when the provider submits the claim to BCN.*

Example:

- Request for authorization is **submitted** by the specialist on April 5, 2011. The service location is specialist office.
- A global referral exists for the period Jan. 1, 2011 through May 1, 2011.
- Diagnosis code: 353.0
- Procedure code: **64486 (not on the questionnaire)
- Outcome: No authorization is required. Only one code is on the list **and** the request date falls within the global referral timeframe.*

Scenario #3

The diagnosis code **and/or** procedure code is **not** on the questionnaire and the service location is **outpatient**. A referral is needed but not clinical review.

Example:

- Request for authorization is **submitted** by the specialist on June 3, 2011. The service location is outpatient.
- A global referral exists for the period Jan. 1, 2011 through May 1, 2011.
- Diagnosis code: 350.0 (not on the questionnaire)
- Procedure code: 723.8
- Outcome #1: Referral is required. No clinical review required.
- Outcome #2: In the above scenario, since the service request date is outside of the global referral timeframe the specialist will need to go back to the PCP to request a new global referral. A referral for the procedure will then be loaded and approved.

** Requests for services must be made **prior** to the end of the global referral timeframe BCN will then expand the referral for the pain management request for up to six months.*

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