



Subject Prior Notification for Spine Surgical Practice – Low Back Pain Office Visits	Attachments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Manual HealthPartners Administrative Manual	Last Review Date June 1, 2019
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Applicable to Spine Orthopedic and Neurosurgery Practices	
	Retired Date

Products

Fully Insured
 Self-Insured
 Medicare Advantage
 Medicare Cost
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 MSHO
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 WI Marketplace (county specific)

I. PURPOSE

To explain the prior notification responsibilities, expectations and requirements for the surgical practice prior to evaluation and/or management office visits for low back pain diagnoses.

II. POLICY

1. This policy only applies to members 18 years of age or older.
2. The policy is applicable to members with HealthPartners as their primary and/or secondary coverage.
3. Every low back pain patient who schedules an appointment with a spine surgery practice is presumed to want to see a surgeon; therefore, the patient will need an evaluation by a Designated Medical Spine Specialist (MSS). A documented Medical Spine Center (MSC) evaluation must be done within the six months prior to the Spine surgical practice office visit.
4. Evaluation at a Designated MSC by the Designated MSS physician is required prior to an office visit for an evaluation and/or services for low back pain unless there is an emergent indication for a surgical evaluation.
5. The prior notification requirement does not apply to care provided in the emergency department or inpatient setting when professional services are billed with the appropriate site of service codes.
6. Patients with observed, progressive neurologic deterioration from a lumbar spine condition are not required to have an evaluation at a Designated MSC prior to a low back pain evaluation and/or management office visit. This can include any of the following:
 - a) Evidence of tumor, infection or fracture;
 - b) Cauda equina syndrome;
 - c) Sudden, progressive neurologic deterioration evidenced by:
 - i. Acute weakness or decreased muscle control of the leg(s); or
 - ii. Loss of bladder or bowel control; or

- iii. Foot drop; or
 - d) Any other documented emergent neurological condition resulting from a lumbar spinal condition
7. Patients are not required to have an evaluation at a Designated MSC by the Designated MSS physician prior to the first and second annual post-op follow-up visit when seen by the original surgeon that performed the surgery.

III. **PROCEDURE(S)**

1. Non- Emergent Lumbar Spine conditions – Prior Notification Required:
Prior Notification is required and a medical review form must be submitted for all of the conditions below.
- a) All low back pain evaluation and/or management office visits.(See *will need new link* [Spine Surgical Practice – Low Back Pain Office Visit Medical Review Form](#)) must comply with all of the following:
 - i. The surgical practice must submit Prior Notification form prior to the low back pain evaluation and/or management office visit.
 - ii. The Prior Notification form requires documentation that a Designated MSS physician has seen the patient for a comprehensive evaluation. *The medical review form must list the name of the Designated MSC and the name of the Designated MSC specialist for the prior notification to be entered.*
 - iii. The Designated MSC physician comprehensive evaluation visit summary must have been done within the 6 months prior to the surgical office visit.

NOTE: Accountability of the Designated MSC.

The Designated MSS physician must be accountable for the comprehensive nonsurgical evaluation.

- When a nurse practitioner (NP) or physician assistant (PA) is performing the low back pain evaluation and/or management office visit *under the supervision of the Designated MSS physician,* the Designated MSS physician must:
 - Be present at the site of the evaluation when the evaluation occurs
 - Review the NP/PA evaluation
 - Provide chart notes of written “sign off” attestation documenting that they have reviewed the history, discussed and agree with plan of care as described by the NP or PA.
- b) All first and second annual lumbar surgery post-op follow-up office visits with the surgeon performing the original surgery must comply with all of the following:
 - i. The Provider must submit the Prior Notification form prior to the visit.
 - ii. The Prior Notification form does not require that a Designated MSC specialist physician has seen the patient for a comprehensive evaluation.
 - iii. The form must indicate the original surgery date and name of performing surgeon.
2. Exemption for emergent conditions:
 Members with progressive neurologic deterioration from a low back pain spine condition do not require an evaluation by a Designated MSC specialist physician (see *will need to link to revised policy* [Spine Surgical Practice - low back pain office visit Policy](#)).
3. Length of prior notification approvals –
 An approved prior notification is effective when a Designated MSS physician comprehensive evaluation has occurred within 6 months prior to the low back pain evaluation and/or management office visit by the surgical practice. If the low back pain evaluation and/or management office visit by the surgical practice does not occur within 6 months after the designated MSC visit, the surgical practice must request a new prior notification
4. Member refusal of a MSC Evaluation:
 If a member refuses a MSC comprehensive evaluation prior to a low back pain evaluation and/or management office visit by the surgical practice, the Provider at the surgical practice must have the member sign a waiver indicating that they are accepting financial responsibility for the visit. The Provider should submit the evaluation and/or management claim with a GA modifier and upon request, supply HealthPartners with a copy of the member signed waiver.

If no waiver is signed and the evaluation and/or management claim does not have a GA modifier, the notification of denial to Provider liability will state Failure to Prior Notify as a reason with code 203.

IV. DEFINITIONS

Back (lumbar spine) Conditions:

(See [Back pain/designated medical spine](#))

Designated Medical Spine Center:

Designated Medical Spine Centers are clinics with medical spine specialists whose focus is on the non-surgical, comprehensive management of spine conditions using a bio-psycho-social active re-conditioning model. A Designated Medical Spine Center has shown a commitment to evidence based practice as demonstrated by use of Institute for Clinical Systems Improvement (ICSI) guidelines and evidence driven protocols.

Designated Medical Spine Specialist:

A medical spine specialist is a physician with a specialty in Physical Medicine and Rehabilitation, Occupational Medicine, or Sports Medicine or Family practice with advanced extensive training in spine care rehabilitation. Pain Medicine or pain medicine providers are not eligible to act as a medical spine specialist.

MSC:

Medical Spine Center

MSS:

Medical Spine Specialist

NP:

Nurse Practitioner

PA:

Physician Assistant

Spine Surgery Consult Visit:

An evaluation and/or management office visit by the surgical practice for low back pain.

V. COMPLIANCE

Failure to comply with this policy or the procedure may result in disciplinary action, up to and including termination.

VI. OTHER RESOURCES

N/A

VII. APPROVAL(S)

Sr. Director
Provider Relations and Network Management

Sr. Vice President
Provider Partnerships, PC Relations & Contracting

VIII. ENDORSEMENT

Medical Directors Committee and Code Review Committee