



DESIGNATED MEDICAL SPINE CENTER PRIMARY CARE FAQ

What is the new Medical Spine Center approach and what are the goals of the program?

Starting January 1, 2012, the new approach requires that patients receive an evaluation from a HealthPartners Designated Medical Spine Center (MSC) prior to the first office visit with a Spine Surgeon for specified lumbar conditions. The primary objective of the program is to ensure that all prospective lumbar spine surgery candidates have timely access to a comprehensive non-surgical, medical evaluation and that all of the patient's options are presented to them so they can make a decision that is aligned with their values.

What do I tell patients who have already scheduled a visit with a Spine Surgeon in January?

HealthPartners will work with the spine surgeons to ensure the patients who already have a visit with a spine surgeon scheduled in January, are not caught in the middle of this change. Those patients should go ahead with their visits and HealthPartners will work with the spine surgeons to ensure those claims are paid.

Who can be referred to a Medical Spine Center?

At the point that you believe a patient should or wants to see a surgeon, you should recommend to the patient a Medical Spine Center for a pre-surgical visit evaluation. Obtaining an imaging study prior to referral is not necessary. The MSC will not only confirm the diagnosis, but also provide treatment recommendations to you and to your patient. Centers may use shared decision-making tools to review the different treatment options and their risks and benefits.

What is the process for a HealthPartners member to be seen at a Medical Spine Center?

Any participating physician can recommend a patient to a Medical Spine Center. There is no referral authorization process. However, all spine surgeons are required to receive prior authorization before scheduling a visit with a member and document the patient was seen in a designated medical spine center

What are the requirements in this program? The requirements are as follows:

1. Prior authorization is required for all visits to orthopedic or neurosurgeons for back pain and other lumbar spine-related complaints as outlined in the medical policy.
2. Evaluation by a Medical Spine Center is required prior to a visit with an orthopedic or neurosurgeon for back care/evaluation unless there is an acute indication for surgical evaluation (see #3) to meet the criteria of the prior authorization process.
3. Surgical evaluation of back problems does not require a Medical Spine Center evaluation for the following (prior authorization still required):
 - a. List emergent conditions.
 - b. Non-spine-related care provided by neurosurgeons or orthopedic surgeons.
 - c. Care provided in an inpatient or emergency department.
 - d. Patients <18 years of age.

Who does this approach apply to?

This approach applies to Commercial and Medicaid patients in Minnesota, Western Wisconsin and Eastern North and South Dakota.

What if there is not a Designated Medical Spine Center in our area?

The Designated Medical Spine Center network has been designed to provide broad geographic coverage for HealthPartners members and has been identified by counties. You may find a list of counties that defines the [Designated MSC Geographic area](#) on our website or type *Healthpartners.com/backpain* into your browser and click on the Designated Medical Spine Centers tab.

For your patients residing within the designated network's counties, you would select a Medical Spine Center that is closest or you may direct your patient to our Member Services area and they will assist them in



finding a center. *Please use the number found on the back of your patient's ID card to contact Member Services*

If your patient lives (resides) outside the designated counties, they do not need to see a designated medical spine specialist prior to the first office visit to a surgeon.

If I think a patient needs to see a surgeon right away, what is the process?

Send the patient to the surgeon. The surgeon can submit the Prior Authorization form prior to submitting a claim for the visit and indicating on that form that the issue was urgent/emergent.

Is a prior authorization form required for referral to a Medical Spine Center?

No. Prior authorization is only needed for surgical evaluations and surgery.

Can I still refer directly to therapists or to pain specialists?

Yes. Alternatively, you can refer to a Medical Spine Center that can use its consultants. No plan authorization is required. This policy applies only to patients who are on their way to see a surgeon.

Can I refer to a Medical Spine Center before physical therapy or pain specialists?

Yes. Our intent is to ensure that an accurate diagnosis is made prior to prolonged treatments. If the patient is not responding, consider a referral to a Medical Spine Center. This policy only applies to patients who are on their way to see a surgeon.

I'm concerned about timely access. Do the centers have access standards?

Yes. Participating network centers agree to evaluate either in person or telephonically all patients within 2 working days. They have a goal to evaluate acute patients within 2 days and patients with chronic low back pain within 10 working days.

Can I still refer to physiatrists who are not part of the designated Medical Spine Network?

Yes. However, should the patient need to see a surgeon, they will be required to see a Medical Spine Center that is a part of the designated network.

How will Primary Care be kept informed?

Medical Spine Centers will provide a copy of their visit summary to the Primary Care Provider.

What about patients who already have an existing relationship with an orthopedic or neurosurgeon?

The surgeon must still obtain prior authorization. HealthPartners will evaluate the request and take into consideration whether the patient has already had surgery or not. If not, we would require evaluation in a Medical Spine Center prior to receiving further care with a surgeon.

Who is responsible for obtaining authorization for a surgical consultation? What about for surgery?

The spine surgeon providing the consultation is responsible for the submission. The operating surgeon is responsible for obtaining the prior authorization for surgery.

What happens if prior authorization is not obtained?

HealthPartners will deny the claim. The member cannot be held liable unless he or she is informed prior to a visit that he or she may be liable and signs a waiver acknowledging liability.

What if a patient still wants to see a surgeon after evaluation at the Medical Spine Center?

The intent of the program is to have members understand all of the treatment options available to them for their lumbar back pain. They can choose to see a surgeon for up to six months following their evaluation visit with a Designated Medical Spine Center. If six months have passed since their Medical Spine Center visit, they will be required to have another evaluation at a Designated MSC prior to visiting the surgeon. The Medical Spine Center does not authorize the surgical visit.



Who can make referrals to a Medical Spine Center?

Primary Care physicians, ER physicians or urgent care centers, and other specialists, including surgeons.

Whom do I call if I have more questions?

- For general questions, please contact your HealthPartners contract manager or service specialist.
- For questions regarding Medical policy call 952-883-5724
- For information on Medical Spine Center application process, contact Mary Gainey at 952-883-5752.
- You may also find key information on the [Designated Medical Spine tab](#) on our website or type ***Healthpartners.com/backpain*** into your browser. The website also contains information related to Spine Surgery and other preferred network resources.