

## **Low Back Pain Management**

A pre-service authorization determination is necessary for low back Surgery performed by a participating Orthopedic Surgeon or Neurosurgeon for lower back pain when optimal regimen of conservative care\*, as determined by Arise, has been completed. Pre-service authorization must be obtained prior to services being rendered.

**All professional services and facility charges provided without proper authorization will not be reimbursed, and the member cannot be balance billed.**

**The following CPT/HCPCS codes require pre-service authorization:**

22220, 22222, 22224, 22532, 22533, 22548, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22830, 22857, 22862, 22865, 63001-63017, 63020, 63030, 63040, 63042, 63045-63047, 63050, 63051, 63055, 63056, 63064, 63066, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, S2348, S2350

\*Conservative care provided or directed by a non-Orthopedic Surgeon or Neurosurgeon must consist of ALL of the following:

- Chronic low back pain with symptoms present for at least 3 months; AND
- Medical records include documentation of what functional disability is caused by the pain; AND
- Pain is moderate to severe in nature; AND
- Medical records include documentation of pain severity. (Oswestry Score, Pain Visual Analog Scale, or other validated measure); AND
- Failure of at least 6 weeks of conservative measures with two or more modalities. These would include recent physical therapy with a home exercise program, recent chiropractic management, recent injection therapy, non-steroidal anti-inflammatory agents, and/or prescription pharmaceuticals.

If the symptoms require urgent medical care due to severity, the trial of conservative therapy may be waived.