

# SPINE CARE CLINIC

South Coast Orthopaedic Associates (SCOA)

Phone: 541-266-3626 ❖ Fax: 541-267-2751

## Spinal / Back Pain Management Referral Tool

\*\*Both sides of form must be completed\*\*

This tool is to assist with meeting the needs of Advanced Health members with back pain. Effective July 1, 2016, Oregon's Health Evidence Review Commission (HERC) added to the Prioritized List of Health Services as funded conditions for all Oregon Medicaid Members the cluster of ICD-10 diagnostic codes related to *back pain without neurologic involvement*. This change provides increased access to evidence-based non-opioid therapies for treating back pain such as:

- PT/OT
- Chiropractic Manipulation
- Acupuncture
- Wellness Training

In keeping with Advanced Health's past and current initiatives purposed at the reduction of opioid prescribing, and to assist primary care providers who are now called upon to use non-opioid approaches for addressing back pain, Advanced Health has retained the independent consulting services of Dr. Aleksandar Curcin, M.D., to assist in the design, development, and initial implementation of a local center for back pain.

The Spine Care Clinic will provide an initial evaluation for members with back pain, implement programmatic steps consistent with professional literature and covered benefits, oversee referrals and authorizations for therapeutics, and serve as a single-source referral mechanism for Advanced Health's participating providers.

Please complete the following section as well as the section on the back. Fax this referral tool and any supporting documentation to Shanna Reyes at South Coast Orthopaedic Associates at 541-267-2751:

Member Name: \_\_\_\_\_

Member OHP ID#: \_\_\_\_\_

Member DOB: \_\_\_/\_\_\_/\_\_\_

If you have questions, please contact Shanna Reyes at (541)266-3626.

Additional Information or Comments:

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Member Name: \_\_\_\_\_ Member OHP ID# \_\_\_\_\_

Member DOB: \_\_\_\_\_

**Before referring for Back Pain Clinic consult, ensure the following:**

1. Complete history of patient and Start Back Tool – Attached

2. Physical exam – Results attached

Yes  No

3. Red Flags (Mark yes if any “red flag” conditions are found and enter the date of diagnosis)

RED FLAG CONDITION

DATE OF DIAGNOSIS

- |  |       |
|--|-------|
| <input type="radio"/> Cancer                         | _____ |
| <input type="radio"/> Spinal Column Infection        | _____ |
| <input type="radio"/> Cauda Equina Syndrome          | _____ |
| <input type="radio"/> Vertebral Compression Fracture | _____ |
| <input type="radio"/> Ankylosing Spondylitis         | _____ |
| <input type="radio"/> Nerve Compression Disorders    | _____ |
| <input type="radio"/> Spinal Stenosis                | _____ |

Yes  No

4. Smoking Cessation – has tobacco status been assessed and has patient been advised to quit. Nicotine patches, gum, or lozenges are available on the Advanced Health formulary without a prior authorization for up to 2 quit attempts per year

Yes  No

5. Complete SBIRT Screen (for drug and alcohol use). Check the box below for score:

Low Risk     Risky     Harmful     Severe

Yes  No

6. Depression Screen results (with follow-up plan if positive) – Results Attached

Yes  No

7. Trial of non-opioid therapies – check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NSAIDS            | <input type="checkbox"/> Acetaminophen                           | <input type="checkbox"/> Gabapentin        |
| <input type="checkbox"/> Tricyclic         | <input type="checkbox"/> Antidepressants                         | <input type="checkbox"/> Salon Pas Patches |
| <input type="checkbox"/> Topical Capsaicin | <input type="checkbox"/> Diclofenac 1% gel (100 grams / 30 days) |  |

Yes  No

8. Was a home exercise regimen given?

9. Imaging is not recommended prior to referral. However, if imaging has been done, please include with referral.

**I attest to the above information being accurate to the best of my medical knowledge and expertise.**

**I understand that additional documentation to support the above items may be requested.**

**Fax this referral tool and any supporting documentation to Shanna Reyes at 541-267-2751**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone# \_\_\_\_\_