Total Joint Replacement

Notice regarding post-acute care

Effective June 3rd, 2002, Gentiva Health Services will begin providing post-acute home care for PARTNERS members who undergo total joint replacement (TJR) and for whom postoperative care in this venue is appropriate. Participating orthopedic surgeons were notified of this program in a letter dated May 14th, 2002.

As part of this process, Gentiva representatives will conduct a pre-operative home assessment visit in order to evaluate a member’s suitability for the home care program; this visit will occur between the time the Plan pre-authorizes the procedure and the surgery date.

In order to facilitate this visit, we ask that our physicians obtain authorization for the TJR at least two weeks prior to the scheduled procedure date. Because we occasionally need additional information from the physician in order to complete the approval process, please call for pre-authorization as early as possible after making the surgical recommendation. Obtaining pre-authorization before scheduling a surgery date will prevent any inconvenience in the occasional situation where we need additional information.

Should you have questions or comments regarding the Gentiva program, please call the PARTNERS Provider Information line at 1-888-296-9790.

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The Role Of Imaging In Evaluating Low-Back Pain

Patients with low-back pain require earlier radiological evaluation due to the possibility of a significant problem.

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Back pain is one of the top ten reasons people visit emergency rooms, hospital outpatient departments, and doctors offices. Within any given year, 50 percent of adults in the United States experience low-back pain. At some point in their lives, 80 percent of Americans will suffer from this common complaint. (1-4)

Although low-back pain is usually acute, it is usually self-limited. However, symptoms can recur in 5 to 10 percent of patients. For these people, low-back pain becomes a chronic health problem. (5)

The Agency for Health Care Policy and Research (AHCPR) emphasizes conservative approaches to treating patients with acute low-back pain. The usual progression of this common disorder is characterized by moderately severe functional disability at the onset of illness, followed by rapid clinical improvement. In the North Carolina Back Pain Project, the median time to functional improvement in their study group of almost 1,600 patients was nine days. For this reason, physicians should order imaging after conservative treatment, including appropriate medication and activity modification, has failed.

However, a small subset of patients with low-back pain requires earlier radiological evaluation due to the possibility of a significant problem. (4) The conditions that warrant earlier imaging have been called "red flags" and include:

- recent significant trauma,
- unexplained weight loss,
- signs of infection,
- suspected Cauda Equina syndrome,
- immunosuppression,
- h/o malignancy, and
- prolonged use of steroids or h/o osteoporosis.

Imaging Modalities

Physicians often order plain films, magnetic resonance imaging (MRI), and computed tomography (CT) to evaluate patients with low-back pain.

Plain Films

Lumbar-spine imaging is common for patients presenting with acute low-back pain, even for those without sciatica. (1-8) However, these studies offer very little clinically useful information due to the high incidence of degenerative changes seen in the "normal aging" spine.

Also, plain films of the lumbar spine represent the highest radiation exposure of any type of plain-film exam, due to the density of the bone and soft tissues that must be penetrated. Although measurements of the amount of radiation exposure vary, on average, a PA chest x-ray produces approximately 0.1 mGy. Using this measurement, an anteriorposterior (AP) spine x-ray is equivalent to about 50 chest x-rays, a single lateral view equals approximately 120 chest x-rays, and a single oblique is equal to approximately 180 chest x-rays. Therefore, a full, five-view lumbar spine series (AP, lateral, both obliques, and a coned-down view) is estimated as the equivalent of approximately 500 PA chest x-rays.

Plain films should be reserved for evaluating patients with a history of prolonged steroid use, osteoporosis, and significant trauma.
Magnetic resonance imaging is the best imaging modality for evaluating the spine and spinal canal. (9) Magnetic resonance imaging is superior to CT in evaluating disk herniation and other soft-tissue abnormalities. However, MRI also often reveals incidental normal aging pathology in the spine, such as degenerative disks and facets, bulging disks, and herniated disks. These findings may be clinically irrelevant, as they are seen in a significant percentage of patients without back pain. In a study of 67 patients without a history of back symptoms, MRI indicated that 21 percent of the patients aged 20 to 59 and 36 percent of the patients over age 60 had herniated disks. The modality revealed spinal stenosis in 21 percent of the patients over age 60. Also, it detected degenerative disk disease and bulging disks in 20 to 93 percent of the patients, depending upon their age. (9)

Magnetic resonance imaging is the procedure of choice in evaluating patients suspected of infection, immunosuppression, and suspected Cauda Equina syndrome.

Computed tomography scans generate extremely high radiation doses. A single CT of the lumbar spine equals approximately 500 chest x-rays. These examinations must be limited in children and women of child-bearing age. The cancer risk to children from equivalent doses of radiation is several times greater than adults. Studies estimate that for every 1,200 CT exams performed in children under the age of fifteen, one child within that age group will die from cancer.

Conclusion

The normal aging spine has a high incidence of pathology, and prudent use of imaging and careful clinical correlation are needed to ensure that incidental findings are not considered the cause of the patient’s symptoms. For most patients with this presentation, physicians should order imaging only after conservative treatment, including appropriate medication and activity modification, has failed. However, a small subset of patients with low-back pain requires earlier evaluation due to the possibility of a significant problem.

References


The Department of Health and Human Services (DHHS) has approved a one-year extension for compliance with the Electronic Health Care Transactions and Code Sets Standards mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Providers are responsible for filing their compliance plan extensions through the Centers for Medicaid and Medicare Services (CMS) no later than October 16, 2002, the current effective date for Transactions and Code Sets Standards.

The standards apply to entities that transmit health information (claims, eligibility inquiries, authorizations, etc.) in electronic format. PARTNERS National Health Plans (PNHP) encourages health care providers and health care clearinghouses to join us in filing for an extension so we can work with you to ensure a smooth and controlled transition to the standards by October 16, 2003.

Compliance plans must be filed before October 16, 2002 to obtain an extension. For details on completing your compliance plan, please contact the CMS website at www.cms.gov/hipaa. The office may also be reached by telephone at (410) 786-3000.

For general HIPAA information, you may contact the North Carolina Healthcare Information and Communications Alliance website at www.nchica.org or the Department of Health and Human Services website at www.hhs.gov.
