**Provider Checklist- Pain Management**

**Checklist: Hip Pain & Sacro-Iliac (SI) Joint Pain**

**(CPT codes: 20550-20553, 20610)**

All Indications [**\*One has to be present**]

 Trochanter Bursitis- History

 -Prior history of treatment(injection) for Trochanter Bursitis

 -Suspected history of trochanter Bursitis(both)

 -Negative MRI findings of fracture, avascular necrosis, severe osteoarthritis

 - Not radicular pain from lumbar spine

 **\***Chronic monarticular joint pain [**All have to be present**]

 Symptoms at hip [**One has to be present**]

 Joint pain

 Locking

 Giving way by Hx

 Findings at hip [**Two have to be present**]

 Pain with passive ROM

 Limited ROM

 Weakness of abductors/hip flexors

 Hip x−ray nondiagnostic for etiology of pain

 Continued Sx/findings after Rx [**Both have to be present**]

 NSAID [**One has to be present**]

 -1 Rx ≥ 4 wks

 -2 Contraindicated/not tolerated

 PT ≥ 6 wks

 **\***Suspected intra−articular loose body [**All have to be present**]

 Symptoms at hip [**One has to be present**]

 211 Joint pain

 212 Locking

 213 Giving way by Hx

 Findings at hip [**Two have to be present**]

 221 Pain with passive ROM

 222 Limited ROM

 223 Clicking

 Hip x−ray nondiagnostic for loose body

 **\***Suspected nondisplaced femoral neck fracture [All have to be present]

 Hip pain

 Hip pain increased by weight bearing/passive ROM

 Hip x−ray nondiagnostic for fracture

 **\***Suspected avascular necrosis (osteonecrosis), femoral head [**All have to be present**]

 Hip pain

 Pain with passive ROM

 Hip x−ray nondiagnostic for avascular necrosis

 Continued pain after Rx [**Both have to be present**]

 NSAID [**One has to be present**]

 -1 Rx ≥ 4 wks

 -2 Contraindicated/not tolerated

 PT ≥ 6 wks

 **\***Suspected osteomyelitis [**Both have to be present**]

 Findings [**One has to be present**]

 ESR > 30 mm/hr

 Temperature > 100.4 F(38.0 C)

 WBC > 10,000/cu.mm (10x109/L)

 Blood culture positive

 C−reactive protein > 10 mg/L

 Hip x−ray nondiagnostic for osteomyelitis

 \* SI Joint Pain – Sacro-ilitis **[All have to be present]**

 SI joint pain > 4 weeks

 Pain with passive ROM and/or limited ROM

 Pain with ambulation and weight bearing

 X-ray findings non-diagnostic for etiology of pain

Continued symptoms after treatment – failed physical ‘therapy and medication management for 4 weeks