**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