

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 \geq 4 wks
- 2 Contraindicated/not tolerated

PT \geq 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 \geq 4 wks
- 2 Contraindicated/not tolerated

PT \geq 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