



## **Provider Checklist- Pain Management**

### **Checklist: Specialty Referral**

**(CPT codes: 20550, 20551, 20552, 20553, 20610, 62350, 62355, 64420, 64421, 64510, 64530, 77003)**

All Indications (**\*One has to be present**)

\*For Complex Regional Pain Syndrome (CPRS), describe patient's clinical history and physical findings;

\*For Suspected Complex Regional Pain Syndrome (CPRS), describe Burning Pain in digit and/or extremity **AND** the associated symptoms **INCLUDING** Allodynia/ Hyperesthesia/ Hypoesthesia/ Dysesthesia; Swelling/tenderness; Alteration of temperature; Increased sweating; Cyanotic/red/pale digit/extremity; Trophic skin changes; and Flexion contractures

\*For Myofascial Pain, describe patient's clinical History and Physical findings  
**(Information on the following must be present)**

Symptoms at trigger points

Acute Pain

Dysfunction, Muscle or joint stiffness

X-rays non diagnostic for pain

Continued Sx/findings after RX

NSAID (one has to be present)

-1) RX >3wks

-2) Contraindicated or non tolerated

OT/PT >3weeks