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 (10x10^9/L)  
Blood culture positive  
C-reactive protein > 10 mg/L

Hip x-ray nondiagnostic for osteomyelitis
* SI Joint Pain – Sacroilitis [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