

CHECKLIST FOR SACROILIAC JOINT INJECTIONS

Patient Name: _____ **DOB:** _____

Provider Name: _____ **DOS:** _____

DOCUMENTATION

- The assessment as it relates to the complaint for that visit
- Relevant medical history and physical examination
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report
- Documentation to support the medical necessity of the procedure(s)

CRITERIA FOR DIAGNOSTIC BLOCKS (5 COMPONENTS)

- Moderate to severe axial low back pain over anatomic location of the SI joints below L5
- 3 months duration of pain
- At least 3 positive findings with provocative maneuvers:
 - FABER
 - Gaenslen
 - Thigh Thrust
 - Posterior Shear
 - SI Compression
 - SI Distraction
 - Yeoman Tests
- Inadequate response to conservative methods at least for 4 weeks (chiropractic, physical therapy, structured exercise program, NSAIDs, and other drugs) with duration and effects
- No untreated radiculopathy (current imaging)

FIRST BLOCK **Date:** _____ **Positive** _____ **Negative** _____

- First diagnostic block is performed with lidocaine 1% or 2%, 1.5 mL, producing $\geq 80\%$ pain relief with movements (policy says 75%, to make it easier to remember with facet joint interventions, 80% may make some sense, but 75% is fine)

SECOND BLOCK **Date:** _____ **Positive** _____ **Negative** _____

- The second block, if the first block was positive, is performed with 0.25% or 0.5% bupivacaine, 1.5 mL, producing $\geq 80\%$ pain relief with movements (policy says 75%, to make it easier to remember with facet joint interventions, 80% may make some sense, but 75% is fine)

THERAPEUTIC SACROILIAC JOINT INJECTIONS

- Therapeutic sacroiliac joint injections (2 mL) per joint, including steroids, with proper indications should provide 3 months of $\geq 50\%$ relief
 - Indications documented

LIMITATIONS

- No more one level bilateral or unilateral are billed
- Only mild sedation of joint injections and nerve blocks; moderate sedation or MAC allowed for RF
- CT or fluoro – save images
- No multiple procedures on same date of service

LETTER

- Letter to family physician if treatment is provided beyond 12 months, similar to epidural injections