

## CHECKLIST FOR EPIDURAL STEROID INJECTIONS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 EPIDURAL STEROID INJECTIONS (MUST MEET 3 CRITERIA)

- Radiculopathy or radicular pain or neurogenic claudication is present
- Pain duration of 4 weeks
- Inadequate relief with 4 weeks of conservative management, (physical therapy, chiropractic, exercise program, NSAIDs, and other drugs) and duration

### EFFECTIVENESS

- 3 months of pain relief  $\geq$  50% in conjunction with conservative management
- Pain scale or functional assessment documented (some commercial insurers may require both)

### LIMITATIONS

- Limitations include steroid dosages of 80 mg of triamcinolone, or 12 mg of betamethasone, or 15 mg of dexamethasone (**methylprednisolone is not allowed in Medicare recipients**)
- CT or fluoroscopy is mandated except during pregnancy
- Imaging requires a minimum of 2 views with final needle position in contrast flow to be retained
- Only mild or light sedation is permitted

### UTILIZATION

- No multiple procedures
  - If multiple procedures are performed, the physician must document the indications and medical necessity requiring multiple procedures
- No more than 2 levels billed