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 ≥ 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