

Commercial Injections

Depending on the procedure codes entered for authorizations, the following documentation may be required. In very few circumstances, additional information that is not listed may be requested.

This checklist applies to: sacroiliac joint (SI), spine facet injections, initial & repeat spine radiofrequency ablation (RFA), epidural steroid injections (ESI), and medial branch block (MBB)

For every authorization, regardless of service, please include an office visit note with TWO patient identifiers.

Documentation	Details	Provided?
Advanced imaging	<ul style="list-style-type: none"> MRI and/or CT scan Dated imaging report 	<input type="checkbox"/>
SI joint provocative testing	Documentation of a minimum of 2 tests. <ul style="list-style-type: none"> Includes: Patrick's or FABER, Gaenslen, thigh thrust, sacral thrust, distraction, compression 	<input type="checkbox"/>
Functional impairment of Activity of daily living (ADLs)	Include pain scale and any pain causing movements	<input type="checkbox"/>
Outcome of prior treatments	If applicable, the percent (%) of relief from previous injections and duration of relief	<input type="checkbox"/>
Patient information	Most recent office visit note(s)	<input type="checkbox"/>
Conservative Therapy	Include duration and dates of therapy. <i>*Depending on procedure 6 or 12 weeks may be requested</i> <ul style="list-style-type: none"> Activity/ lifestyle modifications Home exercise program 	<input type="checkbox"/>
Physical Therapy	Including home exercise program (HEP) with duration and dates	<input type="checkbox"/>
Medications	Non- steroidal anti-inflammatory drugs, Non-Narcotic Analgesics, Narcotic Analgesics, Neurogenic Pain Medication (Gabapentin, Lyrica, etc.)	<input type="checkbox"/>