

SPINAL PAIN MANAGEMENT

Documentation Checklist Tool

Required for all Spinal Pain Management Services	Yes	No
Did the note include the name, signature and credentials of the person performing the service?		
Is an order or intent to order for the procedure by the approved specialty present?		
Submitted medical record must support use of selected ICD-10-CM code(s). Submitted CPT/HCPCS code must describe service performed.		

62323 Epidural Steroid Injection	Yes	No
Submitted medical record must support: Lumbar, cervical, or thoracic radiculopathy, radicular pain and/or neurogenic claudication due to disc herniation, osteophyte or osteophyte complexes, severe degenerative disc disease, producing foraminal or central spinal stenosis, or Post-laminectomy Syndrome, or Acute herpes zoster associated pain.		
Physical exam supporting radiculopathy, radicular pain and/or neurogenic claudication severe enough to greatly impact quality of life or function using objective pain scale or functional assessment at baseline.		
Relevant history supporting pain duration of at least 4 weeks and inability to tolerate noninvasive conservative care, or documentation of failure to respond to 4 weeks of noninvasive conservative care, or acute herpes zoster refractory to conservative management (4-week wait is not required).		
Results of radiology reports.		
Documentation supporting active rehab program, home exercise program, or functional restoration program.		

64635 or 64636 Facet Joint Interventions	Yes	No
Does documentation support moderate to severe chronic neck or low back pain, predominantly axial, that causes functional deficit measured on pain or disability scale		
Does documentation support a physical exam that supports medical necessity?		
Relevant history supporting pain present for minimum of 3 months with documented failure to respond to noninvasive conservative management		
Results of radiology reports		
Documentation supporting no non-facet pathology per clinical assessment or radiology studies that could explain source of pain, including but not limited to fracture, tumor, infection, or significant deformity		
Signed and dated office visit record/operative reports		
Does the documentation support the procedure billed as medically necessary?		

63650 or 63686 Electrical Nerve Stimulators	Yes	No
Does documentation indicate if request is for a trial or permanent placement?		
Do physician office notes include:		
..... Condition requiring procedure		
..... Physical evaluation		
..... Treatments tried and failed		

63650 or 63686 Electrical Nerve Stimulators	Yes	No
Does documentation include appropriate psychological evaluation?		
For permanent placement, does documentation support pain relief with the temporary implanted electrode(s) of at least 50% reduction of target pain or 50% reduction of analgesic medications?		

References
<ul style="list-style-type: none"> • LCD - Epidural Steroid Injections for Pain Management (L39015): https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39015&ver=9&bc=0 • Article - Billing and Coding: Epidural Steroid Injections for Pain Management (A58731): https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58731&ver=12 • LCD - Facet Joint Interventions for Pain Management (L38773): https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38773&ver=15&ContrId=228&ContrVer=2&CtrctrSelected=228*2&Ctrctr=228&name=&DocType=2%7c4&bc=AAAAGACAAAAA&= • Article - Billing and Coding: Facet Joint Interventions for Pain Management (A58364): https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58364&ver=17 • IOM Medicare National Coverage Determination 100-03, Chapter 1, Part 2, Sections 160.2 and 160.7: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf • IOM 100-08, Chapter 3 – Verifying Potential Errors and Taking Corrective Actions: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf