



### Outpatient Pain Management Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please check procedure and circle number of blocks to be performed CPT Code

Lumber Epidural Steroid Injection under Fluoroscopy	62323	
Thoracic Epidural Steroid Injection under Fluoroscopy	62321	
Cervical Epidural Steroid Injection under Fluoroscopy	62321	
Lumber Transforaminal Steroid Injection under Fluoroscopy	64483	
Selective Nerve Root Block under Fluoroscopy Cervical/Thoracic	64479	
Selective Nerve Root Block under Fluoroscopy Lumber	64483	
Diagnostic Facet or Medial Branch Block under Fluoroscopy Lumber	64493 & 64494	
Diagnostic Facet Medial Branch Block under Fluoroscopy Cervical	64490 & 64491	
Stellate Ganglion Block under Fluoroscopy	64510	
Intercostal Nerve Block under Ultrasound	64420	
Piriformis Injection under Fluoroscopy	20552	
Joint/Bursa Injection under Fluoroscopy	20610	
Peripheral Nerve Block under Ultrasound Guidance	64450	
Ilioinguinal Nerve Block under Ultrasound Guidance	64425	
Occipital Nerve Block	64405	
Trigger Point Injection	20552	
Tendon/Ligament Injection	20550	
Sacroiliac Joint Injection under Fluoroscopy	27096	
Radiofrequency Ablation Cervical	64633 & 64634	
Radiofrequency Ablation Lumbar/Sacral	64635 & 64636	
Diagnostic Genicular Nerve Block	64454	
Genicular Nerve Radiofrequency Ablation	64624	
Evaluate and Treat as Determined		
Other:		

Physician Comments and/or Request:

<b>DX:</b>	M47.812	M47.813	M47.814	M47.815	M47.816	M47.817
	M54.12	M54.16	M54.2	M54.6	M54.5	M48.061
					M48.062	Other _____

**PRIOR TO INJECTIONS BEING SCHEDULED, ORDERING PHYSICIAN MUST PROVIDE:**

- Patient demographic sheet including phone number, insurance info
- PT, PTT, CBC lab results less than 30 days, if no lab, send order for them
- MRI report of effected area done within last 1 year
- All office notes/physical therapy records pertinent to treatment requested

Please fax completed and signed order along with requested documents to: **785-460-9320**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_