

INTERVENTIONAL RADIOLOGY SERVICES

Ph: 253.661.4661 • Fax: 253.661.1356

PATIENT INFORMATION:

PATIENT NAME: _____ DATE: _____
DAY PHONE: _____ DATE OF BIRTH: _____
CELL PHONE: _____ CALL PATIENT TO SCHEDULE
EMAIL (Appointment reminders, followups, etc.): _____
INSURANCE: _____ AUTHORIZATION #: _____
REFERRING PHYSICIAN NAME: _____ PHONE: _____
CONSULT DATE & TIME: _____ PROCEDURE DATE & TIME: _____

IMPORTANT CLINICAL INFORMATION: CPT _____ ICD-10 Required _____

Known symptoms, diseases, allergies, clinical info? _____

Specific area Required (left, right, upper, lower, etc.): _____ **Encounter Required** initial subsequent sequelae

Relevant prior surgery / radiation? _____ Prior Images? Yes No Where? _____

Pregnant? Yes No If Yes, how many weeks? _____ Primary healthcare provider: _____

Clinical Diagnosis: _____

Patient medications: _____

Anticoagulants: Y N

Any known Allergies: _____

List relevant imaging studies (CT, MRI, etc.) if done elsewhere: _____

Labs requested: _____

cc: _____

Special Requests/Comments: _____

- Fax Prelim Report Call Report
 Courier/Mail Final Report Fax Final Report

Radiologist consult required in clinic. Please fax form to 253.661.1356, or call 253.661.4661.

Spine Intervention:

- Vertebroplasty Kyphoplasty
 Sacroplasty Other: _____

Interventional Oncology:

Treatment options include:
 Radiofrequency ablation Chemoembolization

Gynecological Interventions:

- Uterine Fibroid Embolization
 Pelvic Congestion Syndrome
 Other: _____

Biopsy: Mass: (Y / N)

- Liver Spleen
 Kidney (R / L) Lung (R / L)
 Thyroid (R / L) Bone: _____
 Lymph Node Other: _____

Other:

- Male Varicocele Embolization

Check all that apply:

- Y N Previous allergy to contrast
 Y N Patient is diabetic (need BUN/Creatinine in past 30 days)
Creatinine level: _____
 Y N Hx Kidney disease (need BUN/Creatinine levels)
Creatinine level: _____
 Y N Having liver, lung or kidney biopsy (if yes, requires PT/PTT)
 Y N History of bleeding disorder (if yes, requires PT/PTT)
 Y N Other outpatient services scheduled for the same day.
List: _____

Interpreter: Y N If yes, what language? _____

No consult required. Fax form to hospital at 425.656.5009, or call 425.251.5194.

Pain Management: Consult Treat

- Injection Request: Level _____ Rad Discretion
 Facet Injection (see backside) Epidural Steroid Injection (see backside)
 Medial Branch Block Select Nerve Root Block (R / L)
 SI Joint (R / L) Stellate Ganglion Block / Ablation
 Hip (R / L) Celiac Ganglion Block / Ablation
 Sympathetic Block Popliteal Cyst (R / L)
 Other: _____

GI / Genitourinary / Biliary: Consult Treat

- Stent Where: _____
 Nephrostomy (R / L) Cholecystostomy
 Trans Hepatic Cholangiography Percutaneous Gastrostomy
 Other: _____

Drainage: Consult Treat

- Paracentesis Tube Check/Removal
 Thoracentesis (R / L) Fistulogram/Abscessogram
 Abscess Drainage Aspiration
Location: _____ Location: _____
 Pleurx Placement: (Requires cooperation of ordering physician)
 Pleural (R / L) Peritoneal

Vascular Interventions: Consult Treat

- Diagnostic Angiography Location: _____
 Angioplasty / Stent IVC Filter Placement
 Port Placement IVC Filter Removal
 Port Removal Dialysis Access:
 TIPS Catheter Placement
 AV Fistula/graft Treatment

Spine Intervention: Consult Treat

- Lumbar Puncture Myelogram (cervical / lumbar)
 Discogram _____ Denervation _____

LEGIBLE REFERRING PROVIDER'S SIGNATURE: _____

INDICATIONS AND INSURANCE REQUIREMENTS THAT PREVENT PATIENTS FROM HAVING FINANCIAL OBLIGATIONS:

FACETS:

FACET INDICATIONS AND INSURANCE REQUIREMENTS THAT PREVENT PATIENTS FROM HAVING FINANCIAL OBLIGATIONS.

- Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).
- Pain is predominantly axial and, with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication.
- There is no non-facet pathology that could explain the source of the patient's pain, such as fracture, tumor, infection, or significant deformity.
- Clinical assessment implicates the facet joint as the putative source of pain.

***Please refer to Medicare LCD online for required medical necessity information. Medicare covers a limited set of diagnoses for these facet joint injections.

PROCEDURE REQUIREMENTS:

- Pre-procedural documentation must include a complete history and physical to include an appropriately focused musculoskeletal and neurological examination, along with conservative care measures tried and failed. Include all diagnostic radiology performed and procedural results that objectively support the presence of facet joint pain.

ESI:

LUMBAR EPIDURAL INJECTIONS CPT CODES 64483, 62311, 64484, 62319

LUMBAR EPIDURAL INJECTIONS LCD (L34983): SEE CURRENT LCD FOR COVERED DIAGNOSIS.

1. Approved Referral Form Completed
2. ABN check for meeting medical necessity using physician diagnosis
3. Pain associated with:
 - Herpes Zoster and/or Suspected radicular pain, based on radiation of pain along the dermatome (sensory distribution) of a nerve and/or Neurogenic claudication and/or Low back pain, NPRS \geq 3/10 (moderate to severe pain) associated with significant impairment of activities of daily living (ADLs) and one of the following:
 - a. Substantial imaging abnormalities such as a central disc herniation.
 - b. Severe degenerative disc disease or central spinal stenosis.
 - c. An appropriately comprehensive evaluation of all potential contributing pain generators and treatment in accordance with an established and documented treatment plan.
 - d. Plain films to rule out red flag conditions may be appropriate if potential issues of trauma, osteomyelitis or malignancy are a concern.
4. Failure of four weeks (counting from onset of pain) of non-surgical, non-injection care, which includes appropriate oral medication(s) and physical therapy to the extent tolerated...
 - Exceptions to the 4 week wait may include:
 - a. Pain from Herpes Zoster
 - b. At least moderate pain with significant functional loss at work or home.
 - c. Severe pain unresponsive to outpatient medical management.
 - d. Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
 - e. Prior successful injections for same specific condition with relief of at least 3 months' duration.
5. When a diagnostic spinal nerve block is performed, post-block assessment of percentage pain relief must be documented.
6. Levels per session:
 - a. No more than two transforaminal injections may be performed at a single setting (e.g. single level bilaterally or two levels unilaterally)
 - b. One caudal or lumbar interlaminar injection per session and not in conjunction with a lumbar transforaminal injection.
7. Frequency:
 - a. No more than 3 epidurals may be performed in a 6-month period of time.
 - b. No more than 6 epidural injection sessions (therapeutic epidurals and/or diagnostic transforaminal injections) may be performed in a 12-month period of time regardless of the number of levels involved.
 - c. If a prior epidural provided no relief, a second epidural is allowed following reassessment of the patient and injection technique.
8. Post pain score measurements

DIRECTIONS TO CLINIC FOR CONSULTATION:

CLINIC ADDRESS / DIRECTIONS:

South Lind Square, Building C
4174 Lind Ave. SW
Renton, WA 98057



FROM THE NORTH: Head South on WA-167 S toward Kent/Auburn. Take the E Valley Rd/SW 41st Street exit. Continue straight onto SW 41st Street. Turn left at Lind Ave. SW. Turn left into the South Lind Square Business Park. Travel one block straight and find Building C on the right.

FROM THE SOUTH: Head North on WA-167 N toward Renton. Take the S 180th Street/SW 43rd Street exit. Turn left at S 180th Street/SW 43rd Street. Take the 3rd right onto Lind Ave. SW. Turn right into the South Lind Square Business Park. Travel one block straight and find Building C on the right.

DIRECTIONS TO HOSPITAL FOR PROCEDURE:

PROCEDURE ADDRESS / DIRECTIONS:

Hospital Diagnostic Imaging is located on the second floor of Valley Medical Center
400 South 43rd Street
Renton, WA 98055
425.251.5194

UW Medicine

VALLEY
MEDICAL CENTER

INTERVENTIONAL RADIOLOGY SERVICES

HOSPITAL DIRECTIONS: Take I-405 to Highway 167 South. Once on Highway 167, take the first exit (South 41st/180th St.) and turn left at the light at the end of the off-ramp. Turn left at the next light onto 43rd/180th St. Proceed straight to the top of the hill and turn left at the light onto Talbot Rd. S. Valley Medical Center's campus is on the left.