

Prior Authorization Request Form		Hysterectomy Surgery for Benign Conditions	
BSC Fax: (844) 807-8997		BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005	
<p>Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.</p>			
<p>Notice: BSC has a 5 Business Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.</p>			
Provider Information		Patient Information	
Referring/Prescribing Physician: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist* Name: *Please identify SPECIALTY:		Patient's Name: Birth Date: Blue Shield ID Number:	
Servicing Provider: <input type="checkbox"/> MD <input type="checkbox"/> Vendor <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other Name: Address: Tax ID Number: NPI:		Place of Service	
Office Information: Contact: Phone: ()) Fax: ())		<input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other (explain): Anticipated Date of Service:	
Please enter all codes requested; "by report" codes must have a description of why the code is being used			
ICD-10 PRIMARY DX CODE:			
ICD-10 ADDITIONAL DX CODE(S):			
CPT/HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
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For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652
<p><small>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small></p>	

PATIENT CLINICAL INFORMATION

Please provide the following documentation:

- o Completed Hysterectomy Decision Aid
(<https://www.blueshieldca.com/provider/authorizations/forms- lists/forms.sp>) – see survey below:
page 5
- o Completed CollaboRATE survey – see survey below: page 6

NOTE:

The above two surveys are to be filled out and signed by the PATIENT and submitted with the documentation below.

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - o Reason for surgical intervention (malignant or non-malignant indications) such as abnormal uterine bleeding, adenomyosis, pain, etc.)
- Prior conservative treatments, duration, and response including but not limited to those the patient:
 - o Has tried (and results)
 - o Has not tolerated
 - o Has a contraindication to
 - o Has declined (Note: If the patient has declined less invasive alternatives to hysterectomy the rationale must be documented.)
- Past and present diagnostic testing and results
- Pertinent past procedural and surgical history
- Radiology report(s) (i.e., MRI, CT, US)
- Completed and signed Hysterectomy Decision Aid by the member
- Completed and signed CollaboRATE survey by the member

For questions: Call BSC Medical Care Solutions

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Let's Talk Hysterectomy

One of the most important factors in helping you choose appropriate medical care is your comprehensive understanding of the reasons for treatment, the risks, and the potential benefits. If hysterectomy has been suggested to you as an option for your particular problem, you should carefully weigh the pros and cons, the alternative treatments, and the potential benefits and risks.

Should You Have a Hysterectomy?

Talk to your doctor and become an active partner in making an informed decision about whether hysterectomy is right for you.

- How will a hysterectomy help me?
- What are my other treatment options?
- What are the risks of each of my options?
- What are the short & long term risks or side effects?
- Why might this treatment not be right for me?
- If I don't have surgery will my condition worsen?

Risks and Complications

Risks and complications will depend on your medical condition, age and experience of your surgeon, but risks may include:

- Anesthesia problems, such as breathing or heart problems
- Early menopause, if the ovaries are removed
- Surgery may not correct pelvic pain
- Injury to nearby organs
- Blood clots in the legs or lungs
- Infection
- Heavy bleeding
- Pain during sexual intercourse

4 The Procedure types of hysterectomy

- 1 Vaginal hysterectomy (VH)**
Decision points: Minimally invasive, fast recovery (2 weeks), less pain, no external scarring
- 2 Laparoscopic hysterectomy (TLH, LSH, LAVH)**
Decision points: Minimal pain & scarring, fast recovery (2 weeks), less pain, higher risk of complications
- 3 Abdominal hysterectomy (AH)**
Decision points: Invasive procedure, longer recovery time (4-6 weeks), bigger scar, higher risk of complications
- 4 Robotic hysterectomy (RH)**
Decision points: Technique dependent, investigational in certain conditions, fast recovery (2 weeks)

These websites offer more information:

www.aagl.org / www.acog.org / www.hysterectomyoptions.com / www.hystersisters.com

Your Decision

Hysterectomies are performed to treat many conditions. Be sure you understand the nature of your condition and how hysterectomy would treat it.

Top reasons for a hysterectomy and the alternatives

★ Fibroids

- Doing nothing – fibroids tend to shrink on their own after menopause
- Surgical removal (myomectomy)
- Radio frequency ablation
- Cutting off blood flow to fibroids
- Drug therapy

★ Endometriosis

- Surgical removal of scar tissue & endometrial implants by laparoscopic surgery
- Drug therapy

★ Abnormal Uterine Bleeding

- Progesterone containing IUD
- Endometrial lining removal
- Hormone or drug therapy
- Other treatments depending on the cause



Shared Decision

Please check each box

- Do you understand the options available to you?
Yes No
- Are you clear about which benefits and side effects matter most to you? Yes No
- Do you have enough information to make an informed choice? Yes No
- Do you feel comfortable about your decision?
Yes No

Your signature ensures you feel confident that you and your doctor have explored all of your options and you understand everything fully and that together you are making the decision that is best for you. This Decision Aid does not replace the need for a signed Informed Consent for treatment form that is required by law in many states.

Patient Signature: _____
Date: ____/____/____

Physician Signature: _____
Date: ____/____/____



Thinking about the appointment you have just had ...

1. How much effort was made to help you understand your health issues?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

2. How much effort was made to listen to the things that matter most to you about your health issues?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

3. How much effort was made to include what matters most to you in choosing what to do next?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

Your signature ensures you feel confident that you and your doctor have explored all of your options and you understand everything fully and that together you are making the decision that is best for you.

Patient Signature: _____

Date: ____ / ____ / ____



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