

<b>Prior Authorization Request Form</b>	<b>Knee Arthroscopy in Knee Osteoarthritis</b>
BSC Fax: (844) 807-8997	BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005

**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 \(www.blueshieldca.com/provider\)](http://www.blueshieldca.com/provider) and click the Authorizations tab to get started.

**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.

Provider Information	Patient Information
<b>Referring/Prescribing Physician:</b> <input type="checkbox"/> PCP <input type="checkbox"/> Specialist* <b>Name:</b> *Please identify SPECIALTY:	<b>Patient's Name:</b>  <b>Birth Date:</b>  <b>Blue Shield ID Number:</b>
<b>Servicing Provider:</b> <input type="checkbox"/> MD <input type="checkbox"/> Vendor <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other <b>Name:</b> <b>Address:</b> <b>Tax ID Number:</b> <b>NPI:</b>	<b>Place of Service</b> <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): <b>Anticipated Date of Service:</b>
<b>Office Information:</b> <b>Contact:</b> <b>Phone:</b> (     ) <b>Fax:</b> (     )	

Please enter all codes requested; "by report" codes must have a description of why the code is being used

<b>ICD-10 PRIMARY DX CODE:</b>
<b>ICD-10 ADDITIONAL DX CODE(S):</b>
<b>CPT/HCPCS CODE(S):</b>

**PATIENT CLINICAL INFORMATION**

Please provide ALL of the following documentation AND check the boxes to indicate the following documentation is included as part of the Prior Authorization requirements.

- Completed Blue Shield of California Knee Arthroscopy Surgery Decision Aid (<https://www.blueshieldca.com/provider/authorizations/forms-lists/forms.sp>) – see Decision Aid below: page 2
- Completed CollaboRATE survey – see survey below: page 3

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

- History and physical and/or consultation notes including:
  - Type of procedure
  - Reason for procedure
  - Clinical records indicating pain and functional disability that interferes with ADLs
  - Treatment plan
- Radiology reports (e.g., weight-bearing plain films, CT, MRI) used to make surgical decision
- Modified Outerbridge scale Grade/K&L Scale Grade, as applicable
- Prior conservative treatments, duration, and response or reason conservative treatment is inappropriate
- Past and present diagnostic testing and results
- Pertinent past procedural and surgical history

<b>For questions: Call BSC Medical Care Solutions</b>	<b>Phone Number: 1-800-541-6652</b>
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# Knee Arthroscopy

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 arthroscopy 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 an Arthroscopy?

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

- How will an arthroscopy 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?

## Get the Facts

### ◆ What is degenerative knee disease?

Wear-and-tear (osteoarthritis) of the knee, that can include damage (tears) in the cartilage (meniscus). Patients with degenerative knee pain, particularly those ≥35 years of age may have symptoms including pain, swelling, and occasionally locking, buckling, or giving way.

### ◆ What is a degenerative meniscus tear?

A tear in the cartilage (meniscus) that acts as a cushion between the bones, because as we age our tissue simply wears out over time. Degenerative meniscus tears are very common. Many adults over 55 have one and will not know it. Degenerative meniscus tears usually do not need surgery when osteoarthritis is present.

### What are my non-surgical options?

Most patients with degenerative meniscal tears improve with physical therapy, medications and/or occasionally an injection. The pain is often not from the meniscal tear so "trimming" the meniscal tear is usually not helpful.



### Arthroscopic surgery

Arthroscopic surgery with or without partial meniscectomy or debridement

### When is surgery needed?

Surgery for a torn meniscus due to the "wear and tear" of aging may not help your pain when you have osteoarthritis of the knee. In unusual cases, if you are still having pain after conservative treatment, then surgery may be of benefit, (particularly if you have locking, giving way, or recurrent swelling).



### Conservative management

Any conservative management strategy (exercise therapy, injections, drugs)

## ◆ What You Need to Know

Any surgery has risks and benefits. Surgery for a degenerative meniscus tear may not help your pain if you have arthritis of the knee (unless you have locking, giving way, or recurrent swelling). Talk to your doctor about the type of tear you have and the long-term and short-term treatment options.



## Shared Decision

Please check each box

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

### These websites offer more information:

orthoinfo.aaos.org / mayoclinic.org/diseases-conditions / healthwise.org / hopkinsmedicine.org/healthlibrary / BMJ.com

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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