

Prior Authorization Request Form		Partial Thickness Rotator Cuff Tears and Acromioplasty/Subacromial Decompression	
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) 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	
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			
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.			
<p>Completed Blue Shield of California Shoulder Arthroscopy Surgery Decision Aid (https://www.blueshieldca.com/provider/authorizations/forms-lists/forms.sp) – see Decision Aid below: page 3</p> <p>Completed CollaboRATE survey – see survey below : page 4</p>			
NOTE: The above two surveys are to be filled out and signed by the PATIENT and submitted with the documentation below:			
<ul style="list-style-type: none"> • History and physical and/or consultation notes including: <ul style="list-style-type: none"> ○ Type of procedure ○ Reason for procedure ○ Clinical records indicating pain, loss of muscle strength of the rotator cuff musculature, and/or functional disability that interferes with ADLs ○ Documented positive result of one or more orthopedic tests (e.g., Neer Impingement Test, Hawkins Kennedy Impingement Test, Painful Arc Test, Full/Empty Can Test, External Lag Sign at 90 Degrees Test, Infraspinus Test, Lifting/Modified Lifting Test, Belly-Press Test, Drop Arm Test) ○ Treatment plan • Radiology reports (e.g., ultrasound, CT, MRI) used to make surgical decision 			
For questions: Call BSC Medical Care Solutions		Phone Number: 1-800-541-6652	

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- Documented exclusion of other possible causative conditions
- 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

For questions: Call BSC Medical Care Solutions

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Shoulder 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 for a Partial Thickness Rotator Cuff Tear?

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

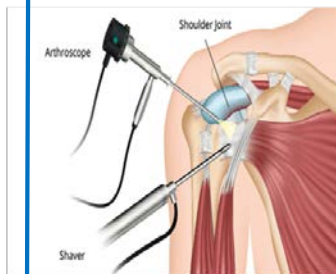
- How will an arthroscopy help me?
- What are my other treatment options?
- What are the risks of each of my options?
- What are the short & long-term risks or side effects?
- Why might this treatment not be right for me?
- If I don't have surgery will my condition worsen?

Get the Facts

- ◆ **What is the rotator cuff?** The rotator cuff is a group of muscles and tendons in the shoulder. They are the "motor" of the arm and work to lift the arm overhead, reach and provide strength for lifting.
- ◆ **What is a partial rotator cuff tear?** An incomplete or "partial" tear of the tissues connecting muscles to bone (tendons) around the shoulder joint usually caused by traumatic injury or age-related wear and tear.
- ◆ **What are my non-surgical treatment options?** Both surgical and non-surgical treatments are used to relieve pain and restore function of the shoulder. Generally, partial tears of the rotator cuff are treated without surgery. Most patients first try 3-6 months of non-operative treatment, which may include combinations of oral medications and a maximum of 1-2 injections, rest from activity, passive and active exercise, physical/aquatic therapy and/or cold or hot compress.
- ◆ **When does a partial rotator cuff tear need surgery?** When nonsurgical treatment fails after 3-6 months, surgery can be very helpful to repair the tear, and to smooth and make more room for the damaged tendon if needed.

These websites offer more information:
orthoinfo.aaos.org / mayoclinic.org/diseases-conditions /
healthwise.org / hopkinsmedicine.org/healthlibrary

The Procedure Shoulder Arthroscopy



- Minimally invasive surgical procedure to inspect, diagnose, and treat a variety of shoulder conditions.
- Procedure involves inserting a fiber-optic camera via a small incision & visualizing the shoulder joint.
- If repairs are needed, additional incisions are made that allow for insertion of surgical instruments to fix tears in the muscles, tendons, or cartilage and damaged tissue.

Risks and Side Effects

- A. Surgery may not restore full strength to your shoulder & the pain or stiffness may not go away.
- B. All surgery has risks, including the risks of bleeding & infection, nerve damage, and risks related to anesthesia.
- C. Evidence is limited and unclear in the differences between how well the different surgical and non-surgical treatments work for some partial rotator cuff tears¹. You should understand your options and talk to your doctor about which is right for you.



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

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: ____/____/____

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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