

Prior Authorization Request Form	Hip Arthroplasty for Adults
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 <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):
Office Information: Contact: Phone: () Fax: ()	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:

- Completed and signed **Total Hip Arthroplasty Decision Aid** - see survey below: page 2
- Completed **Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.)** - see survey below: page 3
- Completed **CollaboRATE** survey – see survey below: page 4

NOTE: The above three surveys are to be filled out and signed by the PATIENT (the Total Hip Arthroplasty Decision Aid must be signed by the physician as well) and submitted with the documentation below

- History and physical and/or consultation notes including:
 - Clinical records indicating pain and functional disability that interferes with ADLs
 - Documentation of limited range of motion if applicable
 - Reason for surgical intervention
 - Treatment plan (i.e., surgical intervention)
- Prior conservative treatments, duration, and response
- Past and present diagnostic testing and results
- Pertinent past procedural and surgical history
- Radiology report(s) (i.e., MRI, CT)

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652
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Total Hip Arthroplasty

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. Total Hip Arthroplasty (THA), also known as Total Hip Replacement (THR), is a surgical procedure to replace the damaged bone and cartilage of the hip joint to relieve pain and improve function. If THA has been suggested to you as an option for your particular condition, you should carefully weigh the pros and cons, the alternative treatments, and the potential benefits and risks.

Should You Have a Total Hip Arthroplasty?

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

- How will a THA 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

Reasons for a THA

The most common conditions for performing a THA are osteoarthritis, rheumatoid arthritis, avascular necrosis, or post-traumatic arthritis. When these conditions cannot be resolved by conservative therapy or less invasive procedures, a THA may be an appropriate procedure to relieve pain and improve function and mobility. Your doctor may recommend against surgery if you have a disease that causes severe muscle weakness, high risk of infection, or are in poor health.

Risks of a THA

Your risks and complications will depend on your medical history, current medical condition, and age. Possible complications may include dislocation or loosening of the artificial joint, change in leg length, blood clots in the leg, infection, and injury to the nerves around the hip causing pain, numbness, or weakness.

Alternative Therapies

Depending on the type and severity of your condition, other treatment options might be right for you. Discuss the advantages and disadvantages of alternative treatments with your doctor to see what options are best for you.

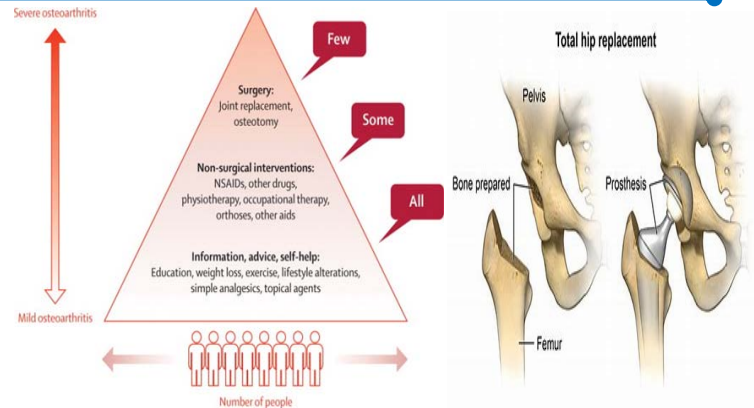
Physical Therapy: Supervised physical therapy can increase flexibility and help build strength to improve hip function and pain

Medication and Supplements: Over the counter anti-inflammatories can help to relieve swelling and stiffness and reduce pain

Injections: Therapeutic injections can help reduce pain and swelling or improve mobility

Assistive devices: Use of a cane or walker can help aid in daily activities and mobility

Activity modification: Limit and/or adjust activities that cause pain



What You Need to Know

Any surgery has its own risks and benefits. You should be confident in knowing alternative options, the reason for surgery, possible complications, and expectations after surgery. In order to make an informed decision, talk with your doctor about what option is most appropriate for you.

These websites offer more information:

orthoinfo.aaos.org / mayoclinic.org / niams.nih.gov / hopkinsmedicine.org

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: ____/____/____



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



Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.)

Instructions

This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain

What amount of hip pain have you experienced the last week during the following activities?

- 1. Going up or down stairs
None Mild Moderate Severe Extreme

- 2. Walking on an uneven surface
None Mild Moderate Severe Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your hip.

- 3. Rising from sitting
None Mild Moderate Severe Extreme

- 4. Bending to floor/pick up an object
None Mild Moderate Severe Extreme

- 5. Lying in bed (turning over, maintaining hip position)
None Mild Moderate Severe Extreme

- 6. Sitting
None Mild Moderate Severe Extreme

Patient Signature: _____

Date: ___/___/_____

