



# TOTAL HIP REPLACEMENT REVIEW TOOL

## CPT codes 27130, 27132 (Total Hip Replacement)

Fax this form to (800) 280-7346 or call (585) 325 – 3114 or 1 (800) 999 - 3920

(Monday through Friday 8am – 4pm)

The completed faxed form will contain all the information for an inpatient authorization, the office be called with the authorization number.

| Patient/Member Information                |  |                               |  |  |                 |
|---|--|-------------------------------|--|--|-----------------|
| Last Name:                                |  | First Name:                   |  | DOB:   |                 |
| Member ID number:                         |  | Secondary insurance:          |  | Height:  | Weight: Or BMI: |
| Surgeon Information                       |  |                               |  |  |                 |
| Surgeon:<br>Assistant surgeon (if known): |  | Office phone number:<br>Fax:  |  | Provider ID#   |                 |
| Date of Request:                          |  | Date of Surgery:<br>Hospital: |  | CPT Code: ICD-9:<br>Hip (circle) right or left or both |                 |

### Check off all that apply to member (additional office notes may be requested)

|  |   |
|--|---|
| <input type="checkbox"/> - Osteoarthritis                      | <input type="checkbox"/> - Nonunion/malunion, articular fracture            |
| <input type="checkbox"/> - Rheumatoid arthritis                | <input type="checkbox"/> - Avascular necrosis (osteonecrosis), femoral head |
| <input type="checkbox"/> - Bone Tumor involving hip by imaging | <input type="checkbox"/> - Comminuted/impacted acetabular fracture          |
| <input type="checkbox"/> - Indication not listed*              | <input type="checkbox"/> - Acute femoral neck fracture                      |

| Pain :   | Findings :                                       |
|--|--|
| <input type="checkbox"/> - Increased with initiation of activity | <input type="checkbox"/> - Pain with passive ROM |
| <input type="checkbox"/> - Increased with weight bearing         | <input type="checkbox"/> - Limited ROM           |
| <input type="checkbox"/> - Interferes with ADLs                  | <input type="checkbox"/> - Antalgic gait         |

### X-ray findings (if available, please submit report) :

|  |   |
|--|---|
| <input type="checkbox"/> - Subchondral cysts         | Nonunion/malunion of fracture by x-ray:   |
| <input type="checkbox"/> - Subchondral sclerosis     |   |
| <input type="checkbox"/> - Periarticular osteophytes |   |
| <input type="checkbox"/> - Joint subluxation         |   |
| <input type="checkbox"/> - Joint space narrowing     |   |
| <input type="checkbox"/> - Tumor involvement         |   |
|  | <input type="checkbox"/> - Femoral neck   |
|  | <input type="checkbox"/> - Femoral head   |
|  | <input type="checkbox"/> - Acetabulum   |
|  | <input type="checkbox"/> - Avascular necrosis with stage III collapse of femoral head |

### Continued Sx/findings after Rx:

|  |   |
|--|---|
| <input type="checkbox"/> - NSAID                         | <input type="checkbox"/> - External joint support ≥ 12 wks (cane or walker)       |
| <input type="checkbox"/> - Rx ≥ 4 wks                    | <input type="checkbox"/> - PT ≥ 12 wks in member's history or an exercise program |
| <input type="checkbox"/> - Contraindicated/not tolerated |   |

**Narrative:** (include presence of infection/history of infection in joint, charcot joint, non compliance issue, what type of external joint support, any weight management counseling, reason member did not receive physical therapy or explanation of an indication not listed)

*\*Note: Metal-on-Metal (MoM) hip resurfacing will need to meet THR clinical criteria as well as medical necessity for MoM resurfacing.*

|                             |              |
|-----------------------------|--------------|
| <b>Physician signature:</b> | <b>Date:</b> |
|-----------------------------|--------------|

**PLEASE NOTE:** By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if reque