



TOTAL HIP REPLACEMENT REVIEW TOOL

CPT codes 27130, 27132 (Total Hip Replacement)

Fax this form to (585) 258-8080 or call (585) 327-5775 or 1 (800) 324-3899 and select option # 2
(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:		Office phone number:		Provider ID#	
Assistant surgeon (if known):		Fax:			
Date of Request:		Date of Surgery:		CPT Code: ICD-9:	
		Hospital:		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"/> - Rheumatoid arthritis <input type="checkbox"/> - Bone Tumor involving hip by imaging <input type="checkbox"/> - Indication not listed*	<input type="checkbox"/> - Nonunion/malunion, articular fracture <input type="checkbox"/> - Avascular necrosis (osteonecrosis), femoral head <input type="checkbox"/> - Comminuted/impacted acetabular fracture <input type="checkbox"/> - Acute femoral neck fracture
Pain :	Findings :
<input type="checkbox"/> - Increased with initiation of activity <input type="checkbox"/> - Increased with weight bearing <input type="checkbox"/> - Interferes with ADLs	<input type="checkbox"/> - Pain with passive ROM <input type="checkbox"/> - Limited ROM <input type="checkbox"/> - Antalgic gait
X-ray findings (if available, please submit report) :	
<input type="checkbox"/> - Subchondral cysts <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	Nonunion/malunion of fracture by x-ray: <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"/> - Rx ≥ 4 wks <input type="checkbox"/> - Contraindicated/not tolerated	<input type="checkbox"/> - External joint support ≥ 12 wks (cane or walker) <input type="checkbox"/> - PT ≥ 12 wks in member's history or an exercise program

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.*

Physician signature:	Date:
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PLEASE NOTE: By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.

