

Femoroacetabular Impingement Surgery

Prior Authorization Request

Date _____

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number
Place of service: <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Hospital outpatient <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Provider's office <input type="checkbox"/> Other _____		
Facility where services will be provided (include address if the provider provides services at more than one practice location)		
Contact person name (print)	Telephone number	Fax number
Procedure information		
Scheduled date of service (month/day/year)	Requested service/procedure	Procedure code(s)
Diagnosis	Diagnosis code(s)	

Answer all of the following questions.

Femoroacetabular impingement surgery, for the treatment of hip impingement syndrome. Yes No

Procedure: Open Arthroscopic

- Diagnosis of definite femoroacetabular impingement (FAI) defined by appropriate imaging studies (i.e. X-rays, MRI, or CT scans), showing cam impingement (alpha angle greater than 50 degrees), pincer impingement (acetabular retroversion or coxa profunda), or pistol grip deformity (nonspherical femoral head shape). Yes No
- Member is 15 years of age or older due to skeletally maturity (as indicated by epiphyseal closure) Yes No
- Moderate to severe persistent hip or groin pain that limits activity and is worsened by flexion activities (e.g. squatting or prolonged sitting) that significantly limits activities, with duration of at least 6 months where diagnosis of FAI has been made as above Yes No
- Positive impingement sign (e.g. sudden pain on 90-degree hip flexion with adduction and internal rotation or extension and external rotation) Yes No
- Member has failed conservative therapy for a duration of at least 6 months, including:
 - Activity modification, with restriction of athletic pursuits, if any, that include avoidance of symptomatic movements. Yes No
 - Treatment with NSAIDs or acetaminophen and joint injections. Yes No
- Member does not have advanced osteoarthritis (i.e. Tönnis grade 2 or 3) and/or severe cartilage damage (i.e. Outerbridge grade III or IV) Yes No

- Tönnis classification of osteoarthritis by radiographic changes:
 - Grade 0 – No signs of osteoarthritis. Yes No
 - Grade I – Increased sclerosis of femoral head or acetabulum, slight joint space narrowing or slight slipping of joint margin, no or slight loss of head sphericity Yes No
 - Grade II – Small cysts in femoral head or acetabulum, moderate joint space narrowing, moderate loss of head sphericity Yes No
 - Grade III – Large cysts, severe joint space narrowing or obliteration of joint space, severe deformity of the head, avascular necrosis Yes No
- Outerbridge grades include:
 - Grade 0 – Normal Yes No
 - Grade I – Cartilage with softening and swelling Yes No
 - Grade II – Partial thickness defect with fissures on the surface that do not reach subchondral bone or exceed 1.5 cm in diameter Yes No
 - Grade III – Fissuring to the level of subchondral bone in an area with a diameter more than 1.5 cm Yes No
 - Grade IV – Exposed subchondral bone head Yes No

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

Provider signature

Date

Pre-service decisions: Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

Urgent pre-service decisions: Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

<p>Mail or fax form to: Security Health Plan Health Services Department PO Box 8000 Marshfield, WI 54449-8000 Fax 715-221-6616</p>	<p>Marshfield Clinic providers route to: Health Services Department Routing location, SHP</p>
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If you have any questions, please contact Customer Service at 1-800-548-1224