PRIOR AUTHORIZATION for BONE GROWTH STIMULATOR

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:		Service Provider Name:
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:

Contact Person:	Phone: ( )	Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.* ☐ Pre-Auth ☐ Retrospective Auth ☐ Urgent	**Date of Injury and/or Surgery:**	**Description of Injury and/or Surgery:**
Requested Start Date:	**Primary Diagnosis/ICD-10 Code:**	**Secondary Diagnosis/ICD-10 Code:**

Service/Durable Medical Equipment (DME) Requested:

Service/DME Description: _____ CPT/HCPCS code: _____

Service/DME Description: _____ CPT/HCPCS code: _____

(Please check device being requested.) **QUESTION**	**YES**	**NO**	**COMMENTS/NOTES**
A. Is the involved bone non-infected, stable on both ends by means of cast or fixation, and the two portions of the involved bone are separated by less than 1 centimeter (cm)?	☐	☐	
B. Is the bone growth stimulator (*electronic or ultrasonic*) to be used preoperatively for a fracture that will require surgical intervention or internal or external fixation?	☐	☐	
C. ☐ **Electrical Bone-Growth Stimulator:**			
1. Does the patient have a delayed union of fracture or failed arthrodesis (fusion) at a high-risk site (i.e. shaft of tibia, scaphoid, distal radius, 5th metatarsal)?	☐	☐	
2. Does the patient have a non-union, failed fusion or congenital pseudoarthrosis where there has been no X-ray evidence of progression of healing for 3 or more months despite appropriate fracture care?	☐	☐	*Please provide X-Ray reports.*
3. Does the patient have avascular necrosis of the hip, Charcot arthropathy, Charcot foot, fracture of the scapula or pelvis, loosened knee prosthesis, lunate fracture, odontoid fracture, sacroiliac fusion, spondylosis, or stress fracture?	☐	☐	
4. Is the patient considered "high" risk" for spinal fusion failure because the procedure is a multiple level fusion entailing 3 or more vertebrae?	☐	☐	
5. Is the patient considered "high risk" for spinal fusion failure because they have a history of one or more failed fusions or has Grade II or worse spondylolisthesis?	☐	☐	
D. ☐ **Ultrasonic Osteogenesis Stimulator:**			
1. Does the patient have a fresh closed or grade I (skin opening is 1 cm or less and minimal muscle contusion) open, short oblique or short spiral fracture, fusion, or delayed union of the shaft of the (diaphysis) of the tibia that was treated with closed reduction or cast immobilization?	☐	☐	
2. Does the patient have a fresh fracture, fusion, or delayed union of the scaphoid (*Carpal Navicular*) 5th Metatarsal (*Jones Fracture*), or distal radius (*Colles Fracture*) treated with closed reduction and cast immobilization?	☐	☐	
3. Will the ultrasonic osteogenesis stimulator be used post-operatively for an open or closed tibial fracture that is amendable to intramedullary nail fixation?	☐	☐	
4. Does the patient have a non-union, failed arthrodesis (fusion) or congenital pseudoarthrosis of the appendicular skeleton and there has been no X-ray evidence of progression of healing for 3 or more months despite appropriate fracture care?	☐	☐	*Please provide X-Ray reports.*
5. Does the patient have a fracture, failed fusion, or non-union of the axial skeleton (skull or vertebrae)?	☐	☐	
6. Does the patient have avascular necrosis of the femoral head, calcaneal apophysitis (*Sever's Disease*), Charcot arthropathy, pathological fractures due to malignancy, stress fracture, or talar dome lesion following osteochondral autograft transfer system (OATS)?	☐	☐	

Additional Comments:

Please fax completed form and medical records to 801-366-7449.