

## Hyaluronic Acid Derivatives

### 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.

**No prior authorization is required if the hyaluronic acid derivatives infusion is for one of the following medications: Hyalgan and Gel-One**

Is the hyaluronic acid derivatives for one of these medications:

- Euflexxa .....  Yes  No
- Durolane.....  Yes  No
- GelSyn.....  Yes  No
- GenVisc.....  Yes  No
- Hymovis .....  Yes  No
- Monovisc .....  Yes  No
- Orthovisc .....  Yes  No
- Supartz .....  Yes  No
- Supartz FX .....  Yes  No
- Synvisc .....  Yes  No
- Synvisc-One .....  Yes  No
- Trivisc .....  Yes  No
- Visco-3 .....  Yes  No

If not on the list, what medication \_\_\_\_\_

Is this initial infusion for osteoarthritis of the knee:

Does the member have documented symptomatic osteoarthritis of the knee .....  Yes  No

Has the patient had an inadequate response, contraindication or intolerance to the preferred products (Gel-one and Hyalgan) .....  Yes  No

Has the member had trial and failure of conservative therapy (including physical therapy, pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream]) has been attempted and has not resulted in functional improvement after at least 3 months .....  Yes  No

Has the member failed to adequately respond to aspiration and injection of intra-articular steroids...  Yes  No

Has the member reported pain which interferes with functional activities (e.g., ambulation, prolonged standing) .....  Yes  No

There are no contraindications to the injections (e.g., active joint infection, bleeding disorder).....  Yes  No

If contraindications, please document \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this continued infusion for osteoarthritis of the knee:

– The member’s medical record demonstrates a reduction in the dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 6-month period following the previous series of injections. ....  Yes  No

– The member’s medical record objectively documents significant improvement in pain and functional capacity as the result of the previous injections. ....  Yes  No

– The member’s absence of unacceptable toxicity from the previous injections. Examples of unacceptable toxicity include: severe joint swelling and pain, severe infections, anaphylactic or anaphylactoid reactions, etc. ....  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.

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