



Notice to Medicare Patients Needing Hip and/or Knee Surgery

Due to recent changes Medicare, might not pay for your surgery. Other insurance companies have a service called Pre-Certification or Prior Authorization that your doctor can use to verify whether surgery will be paid; however, currently there is no way for your doctor to know beforehand if Medicare will decide to pay. Medicare might pay your doctor and hospital and request the payment back at a later date because they determined your surgery was not “Medically Necessary.”

Our main priority is patient care. Our goal is to provide you with excellent, customized patient care that will ultimately improve your quality of life. You are the reason we are here. In order to provide you with that care, we need your help.

Medicare published an “outline” showing what they use to determine medical necessity for your surgery. Below is a list of the information they are requesting. If you have received treatment for your condition by another doctor **please provide our office with the medical records that show:**

- A minimum of 3 months of “unsuccessful” conservative management, including:
 - 12 weeks of physical therapy
 - Medications used to treat arthritis, including the dates the medication (prescribed or over-the-counter) was started and your response to the medication (did it help?)
 - Steroid injections, including the date(s) they were given and your response
 - Viscosupplementation injections (Synvisc, Orthovisc, Euflexxa, etc.), including the dates they were given and your response (knee patients only)
 - Pain medication, including dates and your response
 - The use of assistive devices (canes, crutches, and/or walker), including the date you started using the device
 - Braces (hinged braces, over-the-counter braces), including the date you started wearing the brace

Please keep your receipts and Explanation of Benefit (EOB) statements to help maintain a complete record of treatments options you have already received.

If any of the above treatments were not provided, they are requesting “clear evidence” of why you could not participate in the conservative management. This evidence must be in the form of office notes from your treating doctors.

Without your help in gathering these records we might not be able to justify the need for surgery to Medicare. **This would place the financial burden of the procedure on you.** We appreciate your help as we try to navigate through this rapidly changing healthcare environment. If you feel these new requirements cause a delay in your care or prolong your pain and suffering, we urge you to contact your local, state and federal elected representatives to describe your personal experience.

Thank you for allowing us to be a part of your care.



Patient Name: _____

Date Of Birth: _____

What are you being seen for today?

- Knee Hip

Which side is hurting you?

- Right Left Both

How long have you had pain?

- 0-1 years 1-3 years 3-5 years 5-10 years > 10 years

How has the pain affected your daily life? (Check all that apply)

- Difficulty going up and down stairs Worried might fall
 Difficulty getting in and out of car Have fallen due to knee/hip
 Unable to walk more than 5 blocks Other: _____
 Pain keeps awake at night _____

Have you been taking any medication (over the counter or prescribed) for the pain?
Please complete all sections:

Medication	Amount taken at a time	How often	Date medication was started	Has it helped?

What else have you tried? Check all that apply and please be specific. List dates when applicable. If treatments were provided by another doctor include the doctors' name (records from previous treating doctors will need to be provided to the office).

- Cane/Walker/Crutches (start of use date) _____
 Physical therapy (where? Length of treatment) _____
 Steroid Injections (dates and doctor) _____
 Supartz, Synvisc, Orthovisc, Euflexxa, and/or Hyalagan Injections (date and doctor) _____
 Brace (type and start date) _____
 Weight Loss (if applicable) _____
 Home Exercise Program (start and end date) _____