

REVIEW REQUEST FOR Hyaluronan Injections for Musculoskeletal Conditions in Joints Other than Knee



Euflexxa™, Hyalgan®, Orthovisc®, Supartz®, Synvisc®, Synvisc One® - Hyaluronic Acid

Provider Data Collection Tool Based on Medical Policy DRUG.00017

Policy Last Review Date: 08/19/2010	Policy Effective Date: 08/19/2010	Provider Tool Effective Date: 09/20/2010
-------------------------------------	-----------------------------------	--

Request Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Subsequent Request
<input type="checkbox"/> Buy and bill		
<input type="checkbox"/> Medication(s) is to be dispensed, delivered, and managed by CuraScript (800-824-2642) FAX		
Ship Medication to: <input type="checkbox"/> MD Office <input type="checkbox"/> Individual's Home <input type="checkbox"/> Other: (please specify): <input type="text"/>		
Individual's Name: <input type="text"/>		Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Insurance Identification Number: <input type="text"/>		Individual's Phone Number: <input type="text"/>
Primary Diagnosis: <input type="text"/>	ICD-9 Code(s) (if known): <input type="text"/>	Individual's Weight <input type="text"/> (lbs) <input type="checkbox"/> (kg) <input type="checkbox"/>
Ordering Provider Name & Specialty: <input type="text"/>		Provider ID Number (if known): <input type="text"/>
Office Address: <input type="text"/>		
Contact Name and Office Phone Number: <input type="text"/>		Office Fax Number: <input type="text"/>
Servicing Provider Name & Specialty (If different than Ordering Provider): <input type="text"/>		Provider ID Number (if known): <input type="text"/>
Office Address: <input type="text"/>		
Contact Name and Office Phone Number: <input type="text"/>		Office Fax Number: <input type="text"/>
Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Ambulatory Infusion <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Other: <input type="text"/>		
Drug Name/HCPS Code (if known) Hyalgan® <input type="checkbox"/> J7321 Supartz® <input type="checkbox"/> J7321 Euflexxa™ <input type="checkbox"/> J7323 Orthovisc® <input type="checkbox"/> J7324 Synvisc® <input type="checkbox"/> J7325 Synvisc® One <input type="checkbox"/> J7325 Other: <input type="text"/>		Dose to be administered: <input type="text"/> (mg) <input type="text"/> (other)
When did the individual first start this drug? <input type="text"/> / <input type="text"/> / <input type="text"/>		Frequency (Days, Wks, Months) <input type="text"/>
Duration: <input type="text"/> (Weeks)		Start Date For This Request: <input type="text"/> / <input type="text"/> / <input type="text"/>

Please check all that apply to the individual:

NOTE: **To avoid delays**, please complete this form in its entirety

- Request is for a single course of intra-articular injections of Hyaluronan for treatment of pain due to reducing and non-reducing disc displacement disease of the temporomandibular joint (TMJ) disorders
 - Individual has not received a previous course of hyaluronan (Euflexxa™, Hyalgan®, Orthovisc®, Supartz®, Synvisc® or Synvisc One®)
 - Other

Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number

I attest the information provided is true and accurate to the best of my knowledge. I understand that Anthem may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

/ / / /
 Name & Title of Provider or Provider Representative Completing Form Date
 & attestation (Please Print)*

***The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123 Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliated HMOs, HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. For some plans utilization review services are provided by Anthem UM Services, Inc., a separate company.