

A Santa Rosa Associates Company

HIP ARTHROSCOPY Pre-Operative Insurance Information

FAI & Labral Repair: Surgical correction of femoroacetabular impingement (FAI) and repair of the labrum in the hip are well-established techniques and their use in properly selected patients is supported by medical research. However, some insurance companies maintain that these procedures are experimental/investigational/unproven and deny coverage for them. Other insurance companies do consider these covered procedures, but have specific criteria that must be met before benefits will apply. In some cases, it is impossible to know if the patient meets the criteria until the procedure is underway and the extent of damage inside the joint is determined. For these reasons, predetermination of benefits is, at best, an estimate of how the insurance company will respond when the procedures are billed.

Precertification, Preauthorization & Billing: When surgery is scheduled, we will contact your insurance company to obtain precertification and/or preauthorization for the anticipated procedures. After surgery, we will bill your insurance company and provide supporting documentation of medical necessity for the procedures performed.

Financial Responsibility: It is important to understand that the financial responsibility for these charges rests with you. These costs may include surgeon fees, surgery center, anesthesia and radiology charges. Understanding the benefits of your particular insurance plan is very important and we encourage you to discuss this process with the patient representative at your insurance company. You may be asked which procedures will be performed. Because the extent of joint damage is not completely evident before surgery, the best we can do is tell you what procedures we expect based on your imaging and exam findings.

CPT Codes and Procedures: The following is a list of possible procedures. Using this information, your insurance representative should be able to give you complete details about how your plan benefits apply.

- 29861 Arthroscopy, hip - with removal of loose or foreign body
- 29862 Arthroscopy, hip - with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty (microfracture), and/or resection of labrum
- 29863 Arthroscopy, hip - with synovectomy
- 29914 Arthroscopic Femoroplasty - the femoral head (ball) is reshaped to recreate its spherical form, removing a cam lesion (bone spur)
- 29915 Arthroscopic Acetabuloplasty - the acetabulum (socket) is reshaped to eliminate any extra bone (pincer lesion)
- 29916 Labral Repair - The labrum is repaired using suture anchors to reattach the torn cartilage to the rim of the hip socket
- 29999 Unlisted Procedures - Arthroscopic Iliopsoas Tendon Release, Gluteus Repair, Trochanteric Bursectomy, Piriformis Release, Quadratus Femoris Release, Fixation of Bone Fragment (utilizing screws)

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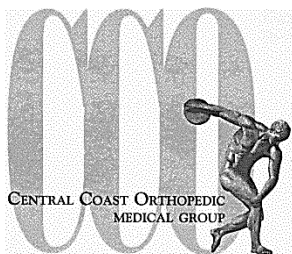
2342 PROFESSIONAL PRWY,
#200
SANTA MARIA, CA 93455
PHONE: 805 349-9545

Patient Name

Date

Patient or responsible party signature

Return completed form to
Sheri Brockett at AdminSM@CentralCoastOrtho.com
or FAX to (805)349-9055



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HIP ARTHROSCOPY Non-Covered Service Waiver

Please read the following carefully before signing. If you have any questions about this non-covered service waiver, please contact Sheri Brockett at AdminSM@CentralCoastOrtho.com or by phone at 805-349-9545 x341.

I understand and agree with the following:

SEAN D. DEVINE M.D.
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- Central Coast Orthopedic Medical Group (CCOMG) requires a surgery deposit.
- After surgery, CCOMG will submit a claim to my insurance carrier. The insurance company may consider the procedures as (1) covered procedures or (2) non-covered.

!! FAI & Labral Repair: Surgical correction of femoroacetabular impingement (FAI) and repair of the labrum in the hip are considered as experimental / investigational / unproven or not medically necessary by some insurance companies and are classified as non-covered procedures. Other insurance companies do consider these covered procedures, but have specific criteria that must be met before benefits will apply. In some cases, it is impossible for your surgeon to know if the patient meets the criteria until the procedure is underway and the extent of damage inside the joint is determined.

- For covered procedures, I understand and agree that I am fully responsible for payment of all co-pays, co-insurance and deductible amounts.
- For non-covered procedures, I understand and agree that I am responsible for payment of all charges. However, with respect to non-covered procedures only, my responsibility to CCOMG will be limited to the self-pay rate for these procedures.
- For non-covered procedures, I further understand that my liability extends to charges by the surgery center, hospital, anesthesia or radiology services. These charges are separate from your surgeon's charges that will be billed by CCOMG.
- If my surgery deposit is more than the total patient responsibility after all payments and discounts have been applied, CCOMG will refund the overpayment to me.

Patient Name

Date

Patient or responsible party signature

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