

<p>COMMENTS</p>	<p>-Affix label here-</p> <p>Member ID: ___ - ___ - ___ - ___ - ___</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: _ _ - _ _ - _ _ (M/D/Y)</p> <p>Adjudicator Code: _ _ - _ _ _ _ </p>	<p>Central Case No.: _ _ _ _ _ _ _ _ _ </p> <p>Case Copy No.: _ _ _ </p>

Use a separate form for each fracture.

Yes No
₁ ₀

1. **Confirmed hip fracture:** Fracture of the proximal femur, including fractures of the femoral neck, intertrochanteric region, and greater trochanter
 - 1.1. Date of Diagnosis: |_|_| - |_|_| - |_|_| (M/D/Y)
 - 1.2. Fracture site: **(Mark the one that applies best.)**

<input type="checkbox"/> ₁ Neck of femur (transcervical, cervical)	<input type="checkbox"/> ₃ Greater trochanter
<input type="checkbox"/> ₂ Intertrochanteric fracture	<input type="checkbox"/> ₄ Unspecified part of proximal femur
 - 1.3. Side of hip fracture: **(Mark the one that applies best.)**

<input type="checkbox"/> ₁ Right	<input type="checkbox"/> ₃ Both sides
<input type="checkbox"/> ₂ Left	<input type="checkbox"/> ₉ Unknown
 - 1.4. Hip fracture based on: **(Mark the one category that applies best.)**

<input type="checkbox"/> ₁ Written radiology report that is read by a radiologist and identifies the presence of a new, acute, or healing fracture of the proximal femur (femoral neck, intertrochanteric region, or the greater trochanter region) and documented on a discharge summary
<input type="checkbox"/> ₂ Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)
<input type="checkbox"/> ₃ <u>All of the following:</u> <ol style="list-style-type: none"> 1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture; 2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); <u>and,</u> 3) a written radiologist's report of either a bone scan, MRI, or CT scan unequivocally stating that a new hip fracture or healing hip fracture is present
<input type="checkbox"/> ₄ Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist
 - 1.5. Pathologic hip fracture: fracture resulting from bone tumors or cysts, Paget's disease, bone or joint prostheses, or surgical manipulation. Osteoporotic fracture is not considered a pathologic fracture. **(Mark the one category that applies best.)**

<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ Possible
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 Responsible Adjudicator Signature

RV _____ K _____ V _____