

<b>COMMENTS</b>	<p align="center">-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 <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>0</sub>	<p>1. <b>Confirmed hip fracture:</b> Fracture of the proximal femur, including fractures of the femoral neck, intertrochanteric region, and greater trochanter</p> <p>1.1. Date of Diagnosis: ____ - ____ - ____ (M/D/Y)</p> <p>1.2. Fracture site: <b>(Mark the one that applies best.)</b></p> <table border="0"> <tr> <td><input type="checkbox"/><sub>1</sub> Neck of femur (transcervical, cervical)</td> <td><input type="checkbox"/><sub>3</sub> Greater trochanter</td> </tr> <tr> <td><input type="checkbox"/><sub>2</sub> Intertrochanteric fracture</td> <td><input type="checkbox"/><sub>4</sub> Unspecified part of proximal femur</td> </tr> </table> <p>1.3. Side of hip fracture: <b>(Mark the one that applies best.)</b></p> <table border="0"> <tr> <td><input type="checkbox"/><sub>1</sub> Right</td> <td><input type="checkbox"/><sub>3</sub> Both sides</td> </tr> <tr> <td><input type="checkbox"/><sub>2</sub> Left</td> <td><input type="checkbox"/><sub>9</sub> Unknown</td> </tr> </table> <p>1.4. Hip fracture based on: <b>(Mark the one category that applies best.)</b></p> <table border="0"> <tr> <td><input type="checkbox"/><sub>1</sub></td> <td>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</td> </tr> <tr> <td><input type="checkbox"/><sub>2</sub></td> <td>Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)</td> </tr> <tr> <td><input type="checkbox"/><sub>3</sub></td> <td><u>All</u> of the following:           <ol style="list-style-type: none"> <li>1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;</li> <li>2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); <u>and</u>,</li> <li>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</li> </ol> </td> </tr> <tr> <td><input type="checkbox"/><sub>4</sub></td> <td>Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist</td> </tr> </table> <p>1.5. Pathologic hip fracture: fracture resulting from bone tumors or cysts, Paget's disease, bone or joint prostheses, or surgical manipulation. <u>Osteoporotic fracture is not considered a pathologic fracture.</u> <b>(Mark the one category that applies best.)</b></p> <table border="0"> <tr> <td><input type="checkbox"/><sub>0</sub> No</td> <td><input type="checkbox"/><sub>1</sub> Yes</td> <td><input type="checkbox"/><sub>2</sub> Possible</td> </tr> </table>	<input type="checkbox"/> <sub>1</sub> Neck of femur (transcervical, cervical)	<input type="checkbox"/> <sub>3</sub> Greater trochanter	<input type="checkbox"/> <sub>2</sub> Intertrochanteric fracture	<input type="checkbox"/> <sub>4</sub> Unspecified part of proximal femur	<input type="checkbox"/> <sub>1</sub> Right	<input type="checkbox"/> <sub>3</sub> Both sides	<input type="checkbox"/> <sub>2</sub> Left	<input type="checkbox"/> <sub>9</sub> Unknown	<input type="checkbox"/> <sub>1</sub>	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"/> <sub>2</sub>	Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)	<input type="checkbox"/> <sub>3</sub>	<u>All</u> of the following: <ol style="list-style-type: none"> <li>1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;</li> <li>2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); <u>and</u>,</li> <li>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</li> </ol>	<input type="checkbox"/> <sub>4</sub>	Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist	<input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> Possible
<input type="checkbox"/> <sub>1</sub> Neck of femur (transcervical, cervical)	<input type="checkbox"/> <sub>3</sub> Greater trochanter																				
<input type="checkbox"/> <sub>2</sub> Intertrochanteric fracture	<input type="checkbox"/> <sub>4</sub> Unspecified part of proximal femur																				
<input type="checkbox"/> <sub>1</sub> Right	<input type="checkbox"/> <sub>3</sub> Both sides																				
<input type="checkbox"/> <sub>2</sub> Left	<input type="checkbox"/> <sub>9</sub> Unknown																				
<input type="checkbox"/> <sub>1</sub>	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"/> <sub>2</sub>	Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)																				
<input type="checkbox"/> <sub>3</sub>	<u>All</u> of the following: <ol style="list-style-type: none"> <li>1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;</li> <li>2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); <u>and</u>,</li> <li>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</li> </ol>																				
<input type="checkbox"/> <sub>4</sub>	Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist																				
<input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> Possible																			

Responsible Adjudicator Signature

RV \_\_\_\_\_ K \_\_\_\_\_ V \_\_\_\_\_