

**Prior authorization requests accepted from providers only.**

Member/Patient Name \_\_\_\_\_

## Checklist

Ultrasonic bone growth stimulators may be indicated for the following (please check all that apply and include documentation, including imaging):

**Acute fracture and need for adjunctive treatment, as indicated by the following (check all that apply)**

- Closed distal radius (Colles) fracture of wrist
- Fifth metatarsal (Jones) fracture
- Radius fracture treated with plaster immobilization
- Scaphoid fracture
- Tibial osteotomy for distraction ontogenesis
- Tibial shaft fracture, either closed or grade, open, treated with plaster immobilization

**Fracture reduced and immobilized**

**No infection at fracture site**

**No malignancy at fracture site**

**Patient skeletally mature**

## OR

**Delayed fracture healing, as indicated by the following (check all that apply)**

- Bone loss 15 mm or less
- Fracture reduced and immobilized
- Less than 6 months since most recent operation
- No clinical or radiographic signs or progression toward healing for 3 or more months
- No malignancy at fracture site
- Patient skeletally mature

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## Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at [PacificSource.com/aboutproviderintouch](https://PacificSource.com/aboutproviderintouch). You'll find the Preauthorization Request Form at: [PacificSource.com/provider/preauthorization.aspx](https://PacificSource.com/provider/preauthorization.aspx).

**Questions?** Please call us toll-free at (888) 691-8209 or (541) 684-5584.

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This is not an inclusive list. Additional information may be requested.