

Medicare Viscosupplementation Questionnaire

Patient Name: _____

Date Of Birth: _____

Our main priority is patient care. In order to provide you with that care, we need your help. Medicare will not pay for your viscosupplementation injection unless we can prove that you meet their coverage criteria. Please answer all the questions below and provide the required physical therapy records.

Have you had an x-ray that shows you have osteoarthritis of the knee(s)?

Yes No

Which knee hurts?

Right Left Both

Do you have morning knee stiffness of less than 30 minutes in duration?

Yes No

Is there a crackling noise (crepitus) when you move your knee (or knees)?

Yes No

Does your pain interfere with any of the following? (Check all that apply)

Walking Prolonged standing Ability to sleep Other _____

Have you tried medications, such as Tylenol or NSAIDS, **for at least 3 months**, to relieve the pain? Please complete all sections:

Medication	Amount taken at a time	How often	Date medication was started	Has it helped?

Have you tried physical therapy for your knee(s), **for at least 3 months**, to relieve the pain? Please complete all sections:

Physical therapist _____

Date(s) of therapy _____

Length of therapy _____

You **MUST** provide physical therapy progress notes showing that you tried physical therapy **for at least 3 months** to relieve the pain.

For REPEAT injections only:

Has it been at least 6 months since your last viscosupplementation injection? ____ Yes ____ No

Date of last viscosupplementation injection: _____

Are you taking less NSAIDs since your last viscosupplementation injection? ____ Yes ____ No

Medication? _____ Dosage? _____ How often? _____

Have you gotten steroid injections in your knee(s) since your last viscosupplementation? _____