

The “One Stop” Program

While our usual practice is to evaluate patients in the office before scheduling surgery, we are pleased to consider offering a ‘one stop’ approach to shoulder joint replacement to healthy patients from outside the state of Washington who have straightforward shoulder arthritis. In the ‘one-stop’ approach, the patient arrives in Seattle Sunday, we see the patient in the office and then have them checked out at the Pre Anesthesia clinic on Monday morning with a plan for two-hour surgery the following day (Tuesday).

Patients are usually in the Medical Center receiving support and physical therapy for two nights, leaving the Medical Center on Thursday morning. It is best if the patient waits to leave Seattle until Saturday, making sure that all is OK before the trip back home. It is safest if a friend or family member can accompany the patient on the way home.

If you would like to be considered for the ‘one stop’, please complete the following form and either email it to Fred W. Westerberg fwesterb@uw.edu or mail it to:

Shoulder Arthritis Consultation

c/o Mr Westerberg

Box 356500

Department of Orthopaedics and Sports Medicine

BB1015 Health Sciences Bldg., 1959 N.E. Pacific St.

Seattle, Washington 98195

We realize that this questionnaire is detailed, but we want to be sure that everything is in order before considering a ‘one stop’.

1. Your name:
2. Your date of birth:
3. Your address:
4. Your phone numbers, including mobile number:
5. Your email:
6. Your height and weight:

7. Which of your shoulders is most involved? (right/left)

8. What prior surgeries have you had on that shoulder, including dates of surgery:

9. What type of shoulder surgery you are interested in?

10. When would you like to have surgery?

11. What are your goals and expectations for surgery?

12. Are there adults living at home who can be available to you immediately post-operatively?

13. What pain medications are you currently taking? (please include dosages, and how long these medications have been taken)

14. What other medications and supplements are you taking? For example, blood thinners, heart medications, diabetes medications.

15. Are you a current smoker? A former smoker?

16. Do you have other medical conditions, for example concerning your heart, lungs, kidneys, or liver?

17. Have you been on any antibiotics in the past two months?
18. Do you use continuous positive airway pressure (CPAP)?
19. Do you have allergies or major side effects from medications?
20. What other prior surgeries have you had?
21. Have you had problems with prior surgeries (e.g. difficulties with airway or establishing an intravenous line)?
22. What is the state of your dental health?
23. Who are your referring MD and primary care MD and what is their contact information?
24. Is your shoulder involved in a work-related claim?
25. Do you have any skin problems?

26. Have you checked with your insurance company to see to what degree they would cover a shoulder joint replacement? The current procedure terminology (CPT) codes used by insurance companies to identify these surgeries are usually either 23470 or 23472, sometimes with modifiers for additional complexity. It is important to check to be sure that your insurance company is contracted both with the University of Washington Medical Center (tax ID # 91-6001537) and the University of Washington Physicians (tax ID # 91-1220843) in that you will receive a bill for the surgery from each of these two organizations. If you live outside the state of Washington, you should also verify that you have out of state benefits.

27. Please copy from your insurance card:

Insurance company

Plan name

Billing address

Group number

Subscriber/member number

Rx number

RX group number

Authorizing/Customer service numbers

Thank you for taking time to complete this questionnaire. If questions arise please let us know

Frederick A. Matsen, M.D. Matsen@uw.edu

Alexander L. Bertelsen, PAC alexbert@uw.edu