ADVANCED
INFUSION CENTER

Prolia Orders

Patient Name: _____DOB: _____

Allergies: _____

Diagnosis (choose one):

_____Osteoporosis (T score equal or worse than -2.5**) ICD 10 M81.0**

_____Osteopenia (T score between -1.0 and -2.49 w/ FRAX score 10-year probability for hip fracture >= 3% OR >= 20% major osteoporotic fracture **FRAX score documentation must be included ICD 10 M81.8**

_____ Osteopenia (T score between -1.0 and -2.49 with history of fracture from standing height i.e. not a traumatic fracture; **need specific documentation of how fracture occurred and date of fracture) ICD 10 M81.8**

Prolia is covered under the following situation with supporting documentation attached:

_____Prostate cancer OR Breast cancer ICD 10 _____ ADT Z79.899 OR AI use Z79.811

Documentation to include with referral:

- DXA report: date: _____T Score: Spine: _____Hip: _____
- Osteoporotic fractures: Date: _____Location: _____
- Normal CA++: result: _____date: _____
- FRAX Score: Major osteoporotic risk %_____Hip fracture risk: _____
- Confirmed menopausal: Yes or No
- Date of last Prolia: _____
- Confirmed taking calcium and vitamin D: Yes or No

Physician Orders:

Inject Prolia 60 mg subcutaneously in the upper arm, thigh, or lower abdomen once every 6 months x1 year, or 2 doses. **CPT 96372 J Code J0897**

Physician signature: _____date: _____

Physician Name (printed):

4362 Auburn Blvd., Sacramento, CA 95841
1215 Plumas St. STE 1300B Yuba City, CA 95991
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