

Template Letter of Medical Necessity for Cigna

Cigna Pre-Authorization

I am writing this letter to request pre-authorization for **(Patient Name)** to perform an osteochondral allograft transplantation surgery. This letter provides information regarding the patient's medical history, current condition, diagnosis, and treatment rationale to support the medical necessity for an osteochondral allograft. This submission also includes all medical records and clinical notes, as well as, the supporting medical literature.

Summary of patient medical history, prior treatments, and current symptoms

Describe the following:

- ✓ Patient information (age – 49 years old or younger, BMI – less than or equal to 35)
- ✓ Current diagnosis
- ✓ Duration/degree of symptoms (Function-limiting pain – loss of knee function that interferes with ability to carry out age appropriate activities of daily living and/or demands of employment)
- ✓ Outcome of conservative treatment (Failure of 3-month conservative treatment)

Example of summary: **(Patient Name)** is a **(Patient Age and Gender)** **35 year old female with BMI of 30** who was first presented to my care in **Month and Year**. She described progressive, unrelenting and debilitating pain in her right knee since **Month and Year** and has been in severe pain for over 6 months – unable to carry out normal activities (**List loss of functions and activities**). The patient has failed all conservative treatments including 3 months of physical therapy (**Describe all previous failed treatments**).

Summary of examination and defect description and joint health

Describe the following

- ✓ Examination of defect by MRI, CT arthrogram, or arthroscopy
- ✓ Results of MRI, CT arthrogram, or arthroscopy (detail size, location, and type of lesion)
- ✓ Lesion size based on MRI/Arthroscopy (larger chondral defect ≤ 10 square cm total with sharp definite borders surrounded by normal hyaline cartilage)
- ✓ Defect description (A full-thickness distal femoral articular surface (i.e., medial condyle, lateral condyle or trochlea), and/or patellar chondral and classified by Modified Outerbridge Scale as Grade III or Grade IV)
- ✓ Physical examination (Presence of both (1) Stable knee with intact or reconstructed ligaments (ACL or PCL) and (2) Normal tibial-femoral and/or patella-femoral alignment)
- ✓ Joint health (Normal joint space and absence of osteoarthritis or generalized chondromalacia, steroid induced cartilage or bone disease, kissing lesion)

Example of summary: On **(date)**, I performed a diagnostic arthroscopy to evaluate the status of her knee. **(Describe defect)** A large focal full thickness lesion **(grade III by Modified Outerbridge Scale)** was found on her right lateral condyle with an estimated size of **(2.2cm x 1.8cm) 4 cm²**. The surrounding cartilage showed normal hyaline cartilage and the joint showed no signs of arthritis, generalized chondromalacia, or steroid-induced cartilage or bone disease. Based on the physical examination, the patient demonstrated a stable knee with intact PCL and ACL ligaments, as well as normal tibia-femoral alignment and joint space.

Treatment Recommendations and Rationale

Describe the following:

- ✓ Reason for treatment (include diagnosis and treatment codes)
- ✓ Not candidate for TKA
- ✓ Describe success rates of similar patients in practice and supporting literature
- ✓ Published studies
- ✓ Physician dictations
- ✓ Results of diagnostic tests

The patient is an ideal candidate for osteochondral allograft. The patient is 35 years old and is too young for a total knee replacement (**Reason patient not a candidate for TKA and needs OCA**). This osteochondral allograft procedure may prevent the need for a future total knee replacement, and provide her a higher quality of life and return to activity. **(Describe your experience and success rates in your practice)** In my practice, I have seen high success rates (~85%) with this procedure for patients with similar defects in the lateral condyle. This procedure is medically necessary and meets all of the criteria outlined in the **Cigna medical coverage policy entitled Musculoskeletal Knee Surgery: Arthroscopic and Open Procedures**. Additionally, in the clinical community, osteochondral allografts are the gold standard for treating large chondral and osteochondral defects in the femoral condyle. Over a decade of literature and clinical studies support the efficacy of this procedure and high success rates (75-85%). **(Describe attachments)** Attached with this letter are a number of peer-reviewed clinical publications that demonstrate the excellent clinical outcomes of this procedure for treating large chondral/osteochondral defects of the femoral condyles. Also attached are my clinical notes, dictations, results of diagnostics tests (i.e. MRI, arthroscopy, x-ray), and patient history.

Sincerely,

Physician's Name