Template Letter of Medical Necessity for Florida Blue

Instructions: Information to be described in the following template letter of medical necessity aligns with categories found in the corresponding Summary of Medical Criteria for OCAs. If a patient does not fit a criterion, available existing literature for each case should be supplemented with this letter.

This is an example summary, and information should be provided to insurance companies at the discretion of the health care provider.

Florida Blue
Pre-Authorization

I am writing this letter to request pre-authorization for **Jane Doe** 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 demographic
- ✓ Patient condition
- ✓ Cause of defect (patient diagnosis)
- ✓ Prior treatments

Jane Doe is a **skeletally mature** **35**-year-old **female** with a BMI of **30**, who was first presented to my care in **January 2019**. The patient described **pain and popping** in the patient's **right knee** since **July 2018**, which has persisted for **over 6 months**. The patient is **an avid runner** and has a lesion associated with **repetitive trauma** to the **right knee**. The patient has attempted and failed all conservative treatments **for more than 6 months** including: **DESCRIBE ALL PREVIOUS FAILED TREATMENTS AND AT LEAST TWO NON-OPERATIVE MANAGEMENT (e.g., rest or activity modification/limitations, protected weight bearing, physical therapy modalities, ice/heat, pharamacologic treatment, brace/orthosis, supervised home exercise, weight optimization, injections)**.

Summary of examination: defect description and joint health

Describe the following
- ✓ Medical evaluation
- ✓ Cartilage defect size
- ✓ Cartilage defect characterization
- ✓ Lesion (defect) and surrounding cartilage

- ✓ Joint health
- ✓ Knee stability

On **February 12, 2019**, I performed a diagnostic **MRI** to evaluate the status of **Jane Doe's** knee, which has been included with this prior authorization submission. A **full thickness chondral lesion** was found on the patient's **right lateral femoral condyle** with an estimated size of **3 cm.** The MRI demonstrates no significant **osteoarthritis (Kelleren-Lawrence grade 1)**. The patient showed **normal alignment of +2 degrees from neutral, with no requirement to complete intraoperative realignment**.

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
- ✓ Patient compliance

The patient is an ideal candidate for osteochondral allograft. (*Reason patient not a candidate for TKA and needs OCA*) The patient is **35** years old and is too young for a total knee replacement. This osteochondral allograft procedure may prevent the need for a future total knee replacement and provide the patient 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 the criteria outlined in the **Florida Blue** medical policy **(Policy 02-20000-65)**. 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 which include (1) symptom onset, duration, and severity, (2) loss of function, (3) Type and duration of non-operative management modalities,** dictations, results of diagnostics tests (i.e. MRI, arthroscopy, x-ray), and patient history.

Sincerely,

Physician's Name