

Osteochondral Authorization (Including Grafting and Autologous Cultured Chondrocyte Implantation)

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form

We recommend reviewing [GEHA's coverage policy](#) before completing this form. You can find our coverage policies at geha.com/faqs-and-resources/for-providers/coverage-policies. These will allow you to see the criteria used to determine medical necessity and procedures that are not allowable.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need assistance, you can speak with a surgical specialist at 800.821.6136, extension 3100. At prompt, select the surgical option.

After you have completed the form

You will fax this completed form along with supporting documentation to GEHA's Medical Management department at 816.257.3255.

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



The Benefits of Better Health

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Today's date: _____ Anticipated service date: _____

Member information

Member's name: _____ Member's phone: _____

Member ID: _____ Member date of birth: _____

Member address: _____

Provider information

Provider name: _____ Tax ID number: _____

Address: _____

Contact name: _____

Phone: _____ Ext: _____ Fax: _____

Clinical information

Requested CPT Codes: _____

Member's diagnosis codes: _____

Below you will find the documentation necessary to review your authorization request.

- ✓ Current history and physical including height and weight
- ✓ Results of Arthroscopic assessment or MRI
- ✓ Documentation of conservative treatment and results of conservative treatment
- ✓ Any other such documentation to provide evidence that member meets the coverage criteria set forth in the Osteochondral or Autologous Cultured Chondrocyte Implantation coverage policies posted at GEHA.com
- ✓ This completed document.