## Insurance Benefit Verification and Prior Authorization Checklist

## Use this Prior Authorization Checklist to verify insurance before treating your patient with Gel-One® Cross-linked Hyaluronate or VISCO-3™ Sodium Hyaluronate

- ✓ Is Gel-One or VISCO-3 covered under this patient's health insurance plan?
- ✓ Is Gel-One or VISCO-3 covered under the patient's major medical or pharmacy benefit?
- ✓ Is Gel-One or VISCO-3 covered in the desired setting of care?
- ✓ Does the insurer mandate any special distribution requirements for coverage?
- ✓ Does the patient have an annual deductible? If, yes has this been met?
- ✓ What are the patient's out-of-pocket costs (major medical/pharmacy benefit)?
- ✓ Is prior authorization required for Gel-One or VISCO-3 coverage?
- ✓ If a prior authorization is required, what information is needed by the payor?
- ✓ Does the insurance company have a specific prior authorization form?
- ✓ How is the prior authorization request submitted to the payor?
- ✓ How long will it take for the payor to review a prior authorization request?
- ✓ Will the payor provide a prior authorization number to be included on the claim form?
- ✓ How long or how many injections will the prior authorization cover?

## If your patient's insurer requires a prior authorization, contact the insurer and ask what documentation is needed. Most third-party payors require:

- ✓ Letter of medical necessity
- ✓ Payor-specific prior authorization form (if available)
- ✓ Patient medical records with appropriate chart notes
- ✓ History of past therapies and results
- ✓ Gel-One product information (package insert)

For assistance in determining coverage availability and prior authorization requirements, complete the on-line Gel-One or VISCO-3 Enrollment Form at www.gelonesolutions.com or www.visco3solutions.com or fax it to 855-200-2761. For support from our insurance verification specialists, call Gel-One or VISCO-3 Solutions at 855-200-2760 option 1.

