**Prior Authorization Checklist**

Submission of a completed prior authorization (PA) form may help expedite approval of

i-FACTOR® by insurance companies. PA requirements vary among insurance companies.

**Patient**

* Name
* Address
* Date of Birth
* Social Security Number
* Copy of front and back of insurance card

**Patient Insurance Information**

* Name of insurer
* Phone number
* Name of policyholder
* Plan ID and group number

**Healthcare Provider Information**

* Name
* Tax ID number
* Address
* Phone/fax
* NPI number
* Participating provider number

**Patient Clinical Diagnosis**

* Diagnosis (e.g., ICD-10-CM code)
* Radiographic tests and results
* Relevant pathology report details

**Recommended Procedure Plan**

* Prior treatment history
* Primary procedure description
* Products to be used (e.g., i-FACTOR®)
* Treatment start date

**Important Information:**

The accurate completion of insurance-required files is the responsibility of the provider and patient. Cerapedics make no guarantee regarding reimbursement for any service or item.

**NOTE: Please retain a copy of all submissions for your personal records.**

The information contained in this checklist is provided by Cerapedics for informational purposes. There is no requirement that any patient or healthcare provider uses i-FACTOR® in exchange for this information, and this checklist is not meant to substitute for a prescriber’s independent medical decision-making.

Clinical information provided to any federal, state or commercial payor must be supported by documentation in the patient’s medical record.  Cerapedics does not promise or guarantee coverage, payment, or rate of payment for i-FACTOR in anterior cervical discectomy and fusion (ACDF) or any other services or line items billed in conjunction with the use of i-FACTOR in ACDF. The provider accepts full risk for reimbursement pertaining to the foregoing for each patient.  It is always the responsibility of the provider to accurately document patient clinical condition and to appropriately select and report patient diagnosis as well as services delivered. The provider is responsible for the accuracy of all communications with payors including, but not limited to, the information submitted in relation to this document. The provider is responsible for determining medical necessity and the proper site for use of i-FACTOR in ACDF, and for submitting appropriate codes, charges, and modifiers for services rendered.

For additional questions or assistance on approval of i-FACTOR, please contact [**reimbursement@cerapedics.com**](mailto:reimbursement@cerapedics.com) ML-0773 01.17.2023 ©2023 Cerapedics Inc.