

Autologous Chondrocyte Implantation—Pre-authorization Checklist

The following checklist reflects the minimum requirements that the plan will need at the time of pre-authorization. Failure to include all of this information in the pre-authorization request or failure to make sure that all 'no' answers are fully addressed in the pre-authorization request will significantly increase the likelihood that the pre-authorization request will be denied or significantly delayed.

Function limiting pain (e.g., loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is between the ages of 15 and 55 years old (adolescent individuals should be skeletally mature with documentation of closed growth plates)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body mass index of 35 kg/m or less	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Kellgren-Lawrence Grade II or less), normal appearing hyaline cartilage surrounding the border of the defect (contained lesion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure to respond to conservative treatments for at least 2 months (i.e., physical therapy, braces, ice/heat, injections)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A stable knee with intact or reconstructed ligaments (ACL/PCL) and menisci (Note: a concurrent ligament stabilization or meniscal procedures at the time of ACI would be acceptable) and normal tibial-femoral and/or patella-femoral alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single or multiple full-thickness cartilage defects of the distal femoral articular surface (medial condyle, lateral condyle, or trochlea) and/or patella caused by acute or repetitive trauma of 1-10 cm ² in size that has been identified during MRI or CT arthrogram, or during an arthroscopy and the Modified Outerbridge Classification is Grade III or Grade IV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has absence of the following: <ul style="list-style-type: none">• OCD lesion that requires bone grafting• Inflammatory arthritis or other systemic disease affecting the joints• Corresponding "kissing lesion" with an Outerbridge score of Grade III or IV	<input type="checkbox"/> Yes <input type="checkbox"/> No

All 'no' answers must be fully addressed at time of pre-authorization.

The reimbursement material contained in this guide represents our current (as of January 2024) understanding of the pre-authorization checklists reflected in various payer policies. Many of the topics covered in this guide are complex and all are subject to change beyond our control. Healthcare professionals are responsible for keeping current and complying with reimbursement-related rules and regulations. Nothing contained herein is intended, nor should it be construed as, to suggest a guarantee of coverage or reimbursement for any product or service. Check with the individual insurance provider regarding coverage. Providers should exercise independent clinical judgment when submitting claims to reflect accurately the services rendered to individual patients.