

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.

Symptoms such as persistent pain, swelling, catching, or locking in the knee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15 to 55 (ages 15-18 should be skeletally mature with documented growth plate closure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI is less than or equal to 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has tried at least 3 months of provider-directed non-surgical management which failed to fully resolve symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is considered willing and able to comply with physician-ordered post-operative rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member has the following clinical findings: <ul style="list-style-type: none">• An isolated, focal articular cartilage defect that is full-thickness (Outerbridge Grade III or IV); and 1-10 cm² in size; and localized to the femoral condyles (medial, lateral, or trochlear) or the patella• No corresponding lesion on opposing surface• No evidence of arthritis on the articular surface of the corresponding tibia• Normal alignment and stability, or normal alignment and stability will be achieved concurrently with ACI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none">• Knee surgery within the past 6 months, excluding surgery to procure a biopsy• Evidence of osteoarthritis or inflammatory arthritis• Skeletal immaturity• History of total meniscectomy• Treatment of osteochondritis dissecans or other degenerative conditions• Treatment of cartilage defects in joints other than the knee• Repeat ACI procedure on the same defect	<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.