

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 of knee pain interfere with activities of daily living and have persisted for at least 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adolescent patients should be skeletally mature with documented closure of growth plates and age 15 or over. Adults should be 55 years of age or younger.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single or multiple full-thickness cartilage defects (through to subchondral bone) of the weight bearing surface of the femoral condyles, trochlea, or patella each measuring greater than or equal to 2.0 cm ² based on documentation from prior arthroscopic procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Femoral condyle defects are the result of acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior conservative treatment including physical therapy, nonsteroidal medication, and steroid injections have failed to offer relief	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics or alignment and stability achieved concurrently with ACI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member must be willing to comply with a vigorous rehabilitation program post ACI procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none">• Active infection of the knee• Osteoarthritis	<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.