

## 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.

Adult patient younger than 55 and growth plates have closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect size greater than or equal to 2 cm <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient failed to respond to conservative treatment such as physical therapy, braces, and/or nonsteroidal anti-inflammatory drugs (NSAIDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has a single or multiple full-thickness defects in the articular cartilage of the femoral condyle (medial, lateral, or trochlea) and/or patella caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has inadequate response to prior arthroscopic or other surgical repair(e.g., debridement, microfracture, drilling/abrasion arthroplasty, or osteochondral allograft/autograft)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee is stable with intact menisci and ligaments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal joint space and alignment confirmed by X-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of all the following: <ul style="list-style-type: none"> <li>• cartilage defects in locations other than the knee</li> <li>• partial-thickness defects</li> <li>• history of cancer of the bones, cartilage, fat or muscle of the treated limb</li> <li>• osteoarthritis</li> <li>• inflammatory diseases of the joint</li> <li>• osteochondritis dissecans</li> <li>• total meniscectomy</li> <li>• growth plates have not closed</li> <li>• instability of the knee</li> </ul>	<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 February, 2021) 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. This information is not intended to be directive, nor does the use of the recommended criteria guarantee reimbursement. Providers are responsible for the accuracy of any claims, invoices and related documentation submitted to payers.