

## 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.

Disabling, focal, full-thickness (grade III or IV) unipolar articular cartilage defect of the weight bearing surfaces of the femoral condyles, trochlea, or patella at least 1.5 cm <sup>2</sup> in size	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeletally mature with age greater than 15 and less than 55	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult patients should be younger than 55 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less) and normal appearing hyaline cartilage surrounding the border of the defect	<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
Confirm absence of: <ul style="list-style-type: none"> <li>• Infection</li> <li>• Osteoarthritis</li> <li>• Inflammatory joint disease</li> <li>• Known allergy to gentamicin</li> <li>• Sensitivity to bovine materials</li> <li>• Unstable knee</li> <li>• Abnormal distribution of weight within the joint</li> <li>• Previous cancer in the bone, cartilage, fat, or muscle of the treated limb</li> <li>• Kissing lesions</li> <li>• Total meniscectomy</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*ACI for all other joints including talar, or any indications other than those listed is investigational.

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

The reimbursement material contained in this guide represents our current (as of April 17, 2020) 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.