

Humana

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 lesion related pain, swelling or catching/locking which limits activities of daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of at least six weeks of conservative treatment (eg, medication, physical therapy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeletally mature adolescent with documented closure of growth plates to 55 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI less than or equal to 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation including radiological interpretation and report for soft tissue pathology (eg, MRI) or arthroscopy of a focal chondral defect size of 1 to 10 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous arthroscopic or surgical repair greater than six months prior to transplantation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full thickness (grade III or IV) isolated cartilaginous defect of the knee involving the lateral or medial femoral condyle or trochlear groove of the femur caused by acute or repetitive trauma.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee must be stable and aligned (a corrective procedure in combination with, or prior to, chondrocyte implantation may be necessary to ensure stability, alignment and normal weight distribution within the joint)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual is expected to comply with prescribed postoperative rehabilitation program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none"> • Cartilage defects in joints other than the knee (patella is considered separate from the knee joint) • Individuals with osteochondritis dissecans (OCD) lesions • Individuals with previous total meniscectomy • First line surgical therapy • Inflammatory arthritis or joint disease (rheumatoid arthritis) • Known sensitivity to gentamicin, aminoglycosides or products of bovine or porcine origin • Uncorrected blood coagulation disorders • Prior knee surgery within 6 months excluding surgery to procure biopsy or accompanying procedure to prepare the knee for MACI implant • Severe OA of the knee 	<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.