

Emblem Health (HIPNY)

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.

Injury caused by acute or repetitive trauma that has had inadequate response to previous surgical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15 to 55 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal full thickness (Grade III or IV) unipolar lesion on a weight bearing surface of femoral condyles or trochlea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect size 1 cm ² to 10 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lesions must be symptomatic with lesion related pain, swelling, and/or locking or catching) limiting activities of daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics or alignment and stability achieved concurrently with ACI implantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is willing to comply with prescribed post-operative rehabilitation program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm the absence of the following: <ul style="list-style-type: none">• First line therapy• Patellar or multiple defects• Previous total meniscectomy• Allergy to gentamicin or sensitivities for materials of bovine origin• Meniscal allograft concurrently with ACI• Kissing Lesions• Repeat ACI for the same lesion• Infection at proposed operative site• Cartilage defect associated with osteoarthritis or inflammatory diseases where an osteoarthritic or inflammatory process significantly and adversely affects the quality of the peri-lesional cartilage	<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 April 24, 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.