

Midlands Choice

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.

Focal, full thickness (grade III or IV) unipolar cartilage defect of the knee (patella, femoral condyle, or trochlea) caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size of the defect measures less than 7 mm in depth, less than 6.0 cm in length, and area ranging from 1.6 to 10 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of disabling knee pain and/or knee locking which limits activities of daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15 years or older with documented growth plate closure, or adults less than 55 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooperative person for post-operative weight bearing restrictions and activity restrictions together with a potential for completion of post-operative rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of conservative therapy (minimum of 2 months of physical therapy) as well as established surgical interventions (i.e. microfraction, drilling, abrasion, or osteochondral allograft. Diagnostic arthroscopy, lavage, or debridement is not considered adequate to meet this criterion.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed consent with realistic expectations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stable and aligned knee with intact meniscus and normal joint space on X-ray (corrective procedure in combination with, or prior to, ACI may be necessary to ensure stability, alignment, and normal weight distribution within the joint)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none"> • Active inflammatory or other arthritis, including osteoarthritis, clinically and by X-ray • Previous total meniscectomy • Inflammatory disease that adversely affects the quality of the perilesional cartilage • Known history of anaphylaxis to gentamicin or sensitivities to materials of bovine origin • Osteochondritis dissecans lesions 	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Combined ACI and meniscal allograft is considered experimental and 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 June 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.