

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.

Isolated focal articular cartilage defect (grade III or IV) localized to the femoral condyles (medial, lateral, or trochlear) or the patella	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician has documented that there is: <ul style="list-style-type: none">• No evidence of malalignment (genu valgus or varus) and• No evidence of arthritis on the articular surface of the corresponding tibia• Normal ligamentous stability (no evidence of MCL, ACL, PCL, or posterolateral corner injury and resulting instability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15-55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrated ability to comply with physician ordered post-operative rehabilitation	<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 January, 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.