

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.

Documentation that includes: <ul style="list-style-type: none"> • Type and extent of knee injury • Patient symptoms and degree of functional impairment • Failed conservative measures and alternative treatment including previous surgical procedures 	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 to 55 years of age. If younger than 18, documented skeletal maturity	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI less than or equal to 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabling localized knee pain limiting ambulation and activities of daily living that has been unresponsive to a minimum of three months of conservative treatment (e.g. analgesics, physical therapy, bracing, intraarticular injection) that includes at least 2 months of physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of established surgical intervention (microfracture, drilling, abrasion, or osteochondral autograft/allograft) in lesions < 2 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unipolar, focal, full thickness articular defect down to but not through the subchondral bone (Outerbridge grade IV) on a weight bearing surface of the femoral condyle or the patella caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed consent with realistic expectations	<input type="checkbox"/> Yes <input type="checkbox"/> No
No active inflammatory disease clinically and by X-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of disabling pain and/or knee locking which limits activities of daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure is not being done for treatment of degenerative osteoarthritis	<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 less than 10 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has stable ligaments or a planned corrective procedure in combination with or prior to ACI to stabilize the joint, an intact meniscus, and normal or correctable alignment of the knee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none"> • First line of surgical therapy for lesions < 2 cm² • Cartilagenous defect associated with OA, RA, or inflammatory diseases OR where an osteoarthritic or inflammatory process significantly and adversely affects the quality of the peri-lesional cartilage • Anaphylaxis to gentamicin or sensitivities to materials of bovine origin • Osteochondritis dissecans lesions • Previous total meniscectomy 	<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.