

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.

Disabling knee pain with symptoms of pain, swelling, catching, and limitation of daily activities are documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15 to 55	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI less than 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of conservative therapy to include at least 2 months of formal physical therapy and prior arthroscopic or other repair procedure (e.g., microfracture, drilling, abrasion, osteochondral autografts)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal articular defect down to but not through the subchondral bone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size of the cartilage defect is at least 2 cm across (or at least 3cm ² in total area)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stable knee with intact meniscus and normal joint space on X-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No
No active inflammatory or other arthritis clinically and by X-ray	<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 May, 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.