

Anthem

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.

Inadequate response to prior surgical therapy to correct the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size of the cartilage defect is greater than or equal to 1.5 cm ² (i.e. length x width)* in total area	<input type="checkbox"/> Yes <input type="checkbox"/> No
The defect involves only the cartilage and not the subchondral bone, unless ACT is being used to treat osteochondritis dissecans associated with a bony defect 10 mm or less in depth which has failed prior conservative treatment. Lesions due to osteochondritis dissecans associated with a bony lesion greater than 10 mm in depth must also undergo corrective bone grafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
No known sensitivities to bovine cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No
No known history of allergy to the antibiotic Gentamicin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition involves a focal, full-thickness, (grade III or IV) isolated defect of the knee involving the weight bearing surface of the medial or lateral femoral condyles or trochlear region caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeletally mature adolescent with documented closure of growth plates or adult	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persistent symptoms of disabling localized knee pain for at least 6 months, which have failed to respond to conservative treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
The lesion must be discrete, single and unipolar (involving only one side of the joint. "kissing lesions" are an exclusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The lesion is largely contained with near normal surrounding articular cartilage and articulating cartilage, (grades 0, 1, 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A normal joint space, no active infection and no inflammation or osteoarthritis is present in the joint	<input type="checkbox"/> Yes <input type="checkbox"/> No
The knee is stable, with functionally intact menisci and ligaments and normal alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corrective procedures, e.g. ligament or tendon repair, osteotomy for realignment, meniscal allograft transplant or repair may be performed in combination with or prior to transplantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual is willing and able to comply with post-operative weight-bearing restrictions and rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
No history of cancer in the bones, cartilage, fat or muscle of the affected limb	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (BMI) less than or equal to 35	<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 March 20, 2017) 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.