Health Alliance

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 significantly delayed.

Member is 15-55 years of age	☐ Yes ☐ No
Body Mass Index (BMI) less than or equal to 35	☐ Yes ☐ No
Disabling pain unresponsive to conservative treatment	☐ Yes ☐ No
Femoral condyle affecting a weight-bearing surface of the femoral condyle	☐ Yes ☐ No
Defect size of 1 to 10 cm^2	☐ Yes ☐ No
Articular cartilage defect grade III to IV (full thickness) that involves only cartilage, without associated subchondral bone defect	☐ Yes ☐ No
Knee is stable with intact, fully functional menisci and ligaments, has normal joint space, and is in good alignment (corrective procedures may be performed in combination with or prior to ACT)	☐ Yes ☐ No
No osteoarthritis of the knee	☐ Yes ☐ No
Inadequate response to prior arthroscopic or other surgical repair (i.e. microfraction, drilling, abrasion, debridement, or osteochondral allograft/autograft)	☐ Yes ☐ No
Cooperative Member for post-operative weight bearing restrictions and activity restrictions together with a potential for completion of post-operative rehabilitation	☐ Yes ☐ No
No corresponding tibial or patellar lesion ("kissing" lesion) with grade III or greater chondromalacia or exposed bone chondromalacia	☐ Yes ☐ No
Normal articular cartilage at lesion border	☐ Yes ☐ No
Must be performed by a HAP/AHL Affiliated or Contracted Orthopedic Surgeon with specific training in this procedure	☐ Yes ☐ No
Must be performed at a HAP/AHL Affiliated or Contracted Facility	☐ Yes ☐ No
Must be prior authorized by a HAP Medical Director or designee	☐ Yes ☐ No
Confirm the absence of the following: • Lesions of the tibia or patella • Treatment of cartilage damage associated with osteoarthritis • Infection at the operative site • Inflammatory disease of the joint	☐ Yes ☐ 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 28, 2018) 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.