

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.

As a first line treatment if lesion size is greater than 4cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a second line treatment with previous inadequate response to arthroscopic or other surgical repair of the defect (microfracture, drilling) for all defects 2cm ² –4cm ²	<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
Patient is between the ages of 18 and 65 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body mass index of less than 35 kg/m	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal, full thickness grade III or IV unipolar lesions along the weight-bearing surface of the femoral condyle (medial or lateral) or the trochlear regions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absence of grade III or greater chondromalacia via MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less), normal appearing hyaline cartilage surrounding the border of the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current normal knee mechanics and alignment, or plan to concurrently repair during autologous chondrocyte implantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
No prior knee surgery (within 6 months), excluding surgery to procure a biopsy or a concomitant procedure to prepare the knee for a MACI implant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has absence of the following: <ul style="list-style-type: none"> • Patellar chondromalacia • History of total meniscectomy • Previous autologous chondrocyte implantation for the same lesion • Osteoarthritis or inflammatory disease of the joints • Osteochondral dessicans (OCD) • History of hypersensitivity to gentamycin or products of porcine or bovine origin 	<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 April 11, 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.