

# Premera

## 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.

Severe disabling kneed pain and loss of knee function that interferes with activities of daily living or work ability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tried and failed all conservative therapy for at least 3 months (includes NSAIDs and at least 6 PT visits)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is between 16 and 55 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index below 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal, full-thickness (grade III or IV) unipolar lesions on the weight-bearing surface of the femoral condyles or trochlea, or patella	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect is at least 1.5 cm <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge grade II or less), and normal-appearing hyaline cartilage surrounding the border of the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
All of the following on exam <ul style="list-style-type: none"><li>• Stable knee with intact or reconstructed ligaments or planned concurrently with procedure</li><li>• Normal joint alignment</li><li>• Normal joint space</li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge grade II or less), and normal-appearing hyaline cartilage surrounding the border of the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics or alignment and stability achieved concurrently with autologous chondrocyte implantation	<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 16, 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.