

Aetna

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.

Member has symptoms of disabling knee pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of 15 years or older with documented growth plate closure, or adults less than 55 years of age	<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
Cooperative person for post-operative weight bearing restrictions and activity restrictions together with a potential for completion of post-operative rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of minimum of 2 months of physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of established surgical interventions such as microfraction, drilling, abrasion, or osteochondral autograft (diagnostic arthroscopy, lavage, or debridement is not considered adequate to meet this criterion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal articular cartilage defect down to but not through the subchondral bone on a load bearing surface of the femoral condyle (medial, lateral, trochlear) or the patella	<input type="checkbox"/> Yes <input type="checkbox"/> No
No active inflammatory or other arthritis, clinically and by X-ray Presence of disabling pain and/or knee locking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure is not being done for the treatment of degenerative arthritis (osteoarthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size of defect measures less than 7 mm in depth, less than 6.0 cm in length, and area ranging from 1.6 to 10 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stable knee with intact meniscus and normal joint space on X-ray (a corrective procedure in combination or prior to chondrocyte implantation may be necessary)	<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 July 20, 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.