

Tufts

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.

Absence of the following: <ul style="list-style-type: none"> • Tibial defect • Grade III or IV chondromalacia of the tibial surface • Osteoarthritis, instability, abnormal loading or tracking of the knee, unless repair done simultaneously • Member has severe osteoarthritis of the knee (Kellgren-Lawrence grade 3 or 4) • Requested procedure is for joint other than the knee 	<input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST LINE THERAPY:	
Patient age between 18 and 55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolated full-thickness defect > 4 cm ² of weight bearing surface of femoral condyles or trochlea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms interfere with daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECOND LINE THERAPY:	
Patient age between 18 and 55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolated full-thickness defect > 2.5 cm ² and < 4 cm ² of weight bearing surface of femoral condyles or trochlea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failed prior surgical repair procedure directed at the femoral condylar lesion, with persistent disability associated with pain, effusion and/or locking despite an appropriate post-operative rehabilitation program	<input type="checkbox"/> Yes <input type="checkbox"/> No
PATELLAR LESIONS:	
Patient age between 18 and 55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolated patella lesion	<input type="checkbox"/> Yes <input type="checkbox"/> No
A retracking procedure is planned at the same time (e.g., tibial osteotomy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failed corticosteroid injection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of a 6 week course of PT following lesion debridement and obtaining the cells for culture Member not actively taking narcotics or smoking tobacco products	<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 September 4, 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.