

Cigna

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.

Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of BOTH of the following physical examination findings: <ul style="list-style-type: none"> A stable knee with intact or reconstructed ligaments (ACL or PCL) Normal tibial-femoral and/or patella-femoral alignment 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of provider-directed non-surgical management for at least three (3) months in duration	<input type="checkbox"/> Yes <input type="checkbox"/> No
A full-thickness distal femoral articular surface (i.e., medial condyle, lateral condyle or trochlea) and/or patellar chondral defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
1-10cm ² in size has been identified during an MRI or CT arthrogram, or during an arthroscopy and classified by the Modified Outerbridge Scale as Grade III or Grade IV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal articular cartilage at the lesion border (contained lesion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (BMI) ≤ 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15-55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absence of the following: <ul style="list-style-type: none"> Osteochondritis dissecans (OCD) lesion that requires bone grafting Inflammatory arthritis or other systemic disease affecting the joints Osteoarthritis or generalized tibial chondromalacia Presence of Kellgren-Lawrence Grade 3 or 4 osteoarthritic changes in the surrounding articular cartilage Total meniscectomy, meniscal allograft, or bucket-handle tear or displaced tear requiring > 50% removal of the meniscus in the target knee Septic arthritis within one (1) year before screening (i.e., harvesting of chondrocytes) Known history of hypersensitivity to gentamicin, other aminoglycosides, or products of porcine or bovine origin Uncorrected congenital blood coagulation disorders Cruciate ligament instability For femoral and patellar chondral lesions, absence of a corresponding 'kissing lesion' with a Modified Outerbridge Scale of Grade III or IV of the distal femur (trochlea, condyles), patella or tibia 	<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 October 24, 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.