

Highmark

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 pain and a 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
Age 15-55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
A distal femoral articular surface (i.e., medial condyle, lateral condyle or trochlea) defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect one to ten (1-10) cm ² in size has been identified during arthroscopy or during an MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classified by the Modified Outerbridge Scale as Grade III or Grade IV or symptomatic, full-thickness articular cartilage lesions of the trochlea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of non-surgical management for at least three (3) months in duration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of ALL of the following on physical examination <ul style="list-style-type: none">• A stable knee with intact or reconstructed ligaments (ACL or PCL)• Normal joint alignment• Normal joint space	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absence of osteoarthritis or generalized tibial chondromalacia	<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
Absence of a corresponding tibial or patellar lesion ("kissing lesion")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (BMI) \leq 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual must be capable and willing to participate in a supervised post-operative physical rehabilitation program	<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.