Premera (EFFECTIVE 8/2023)

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 knee pain and loss of knee function that interferes with activities of daily living or work ability	🗆 Yes 🗖 No
Patient is between 15 and 55 years of age with documentation of skeletal maturity for adolescent patients	🗆 Yes 🗆 No
Body Mass Index 35 or below	🗆 Yes 🗆 No
Focal, full-thickness (grade III or IV) unipolar lesions on the weight-bearing surface of the femoral condyles or trochlea, or patella	🗆 Yes 🗖 No
Defect is at least 1.5 cm ²	🗆 Yes 🗆 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	🗆 Yes 🗆 No
All of the following on exam • Stable knee with intact or reconstructed ligaments or planned concurrently with procedure • Normal joint alignment • Normal joint space	□ Yes □ No

All 'no' answers <u>must</u> be fully addressed at time of pre-authorization.

The reimbursement material contained in this guide represents our current (as of January 2024) 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. Nothing contained herein is intended, nor should it be construed as, to suggest a guarantee of coverage or reimbursement for any product or service. Check with the individual insurance provider regarding coverage. Providers should exercise independent clinical judgment when submitting claims to reflect accurately the services rendered to individual patients.