

Autologous Chondrocyte Implantation in the Knee

Also known as	<div><div></div><div><div>1. Autologous Chondrocyte Implantation (ACI)</div><div>2. Autologous Chondrocyte Transplantation (ACT)</div><div>3. Matrix-induced autologous chondrocyte implantation (MACI)</div></div></div>				
Description	<p>Autologous Chondrocyte Implantation (ACI) is a two-part surgical procedure to help repair damaged knee cartilage. Autologous cultured chondrocytes are the patient’s own cartilage cells. First, the cells are removed from the patient and sent to a laboratory for cell growth. Next, the cells are implanted (placed) in the damaged part of the knee in the same patient.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <div><div></div><div><div><div>• Minced Cartilage (Allograft) Repair for Articular Cartilage Defects – A surgical procedure that uses particulate (finely minced) cartilage plugs.</div><div>• Mosaicplasty – A surgical procedure that uses a patient’s own cartilage plugs from a normal area of the knee to repair damaged knee cartilage.</div><div>• Osteochondral Allograft of the Knee – A surgical procedure that replaces damaged cartilage in the knee with cartilage form a donor.</div></div></div></div>				
Table of Contents	<p>The following topics are included in this document:</p> <div><div></div><div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div></div></div>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.26.24</td><td>Updated to new template.</td></tr></table>	Date	Description	4.26.24	Updated to new template.
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Commercial

Introduction This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)	Coverage depends on the date of service. <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 10.1.24</td><td><ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 10.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	DOS	Coverage	Prior to 10.1.24	<ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.
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Mayo Medical Plan (MMP) Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

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Medica (including MHPS)	Coverage depends on the date of service. <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Note: Provider must pick the right form. There are multiple versions.Important: Check policy for limits or exclusions.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Note: Provider must pick the right form. There are multiple versions.Important: Check policy for limits or exclusions.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.	After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Autologous Chondrocyte Implantation in the Knee</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						

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Government Programs, Continued

Medicaid

Coverage depends on the date of service.

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4.26.24	Updated to new template.

Individual and Family Business (IFB)

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