Humana (EFFECTIVE 12/2022)

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.

Symptoms such as lesion related pain, swelling or catching/locking which limits activities of daily living	☐ Yes ☐ No
Failure of 3 months of conservative treatment* under the direction of a healthcare professional with all of the following: • Intraarticular steroid injection if medically appropriate and not contraindicated. Should be avoided 3 months prior to planned ACI of the knee • Modification of pain inducting activities • NSAIDs if appropriate and not contraindicated • Orthotics (bracing) if appropriate • Physical Therapy including HEP *Failure of conservative treatments is not required in active infections or acute trauma with functional loss	☐ Yes ☐ No
Skeletally mature adolescent with documented closure of growth plates to 55 years of age	☐ Yes ☐ No
BMI less than or equal to 35	☐ Yes ☐ No
Documentation including radiological interpretation and report for soft tissue pathology (eg, MRI) or arthroscopy of a focal chondral defect size of 1 to 10 cm^2	☐ Yes ☐ No
Previous arthroscopic or surgical repair greater than six months prior to transplantation.	☐ Yes ☐ No
Full thickness (grade III or IV) isolated cartilaginous defect of the knee involving the lateral or medial femoral condyle or trochlear groove of the femur caused by acute or repetitive trauma.	☐ Yes ☐ No
Knee must be stable and aligned (a corrective procedure in combination with, or prior to, chondrocyte implantation may be necessary to ensure stability, alignment and normal weight distribution within the joint)	☐ Yes ☐ No
Individual is expected to comply with prescribed postoperative rehabilitation program	☐ Yes ☐ No
Individual who is a smoker or a nicotine user is provided assistance in developing a plan for quitting that includes pharmacotherapy and/or referral to a smoking cessation program prior to the surgical procedure	☐ Yes ☐ No
Confirm absence of: • Cartilage defects in joints other than the knee (patella is considered separate from the knee joint) • Individuals with osteochonditis dissecans (OCD) lesions • Individuals with previous total meniscectomy • First line surgical therapy • Inflammatory arthritis or joint disease (rheumatoid arthritis) • Known sensitivity to gentamicin, aminogylcosides or products of bovine or porcine origin • Uncorrected blood coagulation disorders • Prior knee surgery within 6 months excluding surgery to procure biopsy or accompanying procedure to prepare the knee for MACI implant • Severe OA of the knee	☐ Yes ☐ No

All 'no' answers must be fully addressed at time of pre-authorization.