Medical Mutual of Ohio (EFFECTIVE 6/2023)

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 significantly delayed.

Age between 15 (must be skeletally mature) and 55 years	☐ Yes ☐ No
Cartilage defect greater than or equal to 2 cm^2 in total area	☐ Yes ☐ No
Single, full thickness, (Outerbridge Grade III or IV) lesion of a weight bearing surface (medial or lateral femoral condyle, trochlear, or patella region) defect caused by acute or repetitive trauma	☐ Yes ☐ No
Persistent symptoms of disabling localized knee pain present for > 1 year and failure of, intolerance to, or unable to receive conventional medical therapy	☐ Yes ☐ No
Inadequate response to conservative therapy and established arthroscopic or other surgical treatments	☐ Yes ☐ No
Other therapeutic options not available or medically inappropriate (excluding total knee replacement)	☐ Yes ☐ No
Lesion surrounded by normal articular cartilage	☐ Yes ☐ No
Stable knee with intact meniscus	☐ Yes ☐ No
Radiographs demonstrate normal joint alignment	☐ Yes ☐ No
Normal joint space without evidence of osteoarthritis, infection, or inflammation	☐ Yes ☐ No
Willing and capable of complying with post-operative weight bearing restrictions and physical rehabilitation, including continuous passive motion exercise for 3 weeks or more	☐ Yes ☐ No
Confirm absence of: • "Kissing lesions" (lesions on opposing articular surfaces) • Presence of mal-aligned knee or non-intact meniscus • Inflammatory arthritis or osteoarthritis of knee • Lesions located on a non-weight bearing area of the knee • Generalized tibial chondromalacia • BMI > 35 • History of malignancy of bone, cartilage, fat, or muscle in ipsilateral leg	☐ Yes ☐ No

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