Aetna (EFFECTIVE 4/2023)

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.

Symptoms of disabling knee pain related to a full thickness focal chondral defect	☐ Yes ☐ No
Age 15 or older with documented growth plate closure or adult less than 55 years of age	☐ Yes ☐ No
BMI less than or equal to 35	☐ Yes ☐ No
Cooperative person for post-operative weight bearing/activity restrictions and potential of completion for post-operative rehabilitation	☐ Yes ☐ No
Failure of conservative therapy to include at least 2 months of formal physical therapy	☐ Yes ☐ No
Focal articular defect down to but not through the subchondral bone on a load bearing surface of the femoral condyle (medial, lateral, trochlea) or the patella (i.e. Grade 4 chondral defect)	☐ Yes ☐ No
Informed consent with realistic expectations	☐ Yes ☐ No
No active inflammatory or other arthritis clinically and by X-ray	☐ Yes ☐ No
Presence of disabling pain and/or knee locking which limits activities of daily living	☐ Yes ☐ No
Procedure is not being done for treatment of degenerative osteoarthritis	☐ Yes ☐ No
Size of the defect measures less than 7 mm in depth, less than 6.0 cm in length, and area ranging from 1.6 to 10 cm^2	☐ Yes ☐ No
The opposing articular surface should be generally free of disease or injury	☐ Yes ☐ No
Stable and aligned knee with intact meniscus and normal joint space on X-ray. Corrective procedures can be performed prior to or concurrently with chondrocyte implantation to ensure stability, alignment, and normal weight distribution in the joint	☐ Yes ☐ No
Confirm absence of: • Previous total meniscectomy • Cartilagenous defect associated with OA, RA, or inflammatory diseases OR where an osteoarthritic or inflammatory process significantly and adversely affects the quality of the peri-lesional cartilage • Anaphylaxis to gentamicin or sensitivities to materials of bovine origin • Initial or first line surgical therapy	☐ Yes ☐ No

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