Tufts (NIA, EFFECTIVE 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.

SKELETALLY IMMATURE INDICATIONS	
Skeletally immature patient	☐ Yes ☐ No
Patient is symptomatic	☐ Yes ☐ No
Radiographic findings of a displaced lesion	☐ Yes ☐ No
OR	
Skeletally immature patient	☐ Yes ☐ No
Patient is symptomatic	☐ Yes ☐ No
Failure of at least 12 weeks of non-operative treatment including at least 2 of the following: • Rest/activity modification • Ice/heat • Protected weight bearing • Pharmacologic treatment • Brace/orthosis • Physical therapy modalities • Home exercise • Weight optimization • Corticosteroid injection	☐ Yes ☐ No
Radiographic findings (X-ray and MRI) with stable osteochondral lesion	☐ Yes ☐ No
OR	
Skeletally immature	☐ Yes ☐ No
Asymptomatic	☐ Yes ☐ No
Failure of at least 12 weeks of non-operative treatment including at least 2 of the following: • Rest/activity modification • Ice/heat • Protected weight bearing • Pharmacologic treatment • Brace/orthosis • Physical therapy modalities • Home exercise • Weight optimization • Corticosteroid injection	☐ Yes ☐ No
Radiographic findings (X-ray and MRI) with unstable osteochondral lesion	☐ Yes ☐ No
Confirm absence of: • evidence of meniscal deficiency and/or malalignment IF these are not being addressed at the same time as the cartilage restoration procedure	☐ Yes ☐ No

SKELETALLY MATURE INDICATIONS	
Skeletally mature adult	☐ Yes ☐ No
MRI results confirm a full thickness chondral or osteochondral lesion of the femoral condyles or trochlea > 2.5 cm^2	☐ Yes ☐ No
Patient is less than 50 years of age	☐ Yes ☐ No
BMI < 35	☐ Yes ☐ No
Patient has been symptomatic for at least 6 months	☐ Yes ☐ No
Failure of at least 6 months of non-operative treatment including at least 2 of the following: • Rest/activity modification • Ice/heat • Protected weight bearing • Pharmacologic treatment • Brace/orthosis • Physical therapy modalities • Home exercise • Weight optimization • Corticosteroid injection	☐ Yes ☐ No
MRI and/or physical findings confirm knee has normal alignment as defined as +/- 3 degrees from neutral on long leg X-ray (unless concurrent ligament repair or reconstruction performed)	☐ Yes ☐ No
No evidence of osteoarthritis (Kellgren-Lawrence grade 2 or less)	☐ Yes ☐ No
No prior meniscectomy in the same compartment (unless concurrent or staged meniscal transplant performed)	☐ Yes ☐ No
PATELLOFEMORAL INDICATIONS	
Anterior knee pain and loss of function	☐ Yes ☐ No
Other extra-articular or intra-articular sources of pain/dysfunction have been excluded (referred pain, radicular pain, tendinitis, bursitis, neuroma)	☐ Yes ☐ No
Physical exam localizes tenderness to the patellofemoral joint with pain aggravated by activities that load the joint (single leg squat, stairs, extended periods of time seated with the knee flexed)	☐ Yes ☐ No
Radiologic imaging shows grade 3 or 4 patellofemoral chondrosis (ICRS classification) or grade III or IV articular cartilage changes documented by arthroscopic evaluation (Outerbridge classification)	☐ Yes ☐ No
Failure of at least 6 months of non-operative treatment including at least 2 of the following: • Rest/activity modification • Ice/heat • Protected weight bearing • Pharmacologic treatment • Brace/orthosis • Physical therapy modalities • Home exercise • Weight optimization • Corticosteroid injection	☐ Yes ☐ No
No evidence of osteoarthritis in the medial/lateral compartments	☐ Yes ☐ No

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