Horizon (CARELON BENEFITS MANAGEMENT, EFFECTIVE 11/2023)

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.

Skeletal maturity as documented by closure of growth plates	☐ Yes ☐ No
Disabling localized pain of at least 3/10 intensity, for at least 3 months which has failed to respond to at least 6 weeks of conservative treatment and is associated with the inability to perform at least 2 ADL's • Conservative treatment must include at least one of the following for the physical therapy requirement: - Physical therapy rendered by a qualified provider of physical therapy services - Supervised home treatment program that includes all of the following: participation in a patient-specific or tailored program, initial active instruction by MD/DO/PT with redemonstration of patient ability to perform exercises, and compliance (documented or by clinician attestation on follow-up evaluation) - Exception to the PT requirement in unusual circumstances (example: if intractable pain so severe that PT is not possible) when clearly documented in the medical records • Conservative treatment must also include at least one of the following for the complementary management requirement: - Anti-inflammatory medications and analgesics - Alternative therapies such as activity modification and/or a trial period of rest when applicable - Intraarticular corticosteroid injection(s) - Adjunctive medications such as nerve membrane stabilizers or muscle relaxants • Failure of conservative management requires ALL of the following: - Patient has completed a full course of conservative management for the current episode of care - Worsening or no significant improvement in signs and/or symptoms upon clinical reevaluation - More invasive forms of therapy are being considered	☐ Yes ☐ No
Operative report of a prior arthroscopic procedure and/or MRI performed of the knee within 12 months that correlates with clinical findings for the requested procedure	☐ Yes ☐ No
Presence of a primary chondral defect or failed prior surgical procedure to correct the defect	☐ Yes ☐ No
Cartilage defect is 1.5 cm^2 or greater as documented by MRI or arthroscopy	☐ Yes ☐ No
Condition involves a focal, full thickness, (grade III or IV) isolated defect of the knee involving the weight bearing surface of the medial or lateral femoral condyles or patellofemoral region (includes trochlear region, trochlear groove, and patella)	☐ Yes ☐ No
The defect involves only the cartilage and not the subchondral bone* *Exception to this requirement: the treatment of osteochondritis dissecans (OCD) associated with a bony defect of 10 mm or less in depth, which has failed prior conservative treatment. OCD lesions associated with a bony lesion greater than 10mm in depth must also undergo corrective bone grafting.	☐ Yes ☐ No
BMI less than or equal to 35	☐ Yes ☐ No
Absence of localized or systemic infection	☐ Yes ☐ No
No history of cancer in the bones, cartilage, fat or muscle of the affected limb	☐ Yes ☐ No
Willingness and ability to comply with post-operative weight bearing restrictions and rehabilitation	☐ Yes ☐ No
Lesion and joint characteristics must include ALL of the following: • Discrete, single, and involve only one side of the joint • Lesion is largely contained with near normal surrounding cartilage and articulating cartilage (Outerbridge Grade II or less) • Joint space is normal without inflammation or degenerative changes • Knee is stable with functionally intact menisci and ligaments with normal alignment* *Corrective procedures (ligament or tendon repair, realignment, meniscal allograft or repair) may be performed in combination with or prior to transplantation	☐ Yes ☐ No
Confirm absence of: • Known allergy to gentamicin • Known sensitivity to bovine cultures • Severe OA of the knee (KL grade 3 or 4) • Inflammatory arthritis, inflammatory joint disease, or uncorrected blood coagulation disorders	☐ Yes ☐ No

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