Capital Blue Cross (TURNING POINT, EFFECTIVE 7/2021)

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.

Prior surgical therapy to correct the defect has been unsuccessful	☐ Yes ☐ No
Single grade III or IV focal unipolar lesion measuring 1.5 cm^2 or greater on the patella, trochlea, or weight bearing surface of the femoral condyles confirmed by MRI or arthroscopic report	☐ Yes ☐ No
Defect does not involve subchondral bone, unless the transplantation is being used to treat osteochondritis dissecans associated with a bony defect 10mm or less in depth which has failed previous conservative therapy (lesion greater than 10mm in depth must also undergo corrective bone grafting)	☐ Yes ☐ No
Degenerative changes in the surrounding articular cartilage are minimal or absent (Outerbridge Grade II or less)	☐ Yes ☐ No
Patient is 15 or older with documented closure of growth plates, and less than 55 years of age	☐ Yes ☐ No
Persistent symptoms of disabling localized knee pain for at least 6 months which have failed to respond to non-operative treatment	☐ Yes ☐ No
Normal joint space is present on weight bearing X-rays	☐ Yes ☐ No
Knee is stable with functionally intact menisci and ligaments and alignment is normal, other procedures to correct (i.e. meniscal allograft, repair of tendons/ligaments, or correction of varus/valgus deformities) may be done at the same time as transplantation	☐ Yes ☐ No
Patient is willing to comply with post-operative weight bearing restrictions and rehabilitation	☐ Yes ☐ No
BMI 35 or less	☐ Yes ☐ No
Confirm absence of: • Allergies to Gentamicin • Sensitivity to bovine cultures • Degenerative changes in the surrounding articular cartilage • Malignancy in the affected limb • Active infection (local or systemic) • Presence of inflammation or osteoarthritis in the joint • Localized skin problems at the surgery site	☐ Yes ☐ No

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