Molina Healthcare (EFFECTIVE 10/2022)

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.

Defect Information should include ALL of the following: • Treatment is for focal, full-thickness (Outerbridge Classification of Grade III or IV) unipolar lesions • Focal articular cartilage defect is caused by acute or repetitive trauma • Location of the defect is on the weight bearing surface of the femoral condyle (medial, lateral, trochlear) • Size of the defect is at least 1.5 cm^2	☐ Yes ☐ No
Patient Information should include ALL of the following: • BMI is less than or equal to 35 • Adolescent age 15 or older with documented closure of growth plates, or adult up to age 55 who is not a candidate for total knee arthroplasty or other reconstructive knee surgery; AND • Symptoms such as function-limiting pain including, but not limited to, loss of knee function which interferes with activities of daily living.	☐ Yes ☐ No
Physical examination findings should include ALL of the following: • A stable knee with intact or reconstructed ligaments (ACL or PCL); AND • Normal tibial-femoral and/or patella-femoral alignment; OR history of malalignment for deformity of the tibial femoral joint and/or patella mal-tracking that has been corrected and fixed • Failure of provider-directed, non-surgical medical management for at least three (3) months, as appropriate (e.g., weight reduction, physical therapy, braces and orthotics, intraarticular injection of hyaluronic acid derivatives, and nonsteroidal anti-inflammatory agents); AND • Inadequate response to a prior arthroscopic or other surgical repair procedure (e.g., debridement, microfracture, drilling/abrasion arthroplasty, or osteochondral allograft/autograft); AND • Minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less) and normal-appearing hyaline cartilage surrounding the border of the defect; AND • Absence of osteoarthritis, generalized tibial chondromalacia, and inflammatory arthritis or other systemic disease affecting the joints; AND • Member is capable of cooperating with post-operative weight bearing restrictions and completion of post-operative rehabilitation.	☐ Yes ☐ No
Confirm absence of: • Any indication not listed above. • Treatment of joints other than the knee (e.g., shoulder, hip, tibia, talus, glenohumeral) • As an initial or first-line of surgical therapy • History of total meniscectomy • A cartilaginous defect (related to osteoarthritis, rheumatoid arthritis or inflammatory diseases) or where an osteoarthritic or inflammatory process unfavorably affects peri-lesional cartilage quality • Osteochondritis dissecans • Combination procedures, including but not limited to: • Meniscal allograft and ACI of the knee (evidence of efficacy has not been proven) • ACI and osteochondral autograft transfer system for repair of cartilage defects of the knee • ACI and meniscus reconstruction for large chondral defect due to discoid lateral meniscus tear (long-term outcomes have not been established) • Combined ACI and osteochondral autograft transfer for large knee osteochondral lesion (long-term outcomes have not been established) • Autologous matrix-induced chondrogenesis (AMIC) for articular cartilage defects of the talus, patella-femoral lesions and other osteochondral defects / lesions (lack of established evidence) • Two-stage bone and meniscus allograft and ACI for the treatment of unicompartmental osteoarthritis of the knee (evidence of efficacy has not been proven)	☐ Yes ☐ No
Contraindications: • Known history of hypersensitivity to gentamicin, other aminoglycosides, or products of porcine or bovine origin • Severe osteoarthritis of the knee, inflammatory arthritis, inflammatory joint disease • Uncorrected congenital blood coagulation disorders • Prior knee surgery in the past 6 months, excluding surgery to procure a biopsy or a concomitant procedure to prepare the knee for a MACI implant • Individual is unable to follow a physician-prescribed post-surgical rehabilitation program	☐ Yes ☐ No

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