State of Iowa Health and Human Services—Medicaid (EFFECTIVE 10/2023)

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.

Presence of disabling symptoms such as locking, swelling, or knee pain that limit activities of daily living and symptoms not responsive to conservative therapy for a minimum of 2 months (e.g., medication, physical therapy)	☐ Yes ☐ No
Age 15-18 with documented skeletal maturity as documented by closure of growth plates by radiography or adult less than 55 years of age	☐ Yes ☐ No
BMI equal to or less than 35	☐ Yes ☐ No
Focal articular defect down to but not through the subchondral bone (grade III or IV) on a load bearing surface of the femoral condyle (medial, lateral, trochlear) or the patella	☐ Yes ☐ No
Absence of arthritis or degenerative joint disease of the knee	☐ Yes ☐ No
Size of the defect is 1 to 10 cm^2	☐ Yes ☐ No
Current normal knee mechanics and alignment are present, or provider plans to concurrently repair during ACI procedure	☐ Yes ☐ No
Confirm absence of: • Repeat ACI • Use for the treatment of osteoarthritis or osteochondritis dissecans lesions • Use of non-FDA approved second-generation methods for implanting autologous chondrocytes in a biodegradable matrix and other non-FDA approved products as their effectiveness has not been established • Use for the treatment of talar lesions of the ankle or lesions of other joints (e.g., hip and shoulder) as the effectiveness of ACI for these lesions has not been established and is not FDA-approved	☐ Yes ☐ No

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