

## 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.

Symptomatic single or multiple full thickness cartilage defects of the distal femoral articular surface (medial/lateral condyle or trochlea) and/or patella caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe, disabling pain and a loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect is 1-10 cm <sup>2</sup> and identified during arthroscopy, MRI, or CT arthrogram, and classified as full-thickness (Grade III or IV on the Modified Outerbridge Scale)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of provider-directed non-surgical management for at least 3 months in duration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of: <ul style="list-style-type: none"> <li>Stable knee with intact or reconstructed ligaments and menisci (concurrent ligament stabilization or meniscal procedure at time of ACL is acceptable)</li> <li>Normal joint alignment</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimal to absent osteoarthritic changes in the surrounding articular cartilage (Kellgren-Lawrence Grade 2 or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal articular cartilage at the lesion border (contained lesion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI 35 or less	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 15-55 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none"> <li>Osteochondritis dissecans lesion that requires bone grafting</li> <li>Inflammatory arthritis or other systemic disease affecting the joints</li> <li>Corresponding tibial or patellar lesion ("kissing lesion")</li> <li>Any other knee joint surgery within 6 months before screening excluding surgery to procure a biopsy or concomitant procedure to prepare the knee for a MACI implant</li> <li>Outerbridge Grade III or IV defects on the tibia</li> <li>Kellgren-Lawrence grade 3 or 4 osteoarthritic changes in the surrounding articular cartilage</li> <li>Total meniscectomy, meniscal allograft, or tear requiring more than 50% removal of the meniscus in the target knee</li> <li>Septic arthritis within one year</li> <li>Known hypersensitivity to gentamicin, aminoglycosides, or products of bovine or porcine origin</li> <li>Uncorrected blood coagulation disorders</li> <li>Cruciate ligament instability</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

The reimbursement material contained in this guide represents our current (as of July, 2021) understanding of the pre-authorization checklists reflected in various payer policies. Many of the topics covered in this guide are complex and all are subject to change beyond our control. Healthcare professionals are responsible for keeping current and complying with reimbursement-related rules and regulations. This information is not intended to be directive, nor does the use of the recommended criteria guarantee reimbursement. Providers are responsible for the accuracy of any claims, invoices and related documentation submitted to payers.