Fallon Health

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.

Patient age between 15 and 55 years (Adolescent patients should be skeletally mature with documented closure of growth plates. Adult patients should be too young to be considered an appropriate candidate for total knee arthroplasty or another reconstructive knee surgery)	☐ Yes ☐ No
Absence of the following: • Known history of hypersensitivity to gentamicin, other aminoglycosides, or products of porcine or bovine origin • Nicotine • Patellar or multiple defects • Osteochondritis dissecans • Arthritic condition that appears on standing X-rays as joint space narrowing, osteophytes, or changes in underlying bone • Inflammatory (rheumatoid or other) or degenerative (osteoarthritis) arthritis • History of malignancy in the affected defect area	☐ Yes ☐ No
Body Mass Index (BMI) < 30	☐ Yes ☐ No
Persistent symptoms (pain, swelling, locking and/or catching) with reduction in ADLs which have failed to respond to at least 6 months of documented non-operative treatment (non-operative treatment options for focal cartilage defects may include observation, weight loss, unloading braces, medications, corticosteroid injections, and viscosupplementation.)	☐ Yes ☐ No
Patient has a single, full-thickness defect in the articular cartilage (Outerbridge Grade III or IV) of the femoral condyle (medial, lateral, or trochlea) caused by acute or repetitive trauma	☐ Yes ☐ No
Defect size measures between 2 cm^2–10 cm^2 after debridement	☐ Yes ☐ No
In cases where the depth of the defect exceeds 8–10mm, bone grafting is planned either at the time of biopsy, as a separate procedure, or at the time of implantation of the cultured chondrocytes	☐ Yes ☐ No
Failed prior surgical repair procedure (arthroscopic debridement, microfracture, drilling/abrasion arthroplasty, or osteochondral allograft/autograft)	☐ Yes ☐ No
The knee is stable, with functionally intact menisci and ligaments, normal alignment, and normal joint space or conditions will be corrected prior to or concurrently with implantation	☐ Yes ☐ No
Patient is willing to comply with post-operative weight-bearing restrictions and rehabilitation	☐ Yes ☐ No

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