Medica (LAST REVISED 1/18/2021)

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.

THE MEMBER:	
Has reached skeletal maturity	☐ Yes ☐ No
Is less than 55 years of age	☐ Yes ☐ No
Has a BMI less than or equal to 35	☐ Yes ☐ No
Has persistent symptoms of pain, swelling, and/or knee catching/locking	☐ Yes ☐ No
Has not had any knee surgery to the affected knee within six (6) months directly before evaluation for ACT, excluding surgery to procure a biopsy	☐ Yes ☐ No
Failed non-surgical management (e.g., physical therapy, NSAIDs, bracing, corticosteroid therapy, or viscosupplementation) for at least six (6) weeks	☐ Yes ☐ No
Has normal knee biomechanics with intact meniscus, or corrective procedures can be achieved prior to or concurrently with ACT	☐ Yes ☐ No
Does not have diffuse osteoarthritis of the knee	☐ Yes ☐ No
Is able to comply with post-operative weight bearing and activity restrictions and rehabilitation	☐ Yes ☐ No

THE LESION IS:	
A single or multiple full thickness (Outerbridge Classification Grade III or IV) articular cartilage defect of the femoral condyle (medial, lateral, or trochlea) and/or patella	☐ Yes ☐ No
There is no corresponding lesion on the opposing surface	☐ Yes ☐ No
Caused by acute or repetitive trauma	☐ Yes ☐ No
Greater or equal to $2cm^2$	☐ Yes ☐ No
There is no or minimal bone loss or degenerative changes in the surrounding articular cartilage (e.g., corresponding tibia)	☐ Yes ☐ No
Healthy, normal appearing hyaline cartilage surrounds the border of the defect	☐ Yes ☐ No

Documentation indicates an FDA approved product is being used.

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