Anthem

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.

Inadequate response to prior surgical therapy to correct the defect	☐ Yes ☐ No
Size of the cartilage defect is greater than or equal to 1.5 cm^2 (i.e. length x width)* in total area	☐ Yes ☐ No
The defect involves only the cartilage and not the subchondral bone, unless ACT is being used to treat osteochondritis dissecans associated with a bony defect 10 mm or less in depth which has failed prior conservative treatment. Lesions due to osteochondritis dissecans associated with a bony lesion greater than 10 mm in depth must also undergo corrective bone grafting	☐ Yes ☐ No
No known sensitivities to bovine cultures	☐ Yes ☐ No
No known history of allergy to the antibiotic Gentamicin	☐ Yes ☐ No
Condition involves a focal, full-thickness, (grade III or IV) isolated defect of the knee involving the weight bearing surface of the medial or lateral femoral condyles or trochlear region caused by acute or repetitive trauma	☐ Yes ☐ No
Skeletally mature adolescent with documented closure of growth plates or adult	☐ Yes ☐ No
Persistent symptoms of disabling localized knee pain for at least 6 months, which have failed to respond to conservative treatment	☐ Yes ☐ No
The lesion must be discrete, single and unipolar (involving only one side of the joint. "kissing lesions" are an exclusion)	☐ Yes ☐ No
The lesion is largely contained with near normal surrounding articular cartilage and articulating cartilage, (grades 0, 1, 2)	☐ Yes ☐ No
A normal joint space, no active infection and no inflammation or osteoarthritis is present in the joint	☐ Yes ☐ No
The knee is stable, with functionally intact menisci and ligaments and normal alignment	☐ Yes ☐ No
Corrective procedures, e.g. ligament or tendon repair, osteotomy for realignment, meniscal allograft transplant or repair may be performed in combination with or prior to transplantation	☐ Yes ☐ No
Individual is willing and able to comply with post-operative weight-bearing restrictions and rehabilitation	☐ Yes ☐ No
No history of cancer in the bones, cartilage, fat or muscle of the affected limb	☐ Yes ☐ No
Body Mass Index (BMI) less than or equal to 35	☐ Yes ☐ No

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