Florida Blue (Blue Cross Blue Shield of Florida) (EFFECTIVE 5/2023)

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.

Disabling, focal, full-thickness (grade III or IV) unipolar articular cartilage defect of the weight bearing surfaces of the femoral condyles, trochlea, or patella at least 1.5cm² in size	□ Yes □ No
Caused by acute or repetitive trauma	□ Yes □ No
Skeletally mature with age greater than 15 and less than 55	□ Yes □ No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less) and normal appearing hyaline cartilage surrounding the border of the defect	□ Yes □ No
Normal knee biomechanics OR alignment and stability achieved concurrently with ACI	□ Yes □ 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 January 2024) 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. Nothing contained herein is intended, nor should it be construed as, to suggest a guarantee of coverage or reimbursement for any product or service. Check with the individual insurance provider regarding coverage. Providers should exercise independent clinical judgment when submitting claims to reflect accurately the services rendered to individual patients.