

Health Care Services Corporation: BCBS of IL, OK, MT, NM, TX

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.

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 other reconstructive knee surgery).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal, full-thickness (grade III or IV) unipolar lesions of weight-bearing surface of the femoral condyles, trochlea or patella at least 1.5 cm ² in size	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics or alignment and stability achieved concurrently with autologous chondrocyte implantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
The symptoms include disabling pain, swelling, and/or locking or catching which are unresponsive to physical therapy, conservative therapy, prior arthroscopic or other surgical repair procedures (microfracture, drilling, abrasion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has Body Mass Index (BMI) less than 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report(s) of standing x-rays documenting normal alignment and stability of the knee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs from knee arthroscopy showing the presence of the cartilage defect and normal cartilage surrounding the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm the absence of the following: <ul style="list-style-type: none">• Degenerative joint disease (e.g., osteoarthritis [OA], or inflammatory disease such as rheumatoid arthritis)• Osteochondritis dissecans (OCD) which involves both cartilage and bone	<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 September, 2020) 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.