Blue Cross Blue Shield of Nebraska

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 is between 15 and 60 years old	☐ Yes ☐ No
Significant knee pain or knee locking that interferes with activities of daily living (ADLs)	☐ Yes ☐ No
Body Mass Index (BMI) is less than or equal to 35	☐ Yes ☐ No
Focal articular cartilage defect is caused by acute or repetitive trauma	☐ Yes ☐ No
Full thickness (grade III or IV) defect on the load bearing surface of the femoral condyle (medial, lateral, trochlear) or the patella	☐ Yes ☐ No
Defect is at least 1.5 cm^2	☐ 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
Failure to respond to conservative treatment for at least two months such as physical therapy, braces, and NSAIDs	☐ Yes ☐ No
Inadequate response to a prior arthroscopic or other surgical repair procedure such as debridement, microfracture, drilling, abrasion or osteochondral allograft/autograft	☐ Yes ☐ No
Stable and aligned knee with normal joint space on X-ray	☐ Yes ☐ No
Capable of cooperating with post-operative weight bearing restrictions and completion of post-operative rehabilitation	☐ Yes ☐ No
Confirm the absence of the following: • Total meniscectomy • Use in all other joints including talar lesions • Osteoarthritis or inflammatory arthritis • ACI in combination with meniscal allograft or osteochondral autograft (OATS)	☐ Yes ☐ No

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