

# Blue Cross Blue Shield of Michigan Blue Care Network

(EFFECTIVE 11/1/07, THIS PROCEDURE IS ESTABLISHED AND NO LONGER SUBJECT TO PERIODIC REVIEW\*)

## 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.

Diagnosis of acute or traumatic injury to the knee joint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small to medium size hyaline cartilage lesions (1-10 cm <sup>2</sup> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient between ages of 15-55	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inadequate response to prior arthroscopy or other surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant symptoms of pain, swelling, catching and limitation of daily or recreational activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
When total knee replacement is not a clinically acceptable alternative	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm absence of: <ul style="list-style-type: none"> <li>• Use as a first line treatment</li> <li>• Infection at operative sites</li> <li>• Osteoarthritis</li> <li>• Inflammatory joint disease</li> <li>• Allergy to gentamicin</li> <li>• Sensitivity to bovine material</li> <li>• Unstable knee</li> <li>• Abnormal distribution of weight within the joint</li> <li>• Previous malignancy in the bone, cartilage, fat, or muscle of the treated limb</li> <li>• Kissing lesions (where opposing articular cartilage surfaces meet abnormally, e.g., patella and femur or femur and tibia)</li> <li>• Previous total meniscectomy</li> </ul>	<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 April 17, 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.