Blue Cross Blue Shield of Georgia

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 cm² (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 <u>must</u> be fully addressed at time of pre-authorization.

The reimbursement material contained in this guide represents our current (as of March 20, 2017) understanding of the preauthorization 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 reimbursementrelated 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.