

# Blue Cross Blue Shield of North Carolina (MACI EFFECTIVE 06/01/17)

## 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 not be considered an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cartilage defect greater than or equal to 1.5 cm <sup>2</sup> in total area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less) and normal appearing hyaline surrounding boarder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics or alignment and stability achieved concurrently with ACI implantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full-thickness unipolar articular cartilage lesions (Outerbridge III or IV) of the patella or located on the weight-bearing surface of medial or lateral condyles or trochlea caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACI is not covered for patients with kissing lesions, total meniscectomy, abnormal distribution of weight within the joint, an unstable knee or known allergy to gentamicin or sensitivity to materials of bovine origin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (BMI) less than 35	<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 August 7, 2017) 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.