

Blue Cross Blue Shield of Arizona

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.

The condition involves a symptomatic, cartilaginous defect of the femoral condyle (medial, lateral, trochlear or patella) caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of at least one of the following significant symptoms lasting greater than 1 year: 1. pain 2. swelling 3. locking or catching 4. limitations of daily or recreational activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of a prior arthroscopic or other surgical repair procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee is stable with no malalignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cartilage defect is 1.5 cm or greater (an arthroscopic photograph of defect must be submitted)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimal or no evidence of osteoarthritis, degenerative joint disease or inflammatory joint disease (Defined as grade II degeneration or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If for the treatment of osteochondritis dissecans, the lesion 7mm or less in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other parts of the knee, including the patellofemoral joint and tibial articular cartilage, are diagnosed as normal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual is skeletally mature with documentation of closure of growth plates (e.g., ≥15 years) or individual is 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 the weight-bearing surface of the femoral condyles, trochlea or patella at least 1.5 cm or greater	<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 February 28, 2018) 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.