

Independence Blue Cross

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 has reached skeletal maturity with documented closure of growth plates. Adult individuals too young to be appropriate candidate for total knee arthroplasty or other reconstructive knee surgery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has focal, full thickness (grade III or IV) uni-polar lesions on the weight bearing surface of the femoral condyles or trochlear caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect size greater than 1.5 cm ²	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal knee biomechanics, or alignment and stability that can be achieved concurrently with autologous chondrocyte implantation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absence of meniscal pathology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Mass Index (BMI) below 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient willing to comply with postoperative rehabilitation protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No

Autologous chondrocyte implantation (ACI) for any indications including but not limited to, the treatment of defects of the patella, talus, and any joints other than the knee is considered experimental/investigational

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.