

# Health Care Services Corporation: BCBS of IL, OK, MT, NM, TX

## 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 be 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
Patient has symptomatic disabling full thickness unipolar articular cartilage defect not involving the bone (Outerbridge III or IV) caused by acute or repetitive trauma of the patella or located on the weight-bearing surface of medial or lateral condyles or trochlea	<input type="checkbox"/> Yes <input type="checkbox"/> No
The defect measures less than 6 cm in length and less than 7 mm in depth with an area ranging from a lower limit of 1.5 cm <sup>2</sup> to an upper limit of 10 cm <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Knee is stable and aligned with normal joint spacing or the patient will undergo stabilization and alignment simultaneously with ACI procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
The symptoms include disabling pain, swelling, and/or locking or catching which are unresponsive to physical therapy, conservative therapy, prior arthroscopic or other surgical repair procedures (microfracture, drilling, abrasion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has Body Mass Index (BMI) less than 35	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report(s) of standing x-rays documenting normal alignment and stability of the knee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs from knee arthroscopy showing the presence of the cartilage defect and normal cartilage surrounding the defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm the absence of the following: <ul style="list-style-type: none"><li>• Degenerative joint disease (e.g., osteoarthritis [OA], or inflammatory diseases)</li><li>• Osteochondritis dissecans (OCD)</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 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.