

Blue Cross Blue Shield of Wyoming

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.

Focal, full thickness (grade III or IV) unipolar lesions on weight bearing surface of the femoral condyles or trochlear, or patella caused by acute or repetitive trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adolescent patient should be skeletally mature with documented closure of growth plates (15 years or older), or adult patient is too young to be considered an appropriate candidate for total knee arthroplasty or other reconstructive procedure (younger than 55)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cartilage defect(s) are at least 1.5 cm ² in size	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outer bridge Grade II or less) and normal appearing hyaline surrounding border	<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

All 'no' answers must be fully addressed at time of pre-authorization.

The reimbursement material contained in this guide represents our current (as of July 23, 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.