

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

BlueCross BlueShield of Alabama

Policy Title: Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

Effective Date: 07/12/2017

Last Review: 06/2018

Policy #: MP-248

	Criteria for medical necessity		
	Knee	Talus	Talus
Medical Evaluation	NR	NR	NR
Cartilage defect size	Full-thickness chondral defects of the knee	Large (area greater than 1.5 cm ²) or cystic (volume greater than 3.0 cm ³) osteochondral lesions of the talus	Large (area greater than 1.5 cm ²) or cystic (volume greater than 3.0 cm ³) osteochondral lesions of the talus
Cartilage defect characterization	NR	NR	NR
Cause of defect	Acute or repetitive trauma	NR	NR
Lesion (defect) and surrounding cartilage	NR	NR	NR
Patient demographic	NR	NR	NR
Patient condition	When other cartilage repair techniques (e.g., microfracture, osteochondral autografting or autologous chondrocyte implantation) would be inadequate due to lesion size, location, or depth	When autografting would be inadequate due to lesion size, depth, or location	When autografting would be inadequate due to lesion size, depth, or location
Prior treatment	NR	NR	Failed prior marrow stimulation for large osteochondral lesions (area > 1.5cm ²) or cystic (volume > 3.0cm ²) when autografting inadequate
Joint health	NR	NR	NR
Knee stability	NR	NR	NR
Patient compliance	NR	NR	NR
OCA for other joints	<p>Osteochondral allografting for all other joints is considered not medically necessary and investigational.</p> <p>Use of osteochondral allograft transplantation for joints other than the knee is considered investigational and not medically necessary</p>		