

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

BlueCross BlueShield of Massachusetts

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

Policy Date: 09/2018

Policy #: 111

BCBSA Reference #: 7.01.78

| | 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 | Osteochondral allografting for all other joints is considered investigational. | | |