

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

BlueCross BlueShield (IL, MT, NM, OK, TX)

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

Effective Date: 07/15/2018

Policy #: SUR705.020

CAREFULLY CHECK STATE REGULATIONS AND/OR THE MEMBER CONTRACT

	Criteria for medical necessity		
	Knee	Talus	Talus
Medical Evaluation	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 Cartilage defect measures 1.0 to 3.0 cm ² in total area	
Cartilage defect characterization	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	
Prior treatment	NR	NR	Revision surgery after failed prior marrow stimulation
Joint health	NR	NR	
Knee stability	NR	NR	NR
Patient compliance	NR	NR	NR
OCA for other joints	Osteochondral autografting or allografting for all other indications not previously listed or if above criteria not met is considered experimental, investigational and/or unproven		

Documentation Required for Review of Injury and Prior Treatments/Therapies:

- (1) Progress report, history, and/or operative notes confirming injury and prior treatments/therapies
- (2) Report(s) of standing x-rays documenting normal alignment and stability of the knee and absence of inflammatory arthritis (e.g., rheumatoid arthritis)
- (3) Reports(s) from knee arthroscopy showing the presence of the cartilage defect and normal cartilage surrounding the defect