

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

United Healthcare

Policy Title: Osteochondral Grafting of Knee

Effective Date: 1/01/2019

Policy #: CS090.G

	Criteria for medical necessity
Medical Evaluation	NR
Cartilage defect size	NR
Cartilage defect characterization	Symptomatic focal full-thickness articular cartilage defect
Cause of defect	NR
Lesion (defect) and surrounding cartilage	NR
Patient demographic	Adult who has achieved mature skeletal growth with documented closure of growth plates
Patient condition	Presence of debilitating symptoms that significantly limit ambulation
Prior treatment	Considered unsuitable candidate for total knee replacement Failed conventional medical treatment (including physical therapy and/or bracing techniques) and/or prior surgical treatment
Joint health	Minimal to absent degenerative changes in surrounding articular cartilage (Outerbridge Grade II or less)
Knee stability	Normal alignment or correctable varus or valgus deformities
Patient compliance	Willingness to comply with rehabilitation following surgery
OCA for other joints	Osteochondral allograft transplantation using human cadaver tissue is proven and medically necessary for treating cartilage defects of the knee when ALL of the following above criteria are met. Osteochondral allograft transplantation for all other joints, and any indications other than those listed above, is considered unproven and not medically necessary due to insufficient evidence of efficacy