JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT
Summary of medical criteria for OCAs

Wellmark BCBS (IA, SD)
Policy Title: Osteochondral Allografts and Autografts
Original Policy: 05/2014
Last Review: 08/2018
Policy #: 07.01.65

	Criteria for medical necessity
Medical Evaluation	All of the following criteria must be found in the pre-op notes to determine medical necessity of the procedure
Cartilage defect size	Between 2.5cm^2 and 10 cm^2 in total area
Cartilage defect characterization	Full thickness cartilaginous defects (Grade III-IV) of the femoral condyle (medial, lateral, or trochlea) or patella
Cause of defect	Acute or repetitive trauma
Lesion (defect) and surrounding cartilage	Focal, full-thickness (grade III or IV) unipolar lesions on the weight-bearing surface of the femoral condyles, patella, or trochlea
Patient demographic	Skeletally mature adult between 18 and 55 years of age on the date of service If an adolescent member is evaluated, s/he should be skeletally mature with documented closure of growth plates Body mass index (BMI) is less than or equal to 35 kg/m^2 (for improved surgical outcomes by decreasing stress from weight-bearing on the joint)
Patient condition	Persistent symptoms of disabling, localizing knee pain have been present for at least six (6) months limiting ambulation
Prior treatment	Inadequate response to a prior surgical procedure (microfracture or abrasive arthroplasty). The success rate and surgical ease of microfracture and abrasive arthroplasty are such that they should be used as first line therapy
Joint health	Absence of knee osteoarthritis Absence of knee infection No history of cancer in the bone, cartilage, fat, or muscle of the treated limb Normal joint space
Knee stability	Stable knee Fully functional menisci or ligaments Normal knee alignment (or achieved concurrently with osteochondral grafting)
Patient compliance	NR
OCA for other joints	Osteochondral allografting of the knee is considered investigation when above criteria is not met. Osteochondral allografting for all other joints, including but not limited to talar, shoulder, and elbow and any indications other than those listed above is considered investigational. The success rate and longevity of other joints have not been proven at this time. There is limited evidence in the form of randomized control studies to demonstrate the benefit or treating any other joint problems except those of the articular surfaces of the knee