

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

Blue Cross Blue Shield of Kansas City

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

Original Date: 08/2002

Last Review: 08/2017

Next Review: 02/2018

Policy #: 7.01.78

	Criteria for medical necessity		
	Knee	Talus	Talus
Medical Evaluation	In some situations, the chondral defect may be an incidental finding at the time of arthroscopy and therefore, the decision to undergo osteochondral autografting may be made at that time.		
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	Severe obesity (e.g. body mass index > 35 kg/m ²) may affect outcomes due to the increased stress on weight-bearing surfaces of the joint.		
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	If débridement is the only prior surgical treatment, consideration should be given to marrow-stimulating techniques before osteochondral grafting is performed, particularly for lesions less than 1.5 cm ² in area or 3.0 cm ³ in volume.		Revision surgery after failed prior marrow stimulation
Joint health	NR	NR	NR
Knee stability	Misalignment and instability of the joint are contraindications. Therefore, additional procedures, such as repair of ligaments or tendons or creation of an osteotomy for realignment of the joint, may be performed at the same time. In addition, meniscal allograft transplantation may be performed in combination, either concurrently or sequentially, with osteochondral allografting or osteochondral autografting.		
Patient compliance	NR	NR	NR
OCA for other joints	Osteochondral allografting for all other joints (not listed above) is considered investigational.		