

# JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

## Summary of medical criteria for OCAs

Blue Cross Blue Shield of Louisiana

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

Original Date: 08/26/2002

Effective Date: 02/21/2018

Policy #: 00091

	Criteria for medical necessity (Fresh Osteochondral Allografts)		
	Knee	Talus	Talus
<b>Medical Evaluation</b>	<ul style="list-style-type: none"> <li>MRI or arthroscopy</li> </ul>	NR	NR
<b>Cartilage defect size</b>	<ul style="list-style-type: none"> <li>Greater than or equal to 2cm<sup>2</sup> in total area</li> </ul>	<ul style="list-style-type: none"> <li>Large (area greater than 1.5 cm<sup>2</sup>) or cystic (volume greater than 3.0 cm<sup>3</sup>) osteochondral lesions of the talus</li> </ul>	<ul style="list-style-type: none"> <li>Large (area greater than 1.5 cm<sup>2</sup>) or cystic (volume greater than 3.0 cm<sup>3</sup>) osteochondral lesions of the talus</li> </ul>
<b>Cartilage defect characterization</b>	<ul style="list-style-type: none"> <li>Focal, full thickness (grade III or IV), isolated defect of the weight bearing surface of the medial or lateral femoral condyles or trochlear region (trochlear groove of the femur)</li> </ul>	NR	NR
<b>Cause of defect</b>	<ul style="list-style-type: none"> <li>Acute or repetitive trauma</li> </ul>	NR	NR
<b>Lesion (defect) and surrounding cartilage</b>	<ul style="list-style-type: none"> <li>Discrete, single, unipolar (only one side of joint; “kissing lesions” are an exclusion)</li> <li>Lesion largely contained with near normal surrounding cartilage and articulating cartilage (Grade 0-2)</li> </ul>	NR	NR
<b>Patient demographic</b>	<ul style="list-style-type: none"> <li>Skeletal maturity (closure of growth plates)</li> <li>No Localized or systemic infection</li> <li>Corrected or no maltracking/ malalignment</li> <li>Stable knee or planned corrective procedure</li> <li>Body Mass Index (BMI) less than or equal to 35</li> <li>No history of malignancy in bones, cartilage, fat, or muscle in the treated leg</li> </ul>	NR	NR
<b>Patient condition</b>	<ul style="list-style-type: none"> <li>Persistent symptoms of disabling localized knee pain for at least three (3) months</li> <li>Other cartilage repair techniques (e.g. microfracture, autografting or autologous chondrocyte implantaion) would be inadequate due to lesion size, location, or depth</li> </ul>	<ul style="list-style-type: none"> <li>When autografting would be inadequate due to lesion size, depth, or location</li> </ul>	<ul style="list-style-type: none"> <li>When autografting would be inadequate due to lesion size, depth, or location</li> </ul>

## JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

### Summary of medical criteria for OCAs

Blue Cross Blue Shield of Louisiana

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

Original Date: 08/26/2002

Effective Date: 02/21/2018

Policy #: 00091

<b>Prior treatment</b>	<ul style="list-style-type: none"><li>Failed to respond to conservative treatment</li></ul>	NR	<ul style="list-style-type: none"><li>Revision surgery after failed prior marrow stimulation</li></ul>
<b>Joint health</b>	<ul style="list-style-type: none"><li>Normal joint space</li><li>Without evidence of inflammation or degenerative changes</li><li>No inflammation or degenerative changes</li></ul>	NR	NR
<b>Knee stability</b>	<ul style="list-style-type: none"><li>Knee is stable, with functionally intact menisci and ligaments and normal alignment</li></ul>	NR	NR
<b>Patient compliance</b>	<ul style="list-style-type: none"><li>Patient is willing and able to comply with post-operative weight-bearing restrictions and rehabilitation</li></ul>	NR	NR
<b>OCA for other joints</b>	Osteochondral allografting for all other joints (not listed above) is considered investigational.		