

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

BlueCross BlueShield Blue Care Network of Michigan

Policy Title: Osteochondral Grafts for Articular Cartilage Lesion Repair (Autografts, Allografts and Synthetic Grafts)

Effective Date: 09/01/2012

Policy #: N/A

	Criteria for medical necessity
Medical Evaluation	NR
Cartilage defect size	Large (e.g., 10 cm ²)
Cartilage defect characterization	Full thickness chondral defects
Cause of defect	Acute or repetitive trauma
Lesion (defect) and surrounding cartilage	NR
Patient demographic	NR
Patient condition	NR
Prior treatment	NR
Joint health	NR
Knee stability	NR
Patient compliance	NR
OCA for other joints	Osteochondral allograft transplantation for joints other than the knee, including but not limited to, the ankle (talus) are considered investigational.