BlueCross BlueShield of Tennessee Medical Policy Manual

Osteochondral Allografting

DESCRIPTION

Osteochondral lesions can occur in any joint, but are most common in the knee and ankle. Such lesions are a tear or fracture in the cartilage covering one of the bones in a joint. The cartilage can be torn, crushed or damaged and, in rare cases, a cyst can form in the cartilage. Damaged articular cartilage can be associated with pain, loss of function, disability, and can lead to debilitating osteoarthrosis over time. These manifestations can severely impair an individual's activities of daily living and quality of life. Most osteochondral lesions occur in the knee with the ankle and elbow being the next most frequent sites. The most common location of lesions is the medial femoral condyle (69%), followed by the weight-bearing portion of the lateral femoral condyle (15%), the patella (5%) and trochlear fossa. Talar lesions of the ankle are reported to be about 4% of osteochondral lesions.

Allogeneic grafts of osteochondral or chondral tissue have been proposed as treatment alternatives for individuals with clinically significant, symptomatic, focal defects of the articular cartilage. It is hypothesized that the implanted graft's chondrocytes retain features of hyaline cartilage that is similar in composition and property to the original articulating surface of the joint. Osteochondral fresh allografting may be appropriate for large lesions of the knee or talus after failed marrow stimulation.

POLICY

- Osteochondral fresh allografting of focal articular cartilage lesions is considered medically necessary if the medical appropriateness criteria are met. **(See Medical Appropriateness below.)**
- Osteochondral allografting for the treatment of chondral defects in all other joints is considered investigational.
- Osteochondral allografting for the treatment of focal articular cartilage lesions using the following techniques is considered investigational:
    - Allogeneic minced cartilage
    - Decellularized osteochondral allograft plugs (e.g., Chondrofix)
    - Reduced allograft discs (e.g., ProChondrix, Cartiform)
- Any device utilized for this procedure must have FDA approval specific to the indication, otherwise it will be considered investigational.

MEDICAL APPROPRIATENESS

- Osteochondral fresh allografting is considered **medically appropriate** if **ALL** of the following criteria are met:
    - Indicated for **ANY ONE** of the following:
        - Symptomatic full thickness chondral defects of the knee if **ALL** of the following are met:
            - Defect is caused by acute or repetitive trauma
            - Other cartilage repair technique (such as micro-grafting, osteochondral autografting or autologous chondrocyte implantation) would be inadequate due to size, location or depth of lesion
            - Confirmation of defects by radiographs, magnetic resonance imaging (MRI) and arthroscopy
            - Normal knee biomechanics, or alignment and stability achieved concurrently with osteochondral allografting
        - Osteochondral lesions of the talus if **ALL** of the following are met:
            - Treatment is indicated for **ANY ONE** of the following:
                - Lesion greater than 1.5 cm^2
                - Cystic lesion with volume greater than 3.0 cm
            - Osteochondral autografting would be inadequate due to size, location or depth of lesion

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.
- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

Current evidence does not support the use of osteochondral allografting for joints other than the knee and ankle.

SOURCES

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