

JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

Summary of medical criteria for OCAs

BlueCross BlueShield of Tennessee
 Policy Title: Osteochondral allografting
 Original date: 05/01/2001
 Effective date: 08/09/2018

	Criteria for medical necessity		
	Knee	Talus	Talus
Medical Evaluation	Confirmation by radiographs, magnetic resonance imaging MRI, and arthroscopy	NR	NR
Cartilage defect size	Symptomatic full-thickness chondral defects of the knee	Lesion greater than 1.5cm ²	Cystic lesion with volume greater than 3.0cm
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	NR	NR	NR
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	
Prior treatment	NR	NR	NR
Joint health	NR	NR	NR
Knee stability	Normal knee biomechanics or alignment and stability achieved concurrently with osteochondral allografting	NR	NR
Patient compliance	NR	NR	NR
OCA for other joints	Osteochondral allografting for all other joints is considered investigational		