JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT
Summary of medical criteria for OCAs

Florida Blue
Policy Title: Knee Arthroscopy and Open, Non-Arthroplasty Knee Repair
Original Date: 10/15/2016
Reviewed: 06/28/2018
Revised: 07/15/2018
Policy #: 02-20000-65

	Criteria for medical necessity	
	Skeletally Mature - Knee	**Skeletally Immature - Knee**
Medical Evaluation	MRI and physical examination	Radiologic findings (any radiograph and MRI) of a displaced lesion, stable lesion, or an unstable lesion
Cartilage defect size	> 2.5 cm	NR
Cartilage defect characterization	MRI results confirm a full thickness chondral or osteochondral lesion of the femoral condyles or trochlea	NR
Cause of defect	NR	NR
Lesion (defect) and surrounding cartilage	NR	NR
Patient demographic	Skeletally mature adult Patient is less than 50 years of age BMI < 35	Skeletally immature patient
Patient condition	Patient has been symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion) for at least 6 months	For displaced and stable lesions: Patient has been symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion) For an unstable lesion: Asymptomatic
Prior treatment	At least 6 months of non-operative care* has failed to improve symptoms No prior meniscectomy in same compartment (unless concurrent or staged meniscal transplant performed)	For stable and unstable lesions only: At least 12 weeks of non-operative care has failed to improve lesion stability or size
Joint health	MRI shows no evidence of significant osteoarthritis (greater than Kellgren-Lawrence grade 2)	NR
Knee stability	MRI and/or physical findings confirm knee has normal alignment (+/- 3 degrees from neutral on full-length mechanical axis long-leg x-ray (unless concurrent or	Exclude patients with evidence of meniscal deficiency and/or malalignment if these are not being addressed (meniscal transplant and/or lateral

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	staged tibial or femoral osteotomy performed), and stability (unless concurrent ligamentous repair or reconstruction performed)	release/patellar realignment procedure) at the same time as the cartilage restoration procedure
Patient compliance	NR	NR
OCA for other joints	For any articular cartilage (patellofemoral chondrosis has additional requirements)	For any articular cartilage

*Non-operative care is defined as a combination of two or more of the following: rest or activity modifications/limitations; ice/heat; protected weight bearing; pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol; brace/orthosis; physical therapy modalities; supervised home exercise; weight optimization; injections (e.g. cortisone)

Included general criteria for elective knee surgery

Elective open or arthroscopic surgery of the knee meets the definition of medical necessity if the following general criteria are met:

- The clinical correlation of subjective complaints with objective exam findings and/or imaging (when applicable)
- Knee pain with documented loss of function, defined as deviation from normal knee function which may include painful weight bearing, unstable articulation, and/or inadequate range of potion (>10 degrees flexion contracture or <110 degrees flexion, or both) to accomplish age-appropriate activities of daily living (ADLs), and/or employment
- Medically stable and no uncontrolled comorbidities (e.g., diabetes)
- Does not have an active local or systemic infection
- Does not have active, untreated drug dependency (including but not limited to narcotics, opioids, muscle relaxants) unless engaged in treatment program
- **Clinical notes should address** (1) symptoms onset, duration, and severity, (2) loss of function and/or limitations, (3) type and duration of non-operative management modalities (where applicable)