

## JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

### Summary of medical criteria for OCAs

Horizon BCBS NJ

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

Effective Date: 01/07/2019

Policy #: 064

	<b>Criteria for medical necessity</b>
<b>Medical Evaluation</b>	Diagnostic imaging (e.g., MRI, arthroscopic imaging, weight-bearing x-rays)
<b>Cartilage defect size</b>	NR
<b>Cartilage defect characterization</b>	Full-thickness cartilage defects of the weight-bearing surface of the femoral condyle (medial or lateral) or trochlear region
<b>Cause of defect</b>	Acute or repetitive trauma
<b>Lesion (defect) and surrounding cartilage</b>	NR
<b>Patient demographic</b>	Is between ages 15 and 55 years BMI less than or equal to 35kg/m <sup>2</sup>
<b>Patient condition</b>	Disabling localized knee pain Other cartilage repair techniques (e.g., microfracture, osteochondral autografting or autologous chondrocyte implantation) would be inadequate due to size, location, or depth
<b>Prior treatment</b>	Had at least 6 months of knee pain that has failed conservative treatment measures (e.g., medications, physical therapy, activity modifications, bracing, ice/heat, injections) Other
<b>Joint health</b>	No presence of synovial disease, inflammation, osteoarthritis, or infection No history of malignancy or current unresected tumor in the limb
<b>Knee stability</b>	No misalignment and instability of the joint (correction of underlying joint abnormalities should be done before or at the time of osteochondral allografting)
<b>Patient compliance</b>	NR
<b>OCA for other joints</b>	Osteochondral allografting all other joints including, but not limited to talar and patellar lesions, is considered investigational