

## JRF ORTHO – INSURANCE ASSISTANCE DOCUMENT

### Summary of medical criteria for OCAs

Independence Blue Cross

Policy Title: Osteochondral Allograft Transplantation

Effective Date: 01/02/2018

Policy #: 11.14.12e

	Criteria for medical necessity		
	Knee	Talus	Talus
<b>Medical Evaluation</b>	NR	NR	
<b>Cartilage defect size</b>	Full-thickness chondral defects of the knee	Large (area greater than 1.5 cm <sup>2</sup> ) or cystic (volume greater than 3.0 cm <sup>3</sup> ) osteochondral lesions of the talus	
<b>Cartilage defect characterization</b>	NR	NR	
<b>Cause of defect</b>	Acute or repetitive trauma	NR	NR
<b>Lesion (defect) and surrounding cartilage</b>	NR	NR	NR
<b>Patient demographic</b>	Osteochondral allograft transplantation has been shown to be most successful in individuals who are 55 years of age or younger		
<b>Patient condition</b>	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	
<b>Prior treatment</b>	NR	NR	Revision surgery after failed prior marrow stimulation
<b>Joint health</b>	NR	NR	
<b>Knee stability</b>	NR	NR	NR
<b>Patient compliance</b>	NR	NR	NR
<b>OCA for other joints</b>	All other uses of osteochondral allograft transplantation are considered experimental/investigational and, therefore safety and/or effectiveness cannot be established by review of available published literature		