BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	**MANUAL:** MEDICAL POLICY
	REFERENCE NO.: MPO-490-0148
EFFECTIVE DATE October 1, 2014	**SUBJECT:** Chondral Defects of the Knee

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice.

Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease.

Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure.

In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

OATS: Osteoarticular Transfer System is a surgical procedure used to treat focal cartilage defects.

Chondral and osteochondral grafts are used in repair of full-thickness chondral defects involving the joint. In the case of osteochondral autografts, 1 or more small osteochondral plugs are harvested from non-weight-bearing sites in the knee and press fit into a prepared site in the lesion. Osteochondral allografts are typically used for larger lesions to reduce donor site morbidity. Autologous or allogeneic minced cartilage is also being evaluated as a treatment of articular cartilage lesions.

ACT: Autologous Chondrocyte Transplant is a procedure during which normal cartilage cells are collected from inside the knee and are then sent to a laboratory to grow for several weeks. Once they are grown, they are then placed in the knee and sealed by a layer of tissue.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in

the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

A. BCNEPA will provide coverage for Osteochondral Allograft or Autograft Transplantation when medically necessary.

1. Osteochondral allografting may be considered medically necessary as a technique to repair large (e.g., 10 cm2) full-thickness chondral defects of the knee caused by acute or repetitive trauma.

2. Osteochondral allografting for all other joints is considered investigational.

3. Osteochondral autografting (OATS/Mosaicplasty), using one or more cores of osteochrondral tissue, may be considered medically necessary for the treatment of symptomatic full-thickness cartilage defects of the knee caused by acute or repetitive trauma, in patients who have had an inadequate response to a prior surgical procedure, when all of the following have been met:

   a) Adolescent patients should be skeletally mature with documented closure of growth plates (e.g., 15 years or older). Adult patients should be too young to be considered an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery (e.g., younger than 55 years); and

   b) Focal, full-thickness (grade III or IV) unipolar lesions on the weight-bearing surface of the femoral condyles, trochlea, or patella that are between 1 and 2.5 cm2 in size; and

   c) Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less),and normal-appearing hyaline cartilage surrounding the border of the defect; and

   d) Normal knee biomechanics, or alignment and stability achieved concurrently with osteochondral grafting; and

4. Osteochondral autografting for all other joints, including talar, and any indications other than those listed above, is considered investigational.

Autologous Chondrocyte Implantation and Other Cell-based Treatments of Focal Articular Cartilage Lesions

B. BCNEPA will provide coverage for Autologous Chondrocyte Transplantation (ACT) when medically necessary.

1. Autologous Chondrocyte Transplantation (ACT) may be considered medically necessary for the treatment of disabling full-thickness articular cartilage defects of the knee caused by acute or repetitive trauma, in patients who have had an inadequate response to a prior surgical procedure, when all the following criteria are met:

    a) Adolescent patients should be skeletally mature with documented closure of growth plates (e.g., 15 years or older). Adult patients should be too young to be considered an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery (e.g., younger than 55 years); and

    b) Focal, full-thickness (grade III or IV) unipolar lesions on the weight bearing surface of the femoral condyles or trochlea at least 1.5 cm2 in size; and

    c) Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less), and normal-appearing hyaline cartilage surrounding the border; and

    d) Normal knee biomechanics, or alignment and stability achieved concurrently with autologous chondrocyte implantation; and

2. Autologous Chondrocyte Transplantation (ACT) for all other joints, including patellar and talar, and any indications other than those listed above is considered investigational.

3. Matrix-induced autologous chondrocyte implantation is considered investigational.

4. Treatment of focal articular cartilage lesions with autologous minced cartilage is considered investigational.

5. Treatment of focal articular cartilage lesions with allogeneic minced cartilage or cartilage cells is considered investigational.

Meniscal Allografts and Synthetic Meniscal Implants

C. BCNEPA will provide coverage for meniscal allograft transplantation when medically necessary.

1. Meniscal allograft transplantation may be considered medically necessary in patients who have had a prior meniscectomy and have symptoms related to the affected side, when all of the following criteria are met:

    a) Adult patients should be too young to be considered an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery

(e.g., younger than 55 years

b) Disabling knee pain with activity that is refractory to conservative treatment

c) Absence or near absence (more than 50%) of the meniscus, established by imaging or prior surgery

d) Documented minimal to absent diffuse degenerative changes in the surrounding articular cartilage (e.g. Outerbridge grade II or less, < 50% joint space narrowing)

e) Normal knee biomechanics, or alignment and stability achieved concurrently with meniscal transplantation

2. Meniscal allograft transplantation may be considered medically necessary when performed in combination, either concurrently or sequentially, with autologous chondrocyte implantation, osteochondral allografting or osteochondral autografting for focal articular cartilage lesions.

3. Synthetic meniscus implants are considered investigational.

IV. DEFINITIONS:

N/A

V. CODING:

- **The identification of a code in this section does not denote coverage or separate reimbursement.**
- Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
- The following list of codes may not be all-inclusive, and are subject to change at any time.
- Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

PROCEDURE CODES

27412	27416	28446	29867	G0428	S2112
27415	27599	29866	29868	J7330	

VI. SOURCES:

BCBSA Medical Policy "Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions" (7.01.48), Section: Surgery, Issue: 6: 2014: 1-23. "Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions" (7.01.78), Section: Surgery, Issue: 6: 2014: 1-26. "Meniscal Allografts and Other Meniscal Implants" (7.01.15), Section: Surgery, Issue: 3: 2014: 1-17.

Patient Care Management Committee (PCMC) Minutes: May 13, 2010.

VII. APPROVALS:

Approved by Vice President, Clinical Operations & Chief Medical Officer:

Signature:_____
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: September 17, 2014

HISTORY:

Medical Policy MPO-490-0148 OATS/ACT effective October 1, 2006.

Benefit/Medical Policy MPO-490-0146 was placed into new format with an enhanced disclaimer May 15, 2006.

Medical Policy MPO-490-0148 was renamed from "OATS/ACT" to "Chondral Defects of the Knee" effective August 1, 2010

Revision Dates: 01/01/08, 07/01/09, 02/01/10, 08/01/10, 06/01/11, 10/01/11, 06/01/12, 10/01/12, 03/01/13, 06/01/13, 10/01/13, 01/01/14, 06/01/14, 10/01/14

Policy developed by: Medical Policy Department