Surgical Repair of Cartilage, Ligament and Meniscal Defects of the Knee

Last Revision/Review Date: March 17, 2021

P&P # C.5.33

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

To facilitate the authorization process referral requests must include ALL the following:

1. Documentation from an Orthopedic Surgeon that indicates the type and extent of osteochondral knee injury.
2. Documentation of patient symptoms and degree of functional impairment.
3. Documentation of failed conservative measures and alternative treatment including previous surgical procedures.
4. Documentation of autograft failure or inadequate autograft availability for allograft procedure request.

B. Criteria for Medical Necessity:

1. Osteochondral Autograft Transplantation (OATS or mosaicplasty) of the knee is considered medically necessary when ALL the following are met:

   a. The member is skeletally mature with documented closure of growth plates; AND
   b. Is not considered a candidate for total knee replacement; AND
   c. Has localized knee pain limiting ambulation and activities of daily living that has been unresponsive to a minimum of three (3) months of conservative treatment (e.g., analgesics, physical therapy, bracing, intraarticular injection) that includes at least two (2) months of physical therapy; AND
   d. Has a small (< 1.5 cm²) focal, full thickness (Outerbridge grade III or IV) unipolar lesion on the weight bearing surface of the femoral condyles or trochlea; AND
   e. Has stable or correctable ligaments, meniscus and alignment of the knee with a planned corrective procedure in combination with, or prior to the osteochondral autograft; AND
   f. Has 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;
2. **Osteochondral Allograft Transplantation** of the knee is considered medically necessary when **ALL** the following are met:
   a. The member is skeletally mature with documented closure of growth plates; **AND**
   b. Is not considered a candidate for total knee replacement; **AND**
   c. Has a Body Mass Index (BMI) of ≤ 35; **AND**
   d. Is otherwise healthy and physically active, has either failed previous surgical procedures (e.g., microfracture, osteochondral autograft, ACI) or is not a candidate for such procedures because of the size, shape, or location of the lesion **OR** has **ONE** of the following conditions:
      i. Avascular necrosis lesions of the femoral condyle; **OR**
      ii. Non-repairable stage 3 or 4 osteochondritis dissecans; **AND**
   e. Has a focal lesion that meets **ALL** the following criteria:
      i. Full-thickness depth (Outerbridge grade III or IV) lesion greater than 2 cm² by MRI or arthroscopy; **AND**
      ii. Has localized knee pain limiting ambulation and activities of daily living that has been unresponsive to a minimum of three (3) months of conservative treatment (e.g., analgesics, physical therapy, bracing, intraarticular injection) that includes at least two (2) months of physical therapy; **AND**
      iii. Has stable or correctable ligaments, meniscus and alignment of the knee with a planned corrective procedure in combination with, or prior to the osteochondral allograft; **AND**
      iv. The opposing articular surface is free of disease or injury.

**NOTE:** Medical directors may consider approval for BMI 35-40 in the context of member age and physical fitness.

3. **Autologous Chondrocyte Implantation (ACI)** of the knee (using MACI®) is medically necessary when **ALL** the following are met:
   a. The member is 18 to 55 years of age or, if younger than 18, has documented skeletal maturity; **AND**
   b. Has a Body Mass Index (BMI) ≤ 35; **AND**
   c. Has disabling localized knee pain limiting ambulation and activities of daily living that has been unresponsive to a minimum of three (3) months of conservative treatment (e.g., analgesics, physical therapy, bracing, intraarticular injection) that includes at least two (2) months of physical therapy; **AND**
   d. Has failed established surgical interventions (i.e., microfracture, drilling, abrasion, or osteochondral autograft/allograft) in lesions ≤2 cm²; **AND**
   e. Has a unipolar, focal, full thickness articular cartilage defect down to but not through the subchondral bone (Outerbridge grade IV) on a weight bearing surface of the femoral condyle or the patella caused by acute or repetitive trauma; **AND**
   f. Has no active inflammatory disease clinically and confirmed by X-ray; **AND**
   g. The procedure is not being done for treatment of osteoarthritis; **AND**
   h. The size of defect measures less than 7 mm in depth, less than 6.0 cm in length, and ≤10 cm²; **AND**
   i. Has stable ligaments (e.g., intact or reconstructed ACL) or a planned corrective procedure in combination with or prior to the ACI that will stabilize the joint; an intact meniscus, and normal or correctable alignment of the knee.

**NOTE:** Medical directors may consider approval for BMI 35-40 in the context of member age and physical fitness.
4. **Allograft transplantation of the Anterior Cruciate Ligament (ACL), Posterior Cruciate Ligament (PCL), Medial Collateral Ligament, (MCL), and Lateral Collateral Ligament (LCL)** is medically necessary when **ONE** of the following are met:
   a. Members with ligament deficiency who are not candidates for autogenous transplantation (e.g., individuals whose autogenous tissues have been compromised by previous surgery or previous injury), **OR**
   b. Failed reconstruction or revision of a previous knee surgery; **OR**
   c. Multiple ligament reconstruction; **OR**
   d. Members with any other contraindications to using their own tissue such as collagen disease or generalized ligamentous laxity.

5. **Meniscus allograft** is considered medically necessary when **ALL** of the following are met:
   a. Degenerative changes must be absent or minimal (Outerbridge grade II or less), **AND**
   b. Has stable ligaments prior to surgery or to be corrected at the time of allograft (e.g., intact or reconstructed ACL) and a normal or correctable alignment of the knee; **AND**
   c. The members must be 55 years or younger; **AND**
   d. Has a Body Mass Index (BMI) ≤ 35; **AND**
   e. Pre-operative studies (MRI or previous arthroscopy) reveal absence or near-absence of the meniscus; **AND**
   f. Patient has disabling localized knee pain that has been unresponsive to a minimum of three (3) months of conservative treatment (e.g., analgesics, physical therapy, bracing, intraarticular injection) that includes at least two (2) months of physical therapy.

C. **Indications Considered Not Medical Necessity (Not an all-inclusive list):**

   1. Harvesting osteochondral or bone-cartilage autograft tissue without a planned or scheduled surgical procedure (e.g., harvesting “just in case” ACI is needed at a later date).

D. **Indications Considered Experimental and Investigational (Not an all-inclusive list):**

   1. Osteochondral autograft/allograft transplantation of the patella;
   2. Osteochondral autograft/allograft transplantation of joints other than knee (e.g., ankle, elbow, hip, shoulder, jaw);
   3. Autologous chondrocyte implantation performed with a hybrid osteochondral autograft transfer system (Hybrid ACI/OATS) technique for the treatment of osteochondral defects;
   4. Use of minced or particulated articular cartilage (synthetic, allograft or autograft) to repair osteochondral defects of any joint (e.g., DeNovo® NT).
   5. Use of synthetic resorbable polymers (e.g., PolyGraft BGS, TruFit cylindrical plugs or granules) to repair osteochondral articular cartilage defects of any joint;
   6. Osteochondral allograft transplantation of the knee in members who have had a previous total meniscectomy;
   7. Osteochondral allograft transplantation of the knee in members who have a cartilaginous defect associated with osteoarthritis or inflammatory diseases or where an osteoarthritic or inflammatory process significantly and adversely affects the quality of the perilesional cartilage;
   8. Autologous chondrocyte implantation as the first line of surgical therapy for lesions ≤ 2cm²;
   9. Autologous chondrocyte implantation for lesions of joints other than knee or patella;
   10. Autologous chondrocyte implantation in individuals who have had a previous total meniscectomy;
   11. Autologous chondrocyte implantation for individuals with osteochondritis dissecans (OCD) lesions;
CPT/ HCPCS CODES:

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<td>Osteochondral allograft transplantation of the knee, open</td>
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<td>29868</td>
<td>Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral</td>
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References


Canadian Agency for Drugs and Technologies in Health (CADTH) Rapid Response Reports. The Use of Osteochondral Allograft for the Ankle, Knee, and Shoulder: Clinical Effectiveness and Cost-Effectiveness. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health Copyright (c) 2017 Canadian Agency for Drugs and Technologies in Health.; 2017. Accessed February 11, 2019


Hayes, Inc. Health Technology Assessment

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Krill, Michael MD1; Early, Nicholas MD2; Everhart, Joshua S. MD, MPH2; Flanigan, David C. MD1,2,a Autologous Chondrocyte Implantation (ACI) for Knee Cartilage Defects, JBJS Reviews: February 2018 - Volume 6 - Issue 2 - p e5 doi: 10.2106/JBJS.RVW.17.00078


