

<b>Policy Name:</b>	<b>Medical Policy: Autologous Chondrocyte Transplant (ACT)-Implant (ACI), Osteochondral Allograft, Osteochondral Autograft (OATS-mosaicplasty)</b>	<b>Policy #:</b>	<b>MP-154</b>
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## Policy Information

<b>Owner Department:</b>	Medical UM & Systems Department
<b>Owner:</b>	Assigned Medical Director
<b>Electronic Signature/Date:</b>	Krystal Revai (01/30/2024), Lori Slaughter (01/26/2024)

*If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.*

## Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

## Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

**NOTE: Please refer to plan documents for prior authorization necessity/status.**

## Interpretations

Health Alliance uses eviCore criteria to determine the medical necessity of Autologous Chondrocyte Transplant (ACT)/Implant(ACI), Osteochondral Allograft, Osteochondral Autograft (OATS/mosaicplasty). The eviCore Criteria are available on the [eviCore.com](https://www.eviCore.com) website and can be accessed by providers when submitting an authorization digitally.

- Health Alliance does not cover juvenile cartilage allograft, DeNovo® NT Natural Tissue Graft as it is considered investigational. ([Ref. #14](#))**
- Autologous cultured chondrocytes – J7330 (Carticel, MACI) are covered if the Autologous Chondrocyte Transplant (ACT)/Implant(ACI) is approved by eviCore. J7330 is an ancillary service not adjudicated by eviCore and does not require a separate preauthorization.**
- Coverage for Outpatient – Referral for chondrocytes to be supplied by an out of network vendor may be approved by UM PA nurse coordinators with submission of a Single Case Agreement (SCA).**

## Medicare Advantage Criteria details:

- [MCD Search \(cms.gov\)](#) – Search Medicare website/link for any updates.
- At this time, Medicare does not have a National Coverage Determination (NCD) or Local Coverage Determination (LCD) for autologous chondrocyte transplantation in the knee. When coverage criteria are not fully established in Medicare statute, regulation or NCD/LCD, we utilize our publicly accessible internal coverage criteria based on current evidence in widely used treatment guidelines or clinical literature; see criteria above.

## Codes

\*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) [not covered in combination with autologous chondrocyte implantation]
29866	Arthroscopy, knee, surgical; implantation of osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of autografts) [not covered in combination with autologous chondrocyte implantation]
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
J7330	Autologous cultured chondrocytes, implant
S2112	Arthroscopy, knee, surgical, for harvesting of cartilage (chondrocyte cells)

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

## Addendum

### Classification of Articular Cartilage Lesions by Severity

Grade	Outerbridge
0	Normal cartilage
I	Softening and swelling
II	Fragmentation and fissures in area less than 0.5 inch in diameter
III	Fragmentation and fissures in area larger than 0.5 inch in diameter
IV	Exposed subchondral bone

## References

1. "Osteochondral Allograft Transplantation for Articular Disorders of the Ankle". Hayes Brief, April 15, 2013.
2. Minas T, Gomoll AH, et al. "Increased failure rate of autologous chondrocyte implantation after previous treatment with marrow stimulation techniques". Am J Sports Med. 2009 May; 37(5):pp. 902-908.
3. Pestka JM, Bode G, et al. "Clinical outcome of autologous chondrocyte implantation for failed microfracture treatment of full-thickness cartilage defects of the knee joint". Am J Sports Med. 2012 Feb; 40(2): pp. 325-331.
4. Minas T, Von Keudell A, et al. "The John Insall Award: A minimum 10-year outcome study of autologous chondrocyte implantation". Clin Orthop Relat Res. 2014 Jan;472(1): pp. 41-51.
5. "Autologous Chondrocyte Implantation of the Knee". (July 15, 2013), Hayes Medical Technology Directory.
6. "DeNovo® NT Natural Tissue Graft (Zimmer Inc.) for Articular Cartilage Repair." (March 29, 2012), Hayes Search & Summary.
7. Rodriguez-Merchán, EC, et. al. "The Outerbridge Classification Predicts the Need for Patellar Resurfacing in TKA. Clin Orthop Relat Res. 2010 May; 468(5): 1254-1257.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853678/?tool=pubmed>
8. BCBS of Wisconsin Policy #SURG.00093, Treatment of Osteochondral Defects of the Knee and Ankle, February 5, 2007.

9. Aetna Clinical Policy Bulletins, March 29, 2005, CPB 0247
10. Clin J Sport Med. 2005 Jul; 15(4):220-6. Comparative evaluation of autologous chondrocyte implantation and mosaicplasty: a multicentered randomized clinical trial. Dozin B, Malpeli M, et al.
11. Bone Joint Surg Am. 2004 Mar; 86-A(3):455-64. Autologous chondrocyte implantation compared with microfracture in the knee. A randomized trial. Knutson G, et al.
12. Acta Chir Belg. 2004 Nov-Dec; 104(6):709-14. Treatment of deep cartilage defects of the knee using autologous chondrograft transplantation and by abrasive techniques-a randomized controlled study. Pasa L et al
13. AOS Instructional Course Lectures, The Role of Cartilage Repair Techniques, Including Chondrocyte Transplantation, in Focal Chondral Knee Damage, Volume 48, 1999.
14. Hayes, Inc. Hayes Technology Brief. DeNovo® NT Natural Tissue Graft (Zimmer Inc.) for Articular Cartilage Repair. Lansdale, PA; Hayes, Inc. December 6, 2017 (annual review).

History			
<b>Created Date:</b>	03/12/08		
<b>Effective Date:</b>	03/12/08		
<b>Next Review Date:</b>	01/30/2025		
<b>Revision Date:</b>	11/26/08 – MDC	07/28/10 – MDC	09/14/11 – MDC
	08/22/12 – MDC	07/30/13 – MDC	06/10/14
	05/01/15	05/20/16	04/19/17
	04/11/18 – MDC/D. Hasler-Revision to adjudicate procedures through eviCore and coverage for J7330, cultured chondrocytes, when primary procedure is approved by eviCore.		
	03/19/19 – MDC-Annual review, no changes.		
	03/17/20 – MDC-Annual review, no changes.		
	02/16/21 – MDC-Annual review, operational language added in 2 & 3 to decrease confusion.		
	03/15/22 – MDC-Annual review, codes added, no changes.		
	02/21/23 – MDC-Annual review, added PA statement to statement of policy, otherwise no changes.		
	01/16/24 – MDC-Annual review, addition of Medicare Advantage language.		