



Clinical Review Criteria for Autologous Chondrocyte Transplant

I. Criteria for Approval

- A. Minuteman Health Insurance (MHI) considers Autologous Chondrocyte Transplants medically necessary for repairing cartilage defects of the knee in members who meet the following selection criteria:
1. Member has symptoms of disabling knee pain related to a full thickness, focal chondral defect with *all* of the following:
 - Age 15 - 60 years; *and*
 - BMI \leq 35; *and*
 - Cooperative person for post-operative weight bearing and activity restrictions, *and*
 - Presence of disabling pain and/or knee locking; *and*
 - Focal articular cartilage defect grade III to IV down to but not through the subchondral bone on a load-bearing surface of the medial and/or lateral femoral condyle; defect size of 1-10 cm in area that affects a weight-bearing surface of the femoral condyle, as demonstrated by MRI or arthroscopy (not in the patellofemoral area); *and*
 - Single contained, unipolar full thickness defect of at least 2cm²; *and*
 - Stable knee with intact meniscus and normal joint space on X-ray; *and*
 - Failure of conservative therapy (minimum of 2 months of physical therapy) as well as other traditional surgical interventions (i.e., microfraction, drilling, abrasion); *and*
 - Persistent symptoms of localized knee pain for at least 6 months and patient willing and able to comply with postop weight bearing restrictions and rehabilitation *and*
 - Procedure is not being done for treatment of osteoarthritis

II. What is not Covered

- A. MHI considers Autologous Chondrocyte Transplants experimental and investigational for the following, as the effectiveness of this procedure for these lesions has not been established:
1. Active inflammatory degenerative or rheumatoid arthritis
 2. Malignancy
 3. Autoimmune connective tissue disorder
 4. Generalized tibial chondromalacia
 5. Treatment of cartilage damage associated with generalized osteoarthritis
 6. Patellar, Talar lesions or lesions of all other joints
 7. Osteochondritis dissecans
- B. Matrix-Induced Autologous Chondrocyte Implantation including Bio-Gide (bilayer membrane made of porcine collagen) is considered experimental/investigational, effectiveness not established.

CPT Codes covered if selection criteria are met:

27412

29870

27447

29871

29874

29877

29879

HCPC Codes

References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

American Academy of Orthopaedic Surgeons. Articular Cartilage Restoration. February 2009.

Available at URL address:

<http://orthoinfo.aaos.org/topic.cfm?topic=a00422>

(Last Accessed 10/11/16)

National Institute for Health and Clinical Excellence: The use of autologous chondrocyte implantation for the treatment of cartilage defects in knee joints, May 2005 Review May 2008.

<http://www.nice.org.uk/nicemedia/pdf/TA089guidance.pdf>

(Last Accessed 10/11/16)

Hayes Search & Summary: Autologous Chondrocyte Implantation of the Knee, July 15, 2013:

<https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleID=2177&search>

https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=2177&searchStore=%24search_type%3Dall%24icd%3D%24keywords%3Dautologous%2Cchondrocyte%2Cimplantation%24status%3Dall%24page%3D1%24from_date%3D%24to_date%3D%24report_type_options%3D%24technology_type_options%3D%24organ_system_options%3D%24specialty_options%3D%24order%3DasearchRelevance

(Last Accessed 10/11/16)

CMS has not issued a National Coverage Policy.

Summary of Changes:

02/09/2017

- Under I., Criteria for Approval, A., 1., two things added: Cooperative person for postoperative weight bearing and activity restrictions; and Procedure is not being done for treatment of osteoarthritis.