



Subject: *Allograft Transplants of the Knee*

Number: *200309-0007*

Effective date: 10/01/2003

Revision date(s): 09/15/2003

Important note

Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the *Evidence of Coverage* to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy and Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following Web site: <http://www.cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

Overview

There are several types of **allograft transplants of the knee**. In general, the procedures involve the transplantation of a piece of cartilage and subchondral bone, ligament or meniscus from a donor.

In **allograft osteochondral transplant**, cells from a donor are used to fill in the cartilage defect in the knee. Either fresh or cryopreserved (previously frozen) allogeneic cells are used.

In allograft **anterior cruciate ligament (ACL) transplant** or reconstruction, the injured ACL is removed and the allograft is placed in the same position as the original ACL and fastened securely in place with two "interference fit" screws. The purpose for this procedure is stabilization of the knee.

In **meniscal allograft transplant**, one or both of the injured cartilage – lateral or medial menisci – is removed and replaced. Anchoring the transplant is done by several methods, such as soft-tissue attachments, bone plugs, or a bony bridge connector. Unfortunately, this type of transplant has not been proven to improve overall health outcomes or an alternative to other treatments.

Policy and criteria

NOTE: These services require prior authorization by the plan medical director.

When services are covered:

We cover **allograft osteochondral transplant (AOT)** to repair cartilage defects in the knee when ONE of the following exists:

- Treatment of an isolated, traumatic injury that is full-thickness depth (grade 4, down to and/or including the bone) lesion, preferably surrounded by normal, healthy (non-arthritis) cartilage. The opposing articular surface should be generally free of disease or injury; OR
- Non-repairable stage 3 or 4 osteochondritis dissecans; OR
- Avascular necrosis lesions of the femoral condyle; OR
- Otherwise healthy, active patients who can ambulate independently and have either failed earlier arthroscopic procedures or are not a candidate for such procedures because of the size, shape, or location of the lesion.

We cover **ACL transplant** when the patient is not a candidate for autogenous transplant. This includes:

- Autogenous tissues that have been compromised by previous surgery or injury; OR
- Multi-ligament reconstructions is being performed; OR
- Pathology such as chronic patellar tendonitis and hamstring injury exists.

In addition, when any type of allograft transplant of the knee is requested, the patient must:

- Be cooperative to actively participate in postoperative weight bearing restrictions and activity restrictions together with a potential for completion of postoperative rehabilitation; AND
- Have given informed consent with realistic expectations.

When services are not covered:

We **do not cover** services when the above criteria are not met.

We **do not cover meniscal allograft transplant** as its effectiveness has not been proven and it is considered experimental and investigational.¹

Codes:

Codes	Number	Description
CPT	27330-27335, 27403	Code range, arthrotomy of the knee
	27409	Repair torn ligament, knee; collateral and cruciate ligaments
	29871	Arthroscopy; lavage
	29874	removal of chondral fragments
	29877	debridement of articular cartilage
	29879	Abrasion, drilling or microfracture of cartilage
	0013T	Arthroscopy, knee, surgical, implantation of osteochondral graft(s); Allografts
HCPCS	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)

FCHP products to which this policy applies:

- ⊕ FCHP Direct and FCHP Select Care (HMO)
- ⊕ FCHP Flex Care Direct and Select (POS)
- ⊕ Fallon Preferred Care (PPO)
- ⊕ FCHP MassHealth
- ⊕ Non-Group: FCHP Independent Care, Direct enrollment and Bill-at-home

Medicare plan – *reminder* to refer to CMS for policy and criteria

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¹ CPT code 0014T – meniscal transplantation, medial or lateral, knee (any method) – is not covered.

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Meniscal references

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Mandated benefit/Regulatory issues

- Ø Federal
- Ø Commonwealth of Massachusetts
- Ø Medicare – National Policy
- Ø Medicare – Local Medical Review Policy
- Ø Not applicable

Committee review dates:

Benefit Committee: 06/1995; 05/0996; 03/1997; 02/1998

Technology Assessment Committee: 11/2003

Utilization Management Committee: 06/2003

Approved by:	<i>Signature on file</i>	09/30/2003
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