Medical Coverage Policy

Autograft/Allograft Osteochondral Transplantation of the Joint

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☒ Surgery  ☐ Test  ☐ Other

Effective Date: 5/20/2008  Policy Last Updated: 4/17/2012

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:
Osteochondral tissue (also called osteocartilaginous) is the bone and cartilage that make up the surface of a bone in an articular joint. This tissue may be damaged by trauma or inflammatory disease and cause defects in the surface of the cartilage known as chondral lesions. Chondral lesions are a common cause of knee and ankle pain, which can lead to loss of function, disability, and osteoarthritis.

Osteochondral grafts have been investigated as a resurfacing technique to alleviate symptoms. Two types of grafts are used: autografts and allografts. Autografts use tissue from the patient, while allografts utilize donor tissue that is frequently cadaveric. During autologous osteochondral transplantation, a series of small grafts from a non-weight-bearing area of the joint are harvested and transplanted to the cartilage defect. It is proposed that the transplanted tissue contributes to the regeneration and repair of the articular surface.

Medical Criteria:
Osteochondral grafts are considered medically necessary for treatment of chondral lesions of the knee.

Osteochondral grafts for joints other than the knee, including but not limited to, the ankle (talus), shoulder, and elbow, are considered not medically necessary due to lack of published peer-reviewed medical literature demonstrating the long-term effectiveness.

Policy:
Knee
Osteochondral grafts are covered for the knee only.

All other joints
Osteochondral grafts are not medically necessary for all other joints, including but not limited to, the ankle, shoulder, and elbow.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary or surgery benefits/coverage.

Coding:
The following surgery codes are considered medically necessary:
27415
The following code is considered **not medically necessary**: 28446

**Also Known As:**
Not applicable

**Related Topics:**
Not applicable

**Published:**
*Provider Update*, July 2008  
*Provider Update*, October 2009  
*Provider Update*, August 2010  
*Provider Update*, June 2012

**References:**


Pearsall AW, Madanagopal SG, Hughey JT. *Osteoarticular Autograft and Allograft Transplantation of the Knee: 3 year Follow-up.* Ortho SuperSite;Orthopedics;January 1, 2008.


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